



A mixed methods exploration of the use of therapeutic approaches within EP practice with a focus on the Acceptance and Commitment Therapy model

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Abstract

In the UK, increasing numbers of children and young people (CYP) with mental health problems are waiting for support from overextended Mental Health Services (Children's Commissioner, 2022). Despite Government initiatives in schools (DfE, 2023b), there is a shortage of available therapeutic support. Some practitioners suggest the focus on mental health in schools may be detrimental to CYP (Billington et al., 2022), and a more holistic approach such as Acceptance and Commitment Therapy (ACT) may be preferable (Petersen, et al., 2022). Previous literature (Mackay, 2007) suggests that EPs are the ideal "therapeutic resource" for schools because of their knowledge, skills, and proximity. Incorporating ACT into EP therapeutic practice could open up new ways of supporting CYP.

This research applied mixed methods to explore how EPs currently use therapeutic approaches, with a focus on ACT and its application. A survey was distributed to EPs across the UK (n=64) to identify patterns and trends in their use of therapeutic approaches. An additional section of the survey focused on the use of ACT (n=18). Semi-structured interviews were conducted with three qualified EPs to gain a richer understanding of the utility of ACT in the EP context.

Implications of this research indicate that EPs see value in therapeutic approaches and use them flexibly and responsively within their practice. However, there are discrepancies between the therapeutic potential in the EP workforce and the current working context which offers little time for development of therapeutic practice. Identified benefits of ACT include its versatility and range of techniques. Values and acceptance processes were highlighted as most useful in EP practice. Implementation of ACT needs to be carefully considered as it may not be universally appropriate.

This research contributes to EP literature on the use of therapeutic approaches and illuminates the use of ACT in the EP context.

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Table of abbreviations

ACT	Acceptance and Commitment Therapy
AEP	Association of Educational Psychologists
CBT	Cognitive Behavioural Therapy
COMOIRA	Constructionist Model of Informed and Reasoned Action
CYP	Children and/or Young People Child and/or Young Person
CYPMHS	Children and Young People's Mental Health Services
DBT	Dialectical Behavioural Therapy
DfE	Department for Education
DNA-V	Discoverer, Noticer, Advisor-Values
EMHP/s	Education Mental Health Practitioner/s
EPNET	Educational Psychology Network
EP/s	Educational Psychologist/s
EPS	Educational Psychology Service
EMDR	Eye Movement Desensitisation and Reprogramming
ICD-10	International Classification of Disease – 10 th revision
MBCT	Mindfulness-Based Cognitive Therapy
MHCYP	Mental Health Children and Young People
MHST/s	Mental Health Support Team/s
MI	Motivational Interviewing
MYRIAD	My Resilience in Adolescence
NAPEP	National Association of Principal Educational Psychologists
NHS	National Health Service
NHS CYPMH	NHS Children and Young People Mental Health Services
PCP	Personal Construct Psychology
PEP/s	Principal Educational Psychologist/s
PSHE	Personal, Social, Health and Economic Education

RCT	Randomised Controlled Trial
RQ	Research Question
SBMT	School-based Mindfulness Training
SEMH	Social, Emotional and Mental Health
SEN	Special Educational Needs
SEND	Special Educational Needs and Disability
SEPs	School and Educational Psychologists
SFBT	Solution-Focused Brief Therapy
SMHL	Senior Mental Health Lead
SQ	Survey Question
TAU	Treatment As Usual
TEP/s	Trainee Educational Psychologist/s
WHO	World Health Organisation

Declaration

I, the author, confirm that the Thesis is my own work. I am aware of the University's Guidance on the Use of Unfair Means (www.sheffield.ac.uk/ssid/unfair-means). This work has not previously been presented for an award at this, or any other, university.

Chapter 1: Literature Review

1.1 Introduction

In this chapter, a critical literature review will provide the context for the research. The review will present a broad overview of the current national context regarding the mental health of children and young people (CYP), the role of the educational psychologist (EP) within this context, and a brief overview of Acceptance and Commitment Therapy (ACT). Key literature will be examined relating to the use of therapeutic approaches in educational psychologist (EP) practice, and the application of ACT with CYP in clinical and school settings.

1.1.2 A note about terminology

The term “therapeutic” comes from the Greek term “therapeutikos” meaning “to attend or treat” (vocabulary.com). If something is therapeutic it has “beneficial or curative effects” (APA Dictionary of Psychology). “Therapeutic” has medical connotations but in contemporary language it can also describe activities which result in a sense of well-being e.g., “*walking the dog is so therapeutic*”. In educational psychology, “curing” or “treating” is not part of our remit, neither is our purpose simply to make someone feel good. Therefore, EPs may see and use therapeutic approaches in a slightly different way to clinical professionals. “Therapeutic” may perhaps best be summed up as “providing insight, change, or repaired well-being” (Hammond and Palmer, 2021, p118).

In this thesis, I use the term “therapeutic approaches” to mean established methods grounded in a particular psychological perspective with recognisable steps and techniques which are applied to help provide, “insight, change or repaired wellbeing” (Hammond and Palmer, 2021, p118). In previous EP literature, this practice has been referred to as “therapy” (Mackay and Greig, 2007). I decided to use “therapeutic approaches” instead of “therapy” as this reflects the preferred term in contemporary EP practice and literature (Hoyne and Cunningham, 2019; Atkinson and Keneally, 2021; Hammond and Palmer, 2021).

1.1.3 The EP remit

Improving the lives of CYP is central to the role of an educational psychologist (EP). The ability to select and incorporate relevant therapeutic interventions and approaches to promote mental health and emotional wellbeing is a core competency for EPs (BPS, 2019, p18-19). EPs are trained

“...to reduce educational disadvantage and psychological distress, and to enhance and promote positive development, learning and psychological wellbeing through the systematic application of psychological theory and research.” (BPS, 2019, p8).

In their role, EPs are called upon to assist with a variety of issues which impact CYP in educational settings. EPs work across four broad areas of need in the SEND (Special Educational Needs and Disability) Code of Practice, one of which is social, emotional and mental health (SEMH) difficulties (DfE, 2015, pp97-98). Children with SEMH needs are now the second highest group requiring SEN (Special Educational Needs) support and the third highest group with an Educational Health and Care Plan (EHCP) (DfE, 2023, p12). Additionally, children with other primary needs (e.g., dyslexia) have an elevated risk of poor mental health (Sadler et al., 2018, p23; Wilmot et al., 2023). EPs are “the most plentiful group of child psychologists employed in public services” (Mackay, 2007, p16) and are often a first port of call for schools seeking support for CYP with mental health needs (Sharpe et al., 2016, p151).

EPs engage in both direct and indirect activities in various contexts and at different levels to support CYP. The Currie Report, which reviewed the provision of educational psychology services in Scotland, found that EPs frequently engage in five types of activity including consultation, assessment, intervention, training and research. These activities are carried out by EPs at different levels of service including at the individual or family level, the educational setting level, and at a strategic level with the Local Authority (Scottish Executive, 2002). Whilst intervention with CYP may typically be thought to be the main area of therapeutic work, EPs may also use therapeutic approaches within the areas of consultation, assessment and training with CYP, parents/carers, and educational staff.

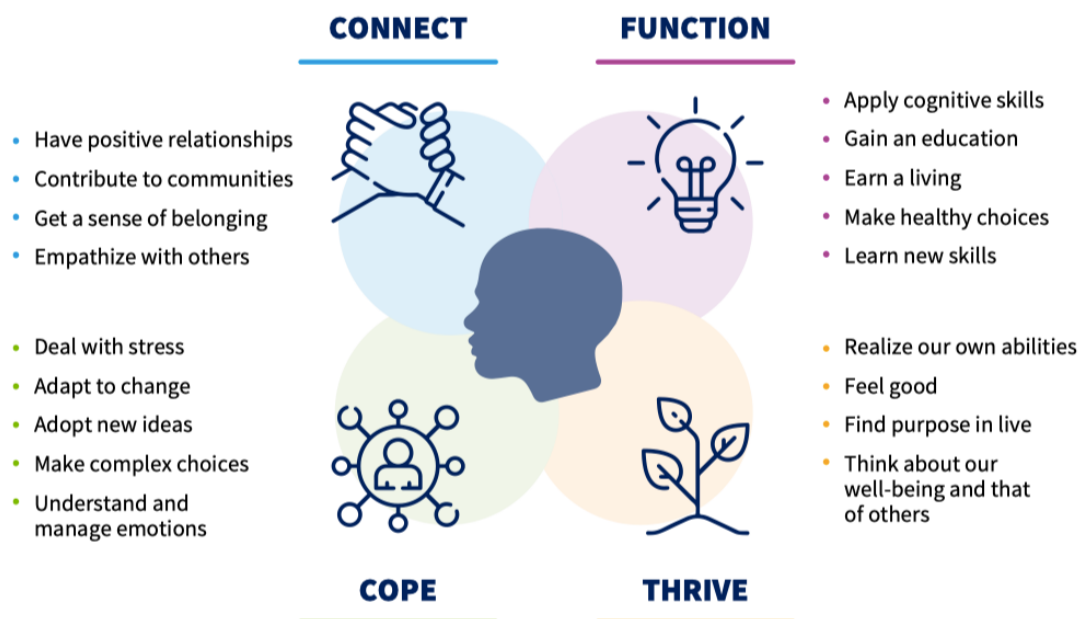
1.1.4 What is meant by “mental health”?

According to the World Health Organisation (WHO):

“Mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn well and work well, and contribute to their community. (WHO, 2022, p8)

Having good mental health and wellbeing is not simply the absence of a mental illness or disorder, rather, good mental health has implications for how a person lives their life. Figure 1 shows the value of good mental health across four areas of life: connecting, functioning, coping and thriving (WHO, 2022, p11). These four areas are congruent with the EP remit of seeking to improve the lives of CYP, especially for those who may be educationally disadvantaged or psychologically distressed (Mackay, 2002).

Figure 1
The intrinsic and instrumental value of mental health



Note. Image from WHO (2022, p11)

1.1.5 Concern around the mental health of children and young people

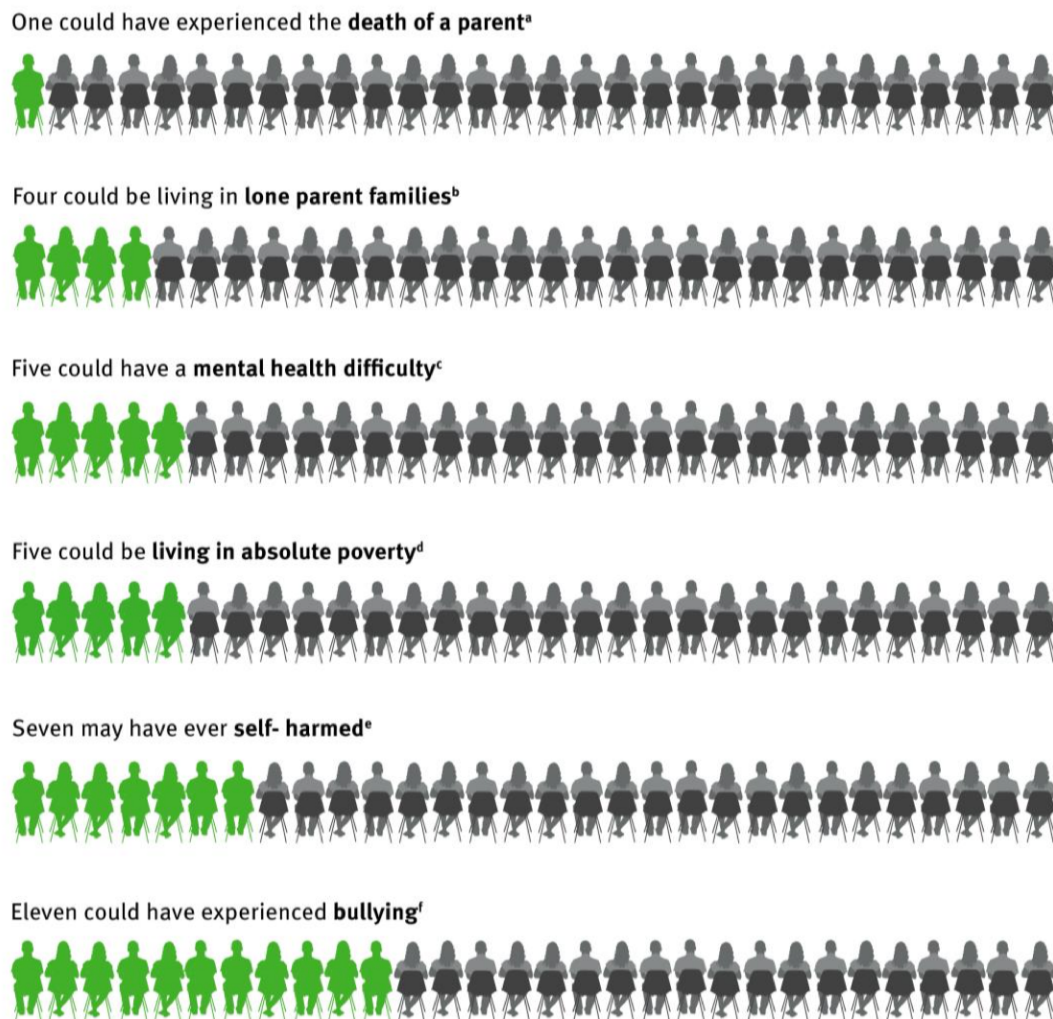
There may be times in an individual's life when their enjoyment of life and their level of functioning becomes significantly impaired due to disturbances in their thinking, emotions or behaviour. At this point they may also be diagnosed with a mental health disorder or condition (WHO, 2022). Across the world there has been increasing concern about the mental health of the population as an estimated 1 in 8 people have a mental health condition (WHO, 2022, p37). The impact of poor mental health is extensive and has individual, communal and socio-economic implications, therefore the need for wide-ranging action on mental health is seen to be "indisputable and urgent." (WHO, 2022, p6). With approximately 50% of adult mental disorders starting before the age of 14 (WHO, 2022, p44), there is now a global emphasis on raising awareness amongst CYP and providing early intervention to prevent the escalation of poor mental health into adulthood (WHO, 2022, pxviii).

1.1.6 Risk factors affecting good mental health

Across the life span, a number of interacting factors and life experiences can increase the risk of poor mental health. Figure 2 illustrates possible life experiences within a class of 30 secondary school pupils.

Figure 2

Life Experiences in a class of 30 secondary pupils.



Note. Image from the Centre of Mental Health (Public Health England, 2021)

Such life experiences may evoke natural human responses such as feelings of fear, anxiety and sadness. Without increased protective factors and adequate support these responses may develop into long term mental health disorders which could severely impact a child's education and subsequent life chances (DfE, 2017, p3). EPs are frequently in contact with CYP and their supporting adults who are coping with such issues and are therefore in a position to be a "a key therapeutic resource"(Mackay, 2007, p16).

1.1.7 The need for therapeutic practice within the EP role

Referrals for SEMH issues often involve concerns around a CYP's psychological or emotional presentation. Examples include internalising (e.g., excessive worry, withdrawal, rumination, low self-esteem) or externalising (e.g., verbal and physical aggression, risk-taking,

destruction of property) behaviours. While many problems can be addressed by making environmental adjustments and increasing systemic support, some CYP are still troubled by persistent thoughts and feelings which can lead to emotional distress, dysfunctional behaviour and can escalate into more serious mental health issues (Roffey, 2015, p22; WHO, 2022, p11,). Such distress can have a profound impact on families and on the future prospects of the child/young person (Mackay, 2007, p14; DfE, 2017, p3). In these situations, there is a need for a more targeted approach: “It must also be recognised that not all needs can be addressed by a focus on the child’s social ecology” (Mackay, 2007, p14). Working directly with a CYP through therapeutic interventions or conversations is one way that EPs can provide targeted support and bring about positive change for CYP who are troubled or distressed (Mackay and Greig, 2007, p4).

1.2 The National Context

1.2.1 Government statistics

In the UK, official data indicates that mental health needs are increasing amongst CYP in England and that children and young people’s mental health services (CYPMHS) are under pressure. According to statistics produced by the Mental Health Services Data Set, the number of people in contact with CYPMHS in England has been rising over the last few years. In 2021/22 there was an 84% increase in children referred to CYPMHS (total 734,000) compared to 2018/19 (Children’s Commissioner, 2023, p11). The increase in numbers is likely to have been influenced by the COVID-19 pandemic from March 2020 to July 2021 when services were reduced due to lockdown restrictions. Some studies suggest that the pandemic itself adversely affected the mental health of children and young people especially those who were considered to be “at risk” (Bunn and Lewis, 2021; Public Health England, 2021).

To monitor the national trends in the mental health of children and young people (MHCYP) in England, major surveys were conducted in 1999, 2004 and 2017. Data from these surveys indicates that mental health needs of CYP were already on the rise pre-pandemic. The term “mental disorder” is used in the surveys to reflect the diagnostic criteria for specific disorders in the International Classification of Disease (ICD-10) (Sadler et al., 2018, p8). Mental disorders are grouped into four categories (emotional, behavioural, hyperactivity and other less common disorders). In the 2017 survey ($n=9117$), 1 in 8 (12.8%) children aged 5-19 years had a “probable mental disorder.” The highest category of need was emotional disorders where one in twelve (8.1%) of 5-19 year olds met the criteria for anxiety or depression. (Sadler et al., 2018, p2). The prevalence of emotional disorders has been increasing in children aged 5-15 years since 1999 (Sadler et al., 2018, p2). Children with identified SEN are more likely to have a mental health disorder (47.1%) than those without SEN (9%) (Sadler et al., 2018, p23). The latest MHCYP survey indicates that 1 in 6 (16.7%) children aged 7-16 years have a “probable mental disorder (Newlove-Delgado et al., 2022).

1.2.2 Government initiatives

In 2017, recognising the strain on health services and the importance of early intervention, the Department for Education (DfE) published the green paper *Transforming Children and Young People's Mental Health Provision* (DfE, 2017), which laid out the government's proposals for addressing the mental health needs of CYP through educational settings in England. Following a period of consultation, the government committed itself to a number of initiatives including implementing Mental Health Support Teams (MHSTs) led by NHS England, and training up educational staff to be Senior Mental Health Leads in schools and colleges to oversee a strategic whole school approach promoting wellbeing (Figure 3).

Figure 3

Eight principles promoting a whole school approach to mental health and wellbeing



Note. Image from Public Health England (2021 p9)

MHSTs remit includes working with Senior Mental Health Leads in schools/colleges and alongside professionals already supporting CYP, including EPs, school counsellors, school nurses and NHS CYPMH (NHS Children and Young People Mental Health) services. MHSTs will also be responsible for implementing evidence-based interventions for mild/moderate mental health needs delivered by education mental health practitioners (EMHPs) (DfE, 2023b, p5).

School-based interventions have several benefits and can be carried out at different levels including universal (whole school approaches) for example within PSHE (Personal, Social, Health, Economic Education) lessons that target all students, group interventions which may target a specific issue such as friendship or anti-bullying, and individual interventions which are targeted towards the individual's specific needs: *"the school environment is well suited to a graduated approach to children's mental health..."* as it is *"non-stigmatising, making*

interventions offered in this context more acceptable to children and young people, and their parents.” (DfE, 2017, p10).

There is growing evidence that school-based therapeutic interventions are effective both at universal and targeted levels (Durlak et al., 2011; Pilling et al., 2020). The roll-out of MHSTs is still ongoing and hundreds of EMHPs are currently being trained up. By April 2024, the government hopes to have 500 MHSTs operating in schools covering 44% of pupils and 35% of schools and colleges (DfE, 2023, p5-6). This leaves a large number of schools without provision and those who have been trained up are in need of ongoing support. For example, a recent follow-up survey of newly trained Senior Mental Health Leads in schools and colleges ($n=3338$) found that 51% would like additional help to identify evidence-based resources and tools that can be used in their settings (DfE, 2023, p23).

1.3 The ethics of therapeutic interventions – some words of caution

1.3.1 The “therapeutic turn”

Whilst there is agreement from stakeholders for the need to address mental health needs through raising awareness and early intervention (O’Reilly et al., 2018, p458), there has been some criticism from practitioners and calls for caution directed at this “therapeutic turn” (Foulkes and Stringaris, 2023, p1)

It is argued that the therapeutic ethos in schools and wider society, which has steadily become a “flourishing industry,” has led to CYP becoming less resilient, and instead more reliant on psycho-emotional support:

“Therapeutic assumptions and narratives now permeate ideas about knowledge, perceptions about what students are and are not capable of, and a growing sense of caution and even fearfulness about their mental states.” (Ecclestone and Hayes, 2019, xii)

Ecclestone contends instead of being empowering, the therapeutic ethos leads to a “diminished view” of the self - focusing on frailty, vulnerability and dysfunction, and potentially resulting in a sense of helplessness and dependency on external agencies. There are individual and social implications as de-moralisation takes hold - “a loss of purpose... and a loss of belief in what might yet be possible.” (Ecclestone, 2004, p124).

1.3.2 Medicalised language

Another criticism of mental health initiatives in schools involves the medicalised language that is used to describe and categorise need. Billington et al. (2022) criticise the medical model of mental health promoted within schools and argue that there is an “overreliance on medicalised understandings of the person” and on “psychopathologies imposed at the level of the individual” (Billington et al., 2022 p4). The emphasis on mental health within school contexts may encourage CYP to think of themselves as having a disorder or needing specialised treatment, and obscures the impact of systemic factors (Billington et al., 2022, p4).

1.3.3 Risk of Iatrogenic harm

Although raising awareness about mental health is considered to be a preventative strategy, Foulks and Andrews (2023) hypothesise that paradoxically this could actually be a significant factor in the rise in reported mental health conditions. There is evidence that some universal interventions may inadvertently lead to an increase in adverse effects, that are a consequence of the intervention (iatrogenic harm) (Foulkes and Stringaris, 2023, p2).

One example is the recent MYRIAD (My Resilience in Adolescence) Trial (Kuyken et al., 2022), a parallel group clustered randomised controlled trial (RCT) conducted with 84 secondary schools ($n=8376$ participants) in the UK to evaluate the effectiveness of School-based Mindfulness Training (SBMT) in promoting mental health in comparison to teaching-as-usual (TAU). The study found no evidence that SBMT was more effective than TAU after one year, however there were findings that some students were adversely affected by the SBMT intervention “suggesting the need to pause and take stock” (p104).

Many studies do not report the impact of a targeted intervention on the mental health of the child or young person (Hayes and Za’ba, 2022), and when mental health effects are reported, there are often differences in definitions of mental health and symptoms (Guzman-Holst et al., 2022, p1454).

There is an ethical responsibility to consider the wider implications of implementing therapeutic interventions in schools including whether students should be required to participate in an intervention where the outcomes are questionable (Kuyken et al., 2022, p107).

1.3.5 Mixed evidence of effectiveness

Despite moderate benefits of school-based interventions, evidence of their effectiveness is not persuasive (Caldwell et al., 2019; Kuyken et al., 2022). Pilling et al. (2020) suggest that caution is needed when reporting results in meta-analyses due to diversity in populations, implementation and procedures. Also moderate to high levels of bias are frequent within the evidence-base implying that there is a need for increased rigour in this field of research (p23-25). There is a need for further research into the effectiveness and adverse effects of school-based interventions.

1.4 Alternative approaches

1.4.1 Relational approaches

Some practitioners make the case for a “paradigm shift” in approaches to mental health and wellbeing (Billington et al., 2022). It is argued that mental health initiatives and interventions are problematic due to the assumption of a within-child deficit and the expectation that solutions can be found at the individual level (Billington et al., 2022). Instead, Billington et al. (2022) contend that mental health and wellbeing are “community activities,” and propose fostering relational approaches and networks across school and home communities to meet needs (Billington et al., 2021, p3-5). EPs are increasingly

advocating for relational approaches to be strategically embedded in schools in order to establish culturally responsive and collaborative relationships leading to “mutual engagement, mutual participation and shared responsibility” (Vasilic, 2022, p388).

1.4.2 Acceptance and Commitment Therapy

“ We must look beyond psychopathology in youth and turn toward encouraging learning and growth.” (Peterson et al., 2021, p587)

Acceptance and Commitment Therapy (ACT) is a therapeutic model grounded in functional contextualism and relational frame theory which seeks to help people understand and develop psychological flexibility (Hayes et al., 2005). Psychological flexibility is “... the ability to contact the present moment more fully as a conscious human being, and to change or persist in behaviour when doing so serves valued ends.” (Hayes et al., 2005, p7). ACT is a transdiagnostic approach, meaning it can be used to improve outcomes across different conditions and situations.

Hayes argues that language and cognition and their interaction with specific incidents can cause a person to act in a way that is contrary to their chosen values. This is due to “weak or unhelpful contextual control over language processes themselves” (Hayes et al., 2005, p6), leading to ‘psychological inflexibility’ or rigidity. Hayes et al. claim that “...psychological rigidity is a root cause of human suffering and maladaptive functioning.” (Hayes et al, 2012 p64) and can be seen in a range of psychological problems such as anxiety and depression.

It is claimed that ACT is a suitable approach to address mental health difficulties faced by CYP – “it is a paradigm that can be developmental and contextual” (Peterson et al., 2021, p587). The ACT approach does not attempt to cure symptoms rather through helping people develop psychological skills it aims to weaken the power of troubling thought patterns and to act/behave in a way that is consistent with their core values (Hayes et al., 2005; 2012).

In the current national climate, Using ACT to teach CYP skills to increase psychological flexibility may be of considerable benefit and is an approach which EPs could consider including in their practice (Gillard et al., 2021).

1.5 Key concepts within ACT

In ACT, six core areas of psychological inflexibility are targeted through the development of six core psychological processes which can be developed as skills and contribute to psychological flexibility.

1.5.1 Description of psychological inflexibility/rigidity

1.5.1.1 *Experiential avoidance*

“Experiential avoidance is the phenomenon that occurs when a person is unwilling to remain in contact with particular private experiences (e.g. bodily sensations, emotions, thoughts, memories, behavioural predispositions) and takes steps to alter the form or frequency of these events and the contexts that occasion them, even when doing so creates harm.” (Hayes, 2011 p 14).

Hayes suggests that this experiential avoidance is rooted in language and cognition, in particular through the power of “literal and evaluative language” (Hayes, 2011, p14). For example, the language we use to describe feelings associated with ‘negative’ situations such as anxiety associated with a frightening event has now itself become something bad - “... the emotional and cognitive states that were related to evaluated situations themselves acquired evaluative connotation.” (Hayes, 2011, p14). Within the wider culture, these evaluations start to become mainstream with ‘...a general focus on “feeling good” and avoiding pain.’ (Hayes, et al., 2005).

The problem with actively seeking to avoid painful or uncomfortable personal experiences or “private events” is that this can attach a greater functional significance to the phenomenon. It can therefore lead to further restriction in possible behaviours as “...many behaviours might evoke these feared private events.” (Hayes et al., 2005). This creates a cycle of avoidant behaviours.

1.5.1.2 *Cognitive fusion*

Cognitive fusion occurs when people deeply connect with their thought processes by taking thoughts literally and believing their content. When these thoughts are dominant, this can limit a person’s judgement and influence their behaviour.

“When people overidentify, or “fuse,” with unworkable verbal rules, their behavioral repertoire becomes narrow, and they lose effective contact with the direct results of action.” (Hayes, 2005, p64).

Cognitive fusion is when a person is caught up in the language of their thoughts and this becomes their reality. Harris (2009) gives the following examples of cognitive fusion:

“In a state of fusion, a thought can seem like

- the absolute truth;
- a command you have to obey or a rule you have to follow;
- a threat you need to get rid of as soon as possible;
- something that’s happening right here and now even though it’s about the past or the future;
- something very important that requires all your attention;
- something you won’t let go of even if it worsens your life.”

(Harris, 2009, p 66)

1.5.1.3 Dominance of the conceptualised past and feared future

The more that people ruminate over past experiences or worry about possible future outcomes, the more they miss what is happening in the here and now. “Contact with the present moment decreases as people begin to “live inside their heads” (Hayes et al., 2005).

Preoccupation with thoughts can amplify the importance of a particular past experience and enable it to influence behaviour (Hayes et al., 2012). An example of this is when someone is so caught up in being right about who bears responsibility for a past experience that their present life becomes stuck (Hayes et al., 2005). Paying rigid attention to the past or future can also feed into the cycle of experiential avoidance if a person is fearful of a perceived future.

When people dwell on memories from the past or fearing the future, their attention is elsewhere, and they are disengaged from what is happening in front of them. This can lead to poor decision-making as well as mindless or impulsive behaviour.

1.5.1.4 Attachment to the conceptualised self

The “conceptualised self” is the view we hold about ourselves. It is a story or a description about ourselves that we believe to be true. At times our identity with the conceptualised self can prevent us taking a positive action, “ it can be more important to defend a verbal view of oneself (e.g., being a victim, never being angry, being broken, etc.) than to engage in more workable forms of behavior that do not fit that verbalization.” (Hayes et al., 2005). Holding tightly onto a sense of self can lead to inflexibility when it comes to challenging situations.

1.5.1.5 Lack of values

According to Hayes et al., (2005), the pathological processes discussed above serve to avoid psychological pain but result in making it harder for an individual to access what they really value and live a meaningful and fulfilling life. When values are obscured, they cannot be used as a guide to action, “...behavior is instead controlled by social conformity, attempts to please or placate others, or avoidance. (Hayes et al, 2012).

1.5.1.6 Inaction, impulsivity or avoidant persistence

Hayes suggests that over time, negative patterns of behaviour such as withdrawal, impulsivity, reactivity, procrastination and avoidance all lead to a way of life that lacks purpose and meaning: “Patterns of action emerge and gradually dominate in the person’s repertoire that are detached from long-term desired qualities of living.” (Hayes, et al., 2005)

1.5.2 Description of psychological flexibility

The conceptualised model of psychological flexibility in ACT is sometimes referred to as the “hexaflex” (Hayes et al., 2012, p62) and can be seen in Figure 4.

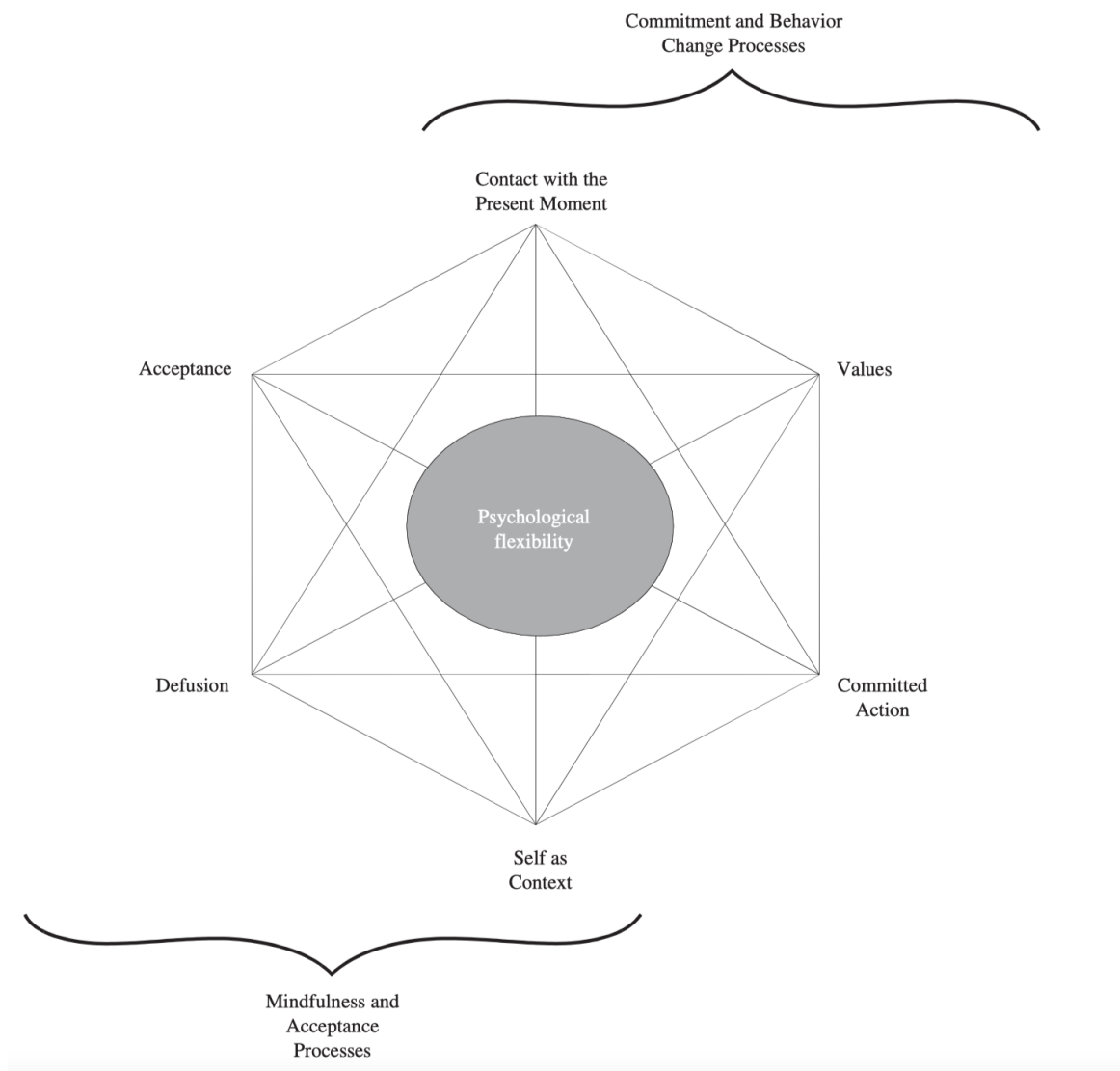


Figure 4 Model of psychological processes which contribute to psychological flexibility

Note. Image from Hayes et al. (2005, p8)

Acceptance

In ACT, acceptance is about having an open perspective and a willingness to experience thoughts and feelings even when they are uncomfortable or painful (Hayes et al., 2005). This counters experiential avoidance which may work in the short term but can have negative long-term implications.

A common misconception about acceptance is the idea of “grin and bear it” whereby you must accept your situation or circumstances. However, acceptance in ACT is about accepting the thoughts and feelings within your body in order to be free to focus on things which matter (Hayes et al., 2005). The effort it takes to avoid the feelings becomes part of the problem. Allowing the feelings to be there means that the person is freed to do what is important to them.

In ACT different metaphors and exercises are used to teach the client how to be more accepting. This is not an easy skill and sensitivity is needed according to each person's circumstances.

Cognitive defusion

Cognitive fusion causes a person to become so enmeshed in their own thoughts that they are unable to see the situation clearly. Cognitive defusion aims to provide distance from thoughts in order to help people widen their perspective. In contrast to CBT, defusion techniques are not about changing or challenging thoughts, rather the *relationship* to the thought is altered. An example of this is when a troubling thought (for example "I am a failure") is taken and put into a new context either by writing it down, or visualising/imagining it being said in a particular voice. These techniques do not change the original thought, but they change the power of the thought as it is now seen in a different context: "ACT attempts to change the way one interacts with or relates to thoughts by creating contexts in which their unhelpful functions are diminished." (Hayes et al., 2005, p8)

In ACT, the purpose is not to eradicate the troubling thoughts, rather it is to give people strategies to distance themselves from thoughts which previously have had power over their decisions and actions. This frees them up to see the bigger picture and make decisions more in line with their values.

Self-as-context

In ACT, three aspects of self are considered to produce self-knowledge: the conceptualised self; ongoing self-awareness; and self-as-context (Hayes et al., 2011, p81). Understanding the self-as-context is an aspect of ACT which can be difficult to comprehend. This aspect of self has also been explored through religion and spirituality, but it is not something that is material or tangible: "Self-as-context is not a thought or a feeling but a "viewpoint" from which we can observe thoughts and feelings, and a "space" in which those thoughts and feelings can move." (Harris, 2009, p390).

Self-as-context is also called the "observing self" or the "noticing self." It is a sense of self which has always been present and is constant - never changing. To tap into this sense of self is helpful for increasing psychological flexibility: "...from this standpoint, one can be aware of one's own flow of experiences without attachment to them or an investment in which particular experiences occur: thus, defusion and acceptance is fostered." (Hayes et al., 2005, p9).

In contrast to Eastern traditions which may seek transcendence through accessing and remaining in this state of self (for example through meditation), in ACT this space is accessed as a useful psychological strategy which enables people to defuse from the conceptualised self thus freeing them from being controlled by thoughts and feelings (Harris, 2009, p421).

Over-analysis of the self-as-context is not encouraged in ACT, rather clients are invited to engage in experiential exercises and mindfulness techniques which raise awareness of the phenomenon.

Contact with the present moment

In ACT, having contact with the present moment is important in order to be available, flexible and adaptable in a given situation: "... to respond effectively to natural contingencies the person must be psychologically present to make direct contact with those contingencies." (Hayes et al., 2011 p78).

Over recent years, mindfulness has become increasingly popular as people have realised the benefits from this practice. Being present in the moment is a core part of mindfulness and is also seen as a key part of ACT in order to increase psychological flexibility. Having contact with the present moment involves becoming aware of both internal processes and external events in order to have clarity about what is happening, therefore being able to make informed decisions and take workable action (Harris, 2009, p354).

Mindfulness techniques are used with clients to help them notice what is going on both inside them and around them. This sense of self is the process of ongoing self-awareness and is linked to defusion and self-as-context, as the client is encouraged to non-judgementally observe their present state and detach from thoughts and feelings which may arise.

Values

Identifying values and living in a way that corresponds to those values is at the heart of ACT. The psychological skills described within the ACT model only make sense when considered alongside values: "It is only within the context of values that action, acceptance, and defusion come together into a sensible whole". (Hayes et al., 2011, p92).

Values are principles chosen freely by a person. Values give direction and purpose to the way a person lives their life. They are the principles that matter most to a person and provide them with a sense of meaning through ongoing action. Unlike goals, which are based in the future and may or may not be achieved, values are available in the present moment and can be acted upon: "Values are far more empowering than goals because they're always available to us. In any moment, we can act on them or neglect them." (Harris, 2009, p434).

In ACT, clients are encouraged to construct and clarify their values through various experiential exercises and techniques. Shifting the definition of success from achieving one's goals to living by one's values also provides greater life satisfaction - "In the values-focused life, we still have goals, but the emphasis is on living by our values in each moment; this approach leads to a sense of fulfilment and satisfaction as our values are always available." (Harris, 2009, p438).

Committed Action

ACT encourages people to commit to effective action which is in line with their values and leads to a change in the existing problematic behaviour patterns. Within this process, goals can be set - Harris (2009), lays out four basic steps of committed action:

1. "Choose a domain of life that is high priority for change.
2. Choose the values to pursue in this domain.
3. Develop goals, guided by those values.
4. Take action mindfully."

(Harris, 2009, p 470).

ACT allows for a variety of behavioural approaches to target behaviour change - "...almost any behaviorally coherent behavior change method can be fitted into an ACT protocol, including exposure, skills acquisition, shaping methods, goal setting, and the like". (Hayes, et al., 2005, p9).

1.5.3 Summary of ACT processes

Key processes that contribute to increase psychological inflexibility and flexibility have been summarised in Table 1.

Table 1

ACT conceptualisation of psychological rigidity and psychological flexibility

Processes of psychological rigidity	Example	Processes of psychological flexibility	Example
Dominance of conceptualised future/past	Being preoccupied with a past incident or fretting about a future event (e.g., constantly recalling an embarrassing memory and experiencing the associated feelings).	Contact with the present moment	Attending to the here and now – noticing internal thoughts and emotions and external sensations. Being mindful.
Experiential Avoidance	Withdrawing from or evading situations which activate painful/difficult thoughts and feelings (e.g., not attending a party to avoid feelings of social anxiety).	Acceptance	Having an openness or willingness to experience discomfort/suffering Recognising that pain is part of being human experience (e.g., not trying to get rid of negative

			thoughts such as “I’m not good enough” – but allowing the thought to exist as one of many.
Cognitive Fusion	Allowing thoughts/feelings dominate, and not being able to see past them (e.g., “This is impossible. It will never get finished.”).	Defusion	Separating yourself from thoughts and feelings – taking a step back to see the bigger picture (e.g., “I’m having the thought that this is impossible.”)
Attachment to conceptualised self	Rigidly believing a narrative about who we are and interpreting events through that lens (e.g., “I’m worthless and unlovable – nobody loves me”).	Self as context	Contacting the part of yourself that takes a non-judgemental overview, by noticing events and experiences without taking it to heart (e.g., “there are times when I have felt unloved and there are times where I have experienced love.”).
Lack of values/clarity	Struggling to know what is important in your life and what you care about (e.g., pleasing others).	Values	The principles which you believe in or the things you care about the most. (e.g., “I care about my family – how should I behave to demonstrate this value?”)
Inaction, impulsivity or avoidant persistence	Withdrawing from situations, putting things off or being impulsive or (e.g., watching tv instead of doing homework; depending on drugs or alcohol to feel good).	Committed action	Behaving in a way that aligns with what you care about. (e.g., Helping around the house, talking to an elderly relative, etc.).

1.6 Literature on the use of therapeutic approaches in EP practice

See Appendix B for a summary of the search strategy.

1.6.1 An overview of EP therapeutic practice

EPs have historically shown an interest in therapeutic work (See Mackay 2007 for a review). Calls for EPs to utilise their psychological training and become more involved in therapeutic work to meet the growing mental health needs of CYP have been circulating for at least 15 years (Mackay and Greig, 2007). EPs today have varying opinions about the EP role in therapeutic practice and because of the nature of EP work there are diverse experiences of using therapeutic approaches (Hammond and Palmer, 2021). This means that there is not necessarily a consensus about which therapeutic approaches to use or how to use them (Simpson and Atkinson, 2019). Guidelines for the use of the psychological therapies in educational settings (Dunsmuir and Hardy, 2016) were produced by The Division of Child and Educational Psychology (DECP, BPS). However, it is limited in that it does not expand on “how an EP might actually work with a young person, in terms of the specific therapeutic approaches they might use.” (Atkinson and Keneally, 2021, p286).

1.6.2 Prominent psychological influences on EP practice

EPs draw from a range of psychological perspectives and models when addressing presenting issues and concerns within their work. Social constructionism, an influential paradigm in EP practice, rejects essentialism which can lead to defining or pathologising people, and instead emphasises social practices and their influence on how people construct meaning in different situations (Burr, 2003, p7). Bronfenbrenner’s ecological model is central to most contemporary EP practice (Kelly, 2017, p22) and recognises the development of the child is shaped by and interacts with a complex set of environmental systems (Bronfenbrenner, 1979). This model highlights the importance of understanding and working with systems around the child as well as understanding the child’s individual characteristics. Dunsmuir and Hardy (2016) have emphasised the need to take into account risk and resilience factors which can support or hinder change. EPs may promote mental health and wellbeing through systemic practice for example through consultations educational staff, providing training, advising on whole school wellbeing strategies, reducing stigma and so forth (Dunsmuir and Hardy, 2016, p8).

1.6.3 Types of therapeutic practice

Therapeutic approaches and interventions are considered to be applied/delivered across three levels: *Universal* – aimed at all members of a population, *Targeted* – aimed at a particular need or at-risk group and *Specialised* – aimed at groups or individuals in need of a more intensive level of support and usually delivered by a highly trained practitioner (Dunsmuir and Hardy, 2016).

Hammond and Palmer (2021) have expounded these categories, suggesting more nuance between the categories. They propose a “continuum of therapeutic practice” within the EP profession. Three distinct categories are identified on the continuum (p119): “manualised therapy” - for example using specific evidence-based interventions such as Cognitive

Behavioural Therapy (CBT); “heterogeneous therapy” - for example a targeted intervention designed for a particular need or community which is underpinned by several psychological principles and approaches; and “therapeutic practice” - whereby EPs incorporate therapeutic techniques and principles into their everyday practice.

1.6.4 Therapeutic interests and discussion papers within EP literature

With a wide range of literature spanning across thirty years, there is evidence to suggest that there is considerable interest in and use of therapeutic approaches and interventions within EP practice. Over the last thirty years there have been a number of discussion papers supporting various therapeutic approaches for EP practice. These include Systemic Family Therapy (Blow, 1997); CBT (Greig, 2007; Rait et al., 2010; Squires, 2010); Solution Focused Brief Therapy (SFBT) (Stobie and Woolfson, 2005); Narrative approaches (Hobbs et al., 2012); Mindfulness based approaches (Davis et al., 2012); Compassion based initiatives (Welford 2015); ACT (Gillard et al., 2018). Despite this interest, there is limited empirical evidence on the use of these approaches in EP practice. EPs work in a real-world context and as such can find it difficult to conduct highly controlled studies. Published studies and available research in the EP context tends to be small scale and varies in methodological rigour (Simpson and Atkinson, 2021).

1.6.5 Ethical considerations in EP therapeutic practice

For EPs, working in a therapeutic capacity with CYP and/or with supporting adults raises a number of ethical concerns (Hammond and Palmer, 2021). For example, effectively communicating the nature of the therapeutic work, obtaining consent, and the competency of the EP. With regards to EP delivery of therapeutic interventions, the BPS report *Delivering Psychological Therapies in Schools and Communities* (Dunsmuir and Hardy 2016) sets out clear guidelines for EP use of therapeutic approaches in their practice. Key recommendations include: the need for EPs to keep informed of the changes and developments within the therapeutic evidence-base; for EPs to undertake training and gain experience in the use of therapeutic approaches, working in line with professional ethical guidelines and within the boundaries of their competence. EPs should also seek supervision with a practitioner who is competent in the therapeutic approach. EPs need to be aware of practical considerations such as privacy, staffing, the environment and initiating/ending the therapeutic intervention. EPs should take measures to evaluate the intervention work for example by using a framework to establish the level of impact (Dunsmuir and Hardy, 2016, p5).

Substantial interest in therapeutic approaches amongst EPs as seen in the discussion papers, indicates that many EPs are staying informed of the latest evidence which is shared with the wider community. However, the diversity and complexity of how EPs use therapeutic approaches in their practice has contributed to “confused narratives” (Hammond and Palmer, 2021, p118) concerning therapeutic work. Examples of this can be seen in the range of different terminology used such as “therapy” (Mackay and Greig, 2007), “therapeutic

interventions” (Simpson and Atkinson, 2019), “psychological therapies” (Dunsmuir and Hardy, 2016), “therapeutic practice” (Atkinson and Keneally, 2021), “therapeutic approaches” (Hoyne and Cunningham, 2019). Often the terminology is used interchangeably. Some literature has provided definitions to differentiate between different types of therapeutic work (see Mackay and Greig, 2007; Hammond, 2015). Hammond and Palmer 2021 have highlighted “the ethical ambiguity” (p117) that can arise in EP therapeutic practice due to the lack of clarity concerning different ways of working “EPs have created ill-defined terms to describe their use of therapeutic approaches. These issues compound ethical complexities inherent to therapeutic working.” (p118). Through their understanding of therapeutic practice being on a continuum, Hammond and Palmer have identified how ethical considerations may differ across the categories of manualised therapy, heterogeneous therapy, and therapeutic practice with regards to contracting, intention, form/modality and knowledge/skill/experience (p122).

Hammond and Palmer (2021) also warn of ethical blindspots which can occur in EP practice and during decision-making. These are unconscious and unintentional errors which are shaped by internal processes and may include “overestimating one’s ethicality and underestimating one’s biases” (p121). EPs can use processes such as supervision and professional frameworks to help them critically reflect on ethical questions raised through therapeutic practice.

1.6.6 Evidence base

Evidence from available research suggests that EPs are using manualised and heterogeneous therapy at individual, group and whole school level for a range of needs (Simpson and Atkinson, 2021). When working in this way, EPs draw from a range of existing therapies, approaches and models (Mackay and Greig, 2007, p6; Simpson and Atkinson, 2021, p125). In the last five years there have been studies on CBT in groups (Weeks et al., 2017) and in further education for low mood (Boden, 2020); supporting parents using a narrative intervention (Rowles et al., 2020); using SFBT for children recovering from brain injury (Edmondson and Howe, 2019); Theraplay project for Looked after Children (Francis et al., 2017); Play therapy (Thorpe, 2020), ACT for a young person experiencing anger (O’Driscoll et al., 2020).

Simpson and Atkinson (2021) conducted a systematic literature review on the role of school EPs (USA) and educational psychologists (UK) (referred to as SEPs) in therapeutic interventions. They examined sixteen studies of interventions delivered to both individuals and groups in a ten year period (2008-2017), the majority of which were conducted in the UK (69%). Participants ($n=320$) were aged between 7-16 years reported to have a variety of presenting concerns, mostly around their mental health and wellbeing. There was evidence that SEPs adapted and tailored their interventions to meet presenting needs and to address multiple issues. Most of the interventions lasted 6-8 weeks with shortest lasting for 2 weeks and the longest over a period of 6 months. Interventions were mainly held weekly and

lasted for around 50-60 minutes. The approaches used included CBT, human givens, motivational interviewing (MI), mindfulness and narrative therapy, with CBT being the most commonly used. Additionally, group counselling, Personal Construct Psychology (PCP), and SFBT were combined with other approaches. Individual interventions were mostly focused on mental health concerns. Pre and post measures were used to evaluate outcomes. Whilst all the studies reported at least one positive outcome, there were mixed results for the overall effectiveness. Four of the studies reported a deterioration in measured outcomes and six observed no changes for some of the participants or features of the intervention.

Eleven of the sixteen studies in the review “made no reference to any specific training or competency assessment framework despite the fact that therapeutic work is considered to be complex and requiring high levels of practitioner competence.” (p124).

Simpson and Atkinson (2021, p128) recommend that therapeutic interventions should “benchmark” their practice with comprehensive guidance or protocols for practitioners (e.g., Dunsmuir and Hardy, 2016). There is a need for more practice-based evidence from the SEP community. Practice-based evidence is data that is gathered from practice and includes information about implementation, monitoring and evaluation in a real world context (Dunsmuir and Hardy, 2016, p14). Another recommendation includes engaging CYP to identify “what recovery means for their perspective” (Simpson and Atkinson, 2021, p128).

1.6.7 EP perspectives in the literature

In the UK, a large survey (n=455) on EP use of therapeutic interventions (Atkinson et al., 2011) found that the majority of respondents used therapeutic interventions in their practice. The main use was individual interventions with a child or young person. The study found that the most used therapy was SFBT followed by CBT and PCP. Important enabling factors included having access to training and flexibility in the service model of working. Barriers included time limitations and service capacity.

Qualitative research has provided unique insight into the emotional impact and practical aspects of delivering therapeutic interventions. A recent study of Irish EPs (Hoyne and Cunningham, 2019) highlighted frustrations and tensions felt by the participant EPs as they discussed facilitators and barriers to providing therapeutic interventions in their practice. For example, in this study, EPs referred to lack of time being a significant barrier, and this led to them often feeling overwhelmed.

Whilst a number of studies have considered the practicalities of using therapeutic approaches (in general) from the EP perspective (Atkinson et al., 2011; Atkinson et al., 2013; Hoyne and Cunningham, 2019), there has been recent interest in conducting studies exploring EP perspectives on how a particular model or therapy is used in their practice (Thomas et al., 2019; Rutter and Atkinson, 2022). The survey on EP use of Motivational

Interviewing (MI) (Thomas et al., 2019) found interesting patterns indicating that MI use and confidence is linked to levels of experience. An additional finding suggested that some EPs lack awareness of a core element of MI, indicating a possible training need. Rutter and Atkinson's qualitative study (2022) offers valuable insight into how CBT could be used more widely within the profession and indicates that some EPs are engaging in integrative practice by drawing from different approaches alongside CBT. The benefit of these studies is that therapeutic models can be explored in more depth and practical information about specific approaches can be widely shared.

In addition to published articles, there has been interest in the area of mental health, therapeutic approaches and EP practice amongst doctoral theses indicating that newly qualified EPs are interested in this subject area (Anderson, 2012; Hopkins, 2020; Purewal, 2020). Purewal (2020) used a mixed methods approach to investigate the role of the EP in meeting social and emotional and mental health (SEMH) needs. Purewal's study found that there had been little involvement with government school initiatives within the sample although EPs considered themselves to be regularly involved in supporting SEMH across different levels of their practice. The study highlighted that despite EPs' specialised psychological knowledge and their skills in consultation, there is a lack of understanding of the EP role outside of the profession which may account for the absence of EPs within mental health initiatives. The study supports the notion that EPs should be more overtly included within government mental health initiatives in schools.

1.7 Literature on the ACT model for children and young people

1.7.1 The ACT evidence base

Whilst curing symptoms is not the goal of ACT, it is presented as an evidence-based approach which can improve mental health and wellbeing. These claims are supported by a wealth of Randomized Controlled Trials (RCTs) which have investigated the effectiveness of ACT in a variety of situations (Hayes, 2023) mostly with adults. A recent review of 20 meta-analyses (Gloster et al., 2020) with a total of 12,477 participants found ACT to be effective for a number of mental health conditions including anxiety and depression. ACT was found to be better than TAU and waiting list or placebo controls. ACT seems to outperform other interventions with the exception of CBT. A limitation of the review indicated that there are differences in quality between meta-analyses.

Concerns have been raised that there has been an "overselling of ACT" within ACT literature (O'Donohue et al., 2016, p37), and that the implied "specialness" of ACT gives the impression of it being "a panacea that works for nearly every problem" (p40). Additionally, Öst, (2014), pointed out a number of methodological inconsistencies in a review and meta-analysis of 60 RCTs with 4234 participants. Öst described specific issues with RCT designs and procedures which affected the internal validity of many of the studies. Examples

included the use of TAU as a comparison condition, the lack of a dismantling design when ACT was combined with other treatments meaning effects could not be ascribed to ACT; lack of power analysis, limited assessment of adherence and competence of therapists carrying out the treatment amongst many others. Öst concluded that ACT was not yet well-established as an evidence-based treatment for any disorder. Öst's claims were examined by Atkins et al. (2017) and a number of errors were highlighted in his methods and interpretation. These criticisms were later rebutted by Öst (2017).

It appears that within the research community there are discrepancies in the conclusions of meta-analyses and differences in how methodology and findings are evaluated. This is not only a problem in ACT research (Editor's note, 2018, p67), but suggests a need for care when citing ACT's evidence-base. It is therefore important that more robust studies of ACT are carried out.

1.7.2 Current research/ findings on ACT with young people

Although there is a wealth of research exploring ACT with adults, there has been less research with CYP and studies which have been conducted are not always reliable. A systematic review of empirical studies indicates that ACT may be effective for CYP with physical, behavioural and mental health needs in clinical settings, but further replication of key findings is necessary to strengthen the evidence base (Swain et al., 2015).

Methodological limitations within the field include: the employment of non-scientific methods, too many pilot or single case studies, and papers which are entirely theoretical, or which have not undergone a peer-review process (Swain et al., 2015).

Fang and Ding (2020) conducted a metanalysis of 14 RCT studies to investigate the efficacy of ACT for 1189 children and adolescents. A number of methodological factors affecting quality were raised including: most studies did not include a follow-up, there were limited checks on treatment adherence and competency of the practitioners, amongst other factors. ACT was found to significantly reduce anxiety, depression and behavioural problems in adolescents and outperformed treatment as usual and conventional therapy with the exception of traditional CBT. Fang and Ding (2020) noted that there was a need for more studies with high quality design "to draw more precise conclusions" (p230) and intervention materials need to be adapted for CYP.

In recent years clinical studies which examine the use of ACT to "treat" range of mental health, physical and behavioural needs in CYP have increased (Samuel et al., 2021). Examples include anxiety (Hancock et al, 2018) and depression (Keinonen et al., 2021), anger and aggression (Byrne and Cullen, 2023), obesity (Usubini et al., 2021). Specific populations have also been selected for example adolescents with ADHD to reduce hyperactivity/impulsivity (Gholipourkovich et al., 2019), children with autism to reduce behavioural inflexibility (Szabo, 2019). ACT interventions have also been implemented with parent/carer populations (Byrne et al., 2021).

1.7.2.1 School-based ACT

Knight and Samuel (2022) conducted a systematic review on the use of ACT interventions in secondary schools and their impact on students' mental health and well-being. Nine studies were included in the review with a total of 1324 participants aged 13-21 years. The interventions included both universal and targeted interventions. Eight out of the nine studies were delivered in a group format and all of the studies used a manualised approach. The interventions were delivered by practitioners with different levels of competency including students, teachers, psychologists and ACT specialists. Only four of the studies included a procedure to monitor protocol adherence throwing into question the authenticity of the intervention. A range of outcomes related to mental health and wellbeing were measured and some evidence supported the use of school-based interventions. However, due to methodological limitations within the studies the effectiveness of school-based ACT interventions was inconclusive. Additionally, a potential difficulty was raised regarding the use of outcome measures that are based on mental health symptoms to assess the efficacy of universal interventions. Despite these limitations, Knight and Samuel pointed towards a "growing momentum" in literature which is focused on the use of ACT with adolescents (p101).

Studies of the use of ACT in educational contexts have explored a number of ways in which ACT can be implemented as a school-based intervention (Gillard et al., 2018). For example, ACT has been used in individual interventions with young people (O'Driscoll et al., 2020), in targeted group interventions (Smith et al., 2020), in classroom-based as part of a PSHE curriculum (Samuel et al., 2021; Owen et al., 2023) to promote staff wellbeing (Paris et al., 2021). Whilst there have been a number of promising results of school-based ACT interventions, the current evidence is still quite mixed. Van der Gucht et al. (2016) found no significant improvement in an RCT of ACT as a classroom-based intervention to improve adolescents' mental health. In their study, the intervention was delivered by teachers trained in ACT rather than psychologists and it was suggested that this may have affected the outcomes of the intervention. This also raised a general question about the necessary competencies required for delivering a mental health intervention in schools.

1.7.2.2 Use of ACT in EP practice

One case study from the UK (O'Driscoll et al., 2020) described the use of an ACT intervention for a young person experiencing anger in school. The intervention followed the DNA-V model (Hayes and Ciarrochi, 2015) and was carried out by a trainee EP over five sessions. DNA-V is a model which has adapted ACT especially for adolescents. It conceptualises the six main processes of ACT into metaphorical names - Discoverer, Noticer, Advisor which work together in the service of Values (Hayes and Ciarrochi, 2015, p35). To evaluate the outcome of the intervention, pre and post measures were used to assess levels of psychological flexibility and anger. After the 5 sessions there was an improvement in both measures. There were also positive changes in the behaviour of the young person although these were based on the TEP's observations and the young person's self-report rather than

on teacher/parent rated measures. Additionally, the young person had more awareness of his strengths, values and aspirations. Whilst this offers a promising insight into the use of ACT, there are a number of limitations to this study. There was no follow-up of the young person after several months. Also, other factors may have influenced the positive outcomes such as the positive therapeutic relationship.

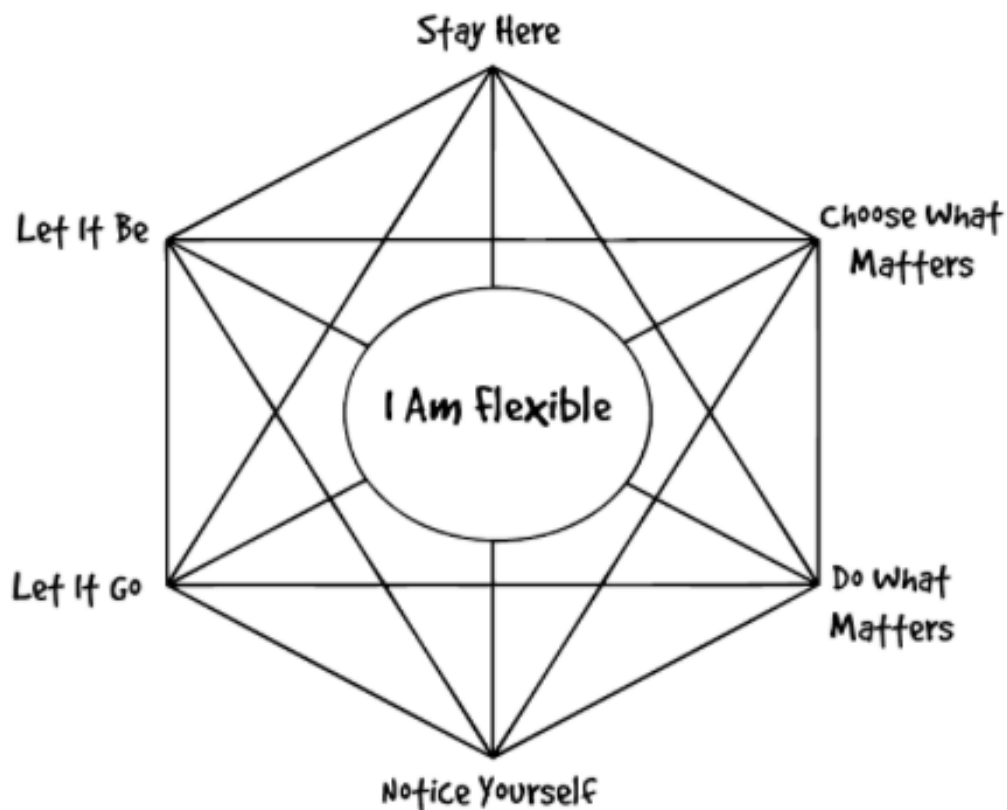
Whilst ACT has a large empirical basis among adults, evidence of successful application among CYP is still progressing (Smith et al., 2020; Knight and Samuel, 2022). ACT has predominantly been used in clinical settings among clinical psychologists so there has been limited exploration of its use in schools. Exploring how EPs use ACT in their practice would be useful as there is limited research from the perspective of EPs (Gillard et al., 2018).

1.7.2.3 Adapting ACT for children and young people

As with all therapeutic approaches, delivering the ACT model to children and young people needs to factor in their biological, psychological and social level of development, as this will have implications for how ACT is conveyed (Halliburton and Cooper, 2015). Hayes and Ciarrochi (2020) suggest there is a need for developmental models and applications of ACT, such as the DNA-V model (Hayes and Ciarrochi, 2015, p35). DNA-V is the basis of a PSHE programme called the Connect Curriculum, which is aimed at all children aged 4-11 and promotes “ helping children make safe decisions and improve their overall mental health/wellbeing” (Owen et al, 2023, p1). Additionally, there are a number of books and resources developed especially for CYP. Examples include *ACT for Treating Children: The Essential Guide to Acceptance and Commitment Therapy for Kids* (Black, 2022) which introduces an adapted model of the hexaflex called the “kidflex.”(Figure 5)

Figure 5

The ACT Kidflex



Note. Image adapted by Black (2022, p28) from Hayes et al. (2005)

Another book which has been used to structure a school-based intervention for adolescents (Takahashi et al., 2020) is *Get out of your mind and into your head for teens* (Bailey et al., 2012). A benefit of published resources is that developmentally appropriate material is readily available. Whilst research on the efficacy of developmental models is growing, there is still limited evidence available and further evaluative research is needed to test their effectiveness (Gillard et al., 2018; Knight and Samuel, 2022).

1.8 Implications for further research

This literature review has considered the current national context, the focus on mental health in schools and the role of the EP. Criticisms about the therapeutic turn in education have been acknowledged and are held in mind. Research on empirical EP therapeutic practice has been examined. It can be difficult to ascertain effectiveness of therapeutic interventions in EP practice due to heterogeneous factors such as adherence to protocols, format and number of sessions, variation in effectiveness measures and practitioner level of training and competence (Simpson and Atkinson, 2021). Furthermore, the nature of EP work

can be “messy” and individual and systemic interacting factors need to be considered in complex situations (Dunsmuir and Hardy, 2016 p25). EPs will therefore often tailor therapeutic approaches to the presenting needs of the individual or group. In recent years, EPs have been under increased pressure due to the rise in statutory work (Atfield et al, 2023). This is likely to have impacted other areas of their practice such as therapeutic work. Understanding more about EP experiences and perspectives will add to the research base and may be of use to EPs wishing to incorporate therapeutic approaches into their work.

ACT could be an alternative therapeutic approach to address mental health needs in schools because of its emphasis on human psychological flexibility in contrast to the language of mental disorders and diagnoses, and its strong evidence base (with adults).

1.9 Rationale for thesis

1.9.1 The distinctive EP contribution

In the current context, EPs’ understanding of child development, psychological theory and evidence-based approaches alongside their experience with and proximity to schools puts them in the ideal position for working in a therapeutic capacity to address mental health needs (Hammond and Palmer, 2021). Despite a clear remit for addressing mental health in schools, there is concern that the potential within the EP workforce to make a meaningful contribution in this area has been overlooked in government initiatives (Greig et al., 2019; Zafeiriou and Gulliford, 2020).

Although teachers and teaching assistants may be well-placed to deliver universal interventions, many teaching staff feel ill-equipped and lack knowledge and confidence to address more complex mental health needs (O’Reilly et al., 2018). Those who have been trained, such as SMHLs, are in need of ongoing support and advice regarding evidence-based practice and resources (DfE, 2023, p23).

EPs have been using therapeutic approaches and interventions in their practice for a number of years and have experience of implementing them in the school environment (Simpson and Atkinson, 2021, p118). Therefore, obtaining EP perspectives on their use of therapeutic approaches may be useful for raising the profile of EPs as a potential “therapeutic resource” for schools (Mackay, 2007). Understanding more about when and why EPs use therapeutic approaches may also inform the practice of EPs who want to incorporate therapeutic approaches into their practice, as well as SMHLs, and EMHPs who provide evidence-based interventions within schools. Additionally, EPs have a responsibility to share insights and contribute to the evidence-base regarding effectiveness of interventions (Dunsmuir and Hardy, 2016, p16).

Both therapeutic approaches and EP practice are not static phenomena but change in light of psychological research and changes in the socio-political and economic environments.

They may also be subject to changes from within the EP profession as wider cultural forces act upon and influence the concerns of CYP, parents, schools and EPs. Documenting and analysing EP attitudes and perceptions contributes to having an up-to-date understanding of EP practice and how it may be responding to these changes. In addition, ACT is an approach that is still undergoing development, perhaps to a greater degree than other more established therapeutic approaches and illuminating EP perceptions of ACT within the current context of EP practice may add valuable insights.

1.9.2 Illuminating ACT

The theoretical basis of ACT suggests that there could be considerable benefit to EPs' work when incorporating an ACT approach into their practice (Gillard et al., 2018). Facilitating ways in which CYP can develop psychological flexibility would also be appropriate in the current national context. Contributing an EP perspective to the literature on ACT would be useful as it will build an appreciation of how ACT is implemented in a specific real-world area, as well as raising potential issues or ethical considerations which may not have previously been considered.

1.10 Research aims and questions

The aims of this research are:

- To explore the use of therapeutic approaches in EP practice across the UK in order to understand more about EP motivations and decision making when selecting and using therapeutic approaches.
- Within this context, to explore EP perceptions of how the ACT model is utilised within their practice.

The research questions which have been generated by this literature review are:

- RQ1 When and why do EPs use therapeutic approaches in their practice?
- RQ2 What are EPs' perceptions of their use of ACT in their practice?
- RQ3 What are the barriers and facilitators to implementation of ACT in educational psychology practice.

The following questions have also been generated to guide the survey and interviews:

RQ1 When and why do EPs use therapeutic approaches in their practice?

- In which situations and with which people?
- Which approaches are most used?
- What is important to EPs when selecting a particular therapeutic approach?
- What are the benefits/advantages?
- What are the barriers/disadvantages?

RQ2 What are EPs' perceptions of their use of ACT in their practice?

- Why do EPs choose or not choose to use ACT?
- Which processes are most useful?
- How do CYP respond to this approach?
- What are the advantages/disadvantages of using an ACT approach?

RQ3 What are the barriers and facilitators to implementation of ACT in educational psychology practice.

- How does ACT fit with the EP way of working?
- What are the ethical implications of using ACT for EPs?

Chapter 2: Methodology

2.1 Introduction

In this chapter I will discuss the methodology of my research and my reasoning behind it. The purpose of the research is to explore how EPs utilise therapeutic approaches and techniques in their practice and to understand more about the facilitators and barriers that are specific to the educational contexts in which EPs work. A specific therapeutic approach, the ACT model, which is widely used in the EP profession, has been selected to be explored in further detail. The intention is to establish an overview of current EP practice in the UK followed by the illumination of a particular therapeutic model (ACT) and how it is used within the EP context.

The objectives of this research are:

- Phase 1: To conduct a survey to explore the current use of therapeutic approaches in EP practice across the UK, and to identify participants for phase 2 along with areas for further exploration.
- Phase 2: To illuminate the ACT model, its core processes, and how it is utilised within a real-world context by exploring the experiences of EPs through semi-structured interviews and thematic analysis.

2.2 Epistemological assumptions/research philosophy

The philosophical foundation for my research is based in the worldview of pragmatism and this will form the conceptual framework of the thesis. The roots of the word “pragmatism” come from the Greek word “pragma” meaning “deed” or “act”. The Oxford English Dictionary states that pragmatism is: “A method of understanding facts and events in terms of cause and effect, and of inferring practical lessons or conclusions from this process.”

Pragmatism was first outlined in the late 19th century by Charles Pierce, an American philosopher. It was popularised by the American psychologist William James in his book *Pragmatism* (James, 1907). Pragmatism is not concerned with metaphysical questions about what we can know (epistemology) and what is real or true (ontology) (Morgan, 2017, p40). Pragmatism emphasises what is useful in order to take action, this is learned through experience and consequences. Through repeated experiences, pragmatists produce warranted beliefs about the world (Morgan, 2017, p26).

Pragmatism as a philosophical foundation is common in mixed method research (Cresswell and Plano Clark, 2018; Morgan, 2017). Pragmatism focuses on clearly identifying the problem through the research questions and is concerned about the consequences of the research, “...it is pluralistic and oriented towards “what works” and real-world practice’ (Cresswell and Clark 2018, p37). There have been criticisms in how pragmatism is applied by mixed methods researchers with the suggestion that pragmatism is sometimes employed at

a superficial level (Fàbregues et al., 2021). Biesta (2010) suggests that pragmatism is not a philosophical position per se, rather it provides a “set of philosophical tools which can be used to address a problem” (p97). Morgan (2017) argues that pragmatism is in itself “a unique philosophical worldview” (p27) and he emphasises the importance of distinguishing between a “philosophical system” and “pragmatic behaviour” (what works). He defines pragmatism as “a philosophy in which the meaning of actions and beliefs is found in their consequences.” (Morgan, 2014, p26). For an overview of pragmatism as a philosophical system in mixed methods research see Morgan, 2017.

Morgan (2007) proposed a methodological framework which offers alternative possibilities within social research through a pragmatic approach. Morgan argued against an “either/or” approach and suggested it is possible to go “back and forth” between two extreme seemingly opposing positions “to search for useful points of connection” (Morgan, 2007, p71). Table 2 presents a comparison of the different methodological approaches to the key issues within social science research:

Table 2

“A pragmatic alternative to the key issues in social science research”

Key issues in social science research	Qualitative approach	Quantitative approach	Pragmatic approach
Connection of theory and data	Induction	Deduction	Abduction
Relationship to research process	Subjectivity	Objectivity	Intersubjectivity
Inference from data	Context	Generality	Transferability

Table adapted from Morgan (2007, p71)

Alternative worldviews when using mixed methods include, post positivist, constructivist and transformative worldviews. Each worldview has different implications for practice (see Creswell and Plano-Clark, 2018, p38).

2.3 Mixed Methods Research

“...mixed methods research is intuitive for many because it mirrors the types of evidence that we collect to make sense of the world.” (Creswell and Clark, 2018, p23).

Mixed methods research has grown rapidly since the 1990’s and is now seen as a credible alternative to quantitative and qualitative methodologies (Teddlie & Tashakkori, 2016, p804). Mixed methods research developed out of a dissatisfaction with the dominant quantitative and qualitative approaches and what was seen to be a “false dichotomy” between them (Teddlie & Tashakkori, 2016, p804). Additionally, during the paradigm wars

of the 1970's and 80's, advocates for mixed methods challenged the reliance on "monolithic conceptual/philosophical foundations" (Teddlie and Tashakkori, p804). Although, the debate still continues, it has lessened over the years as pragmatism has become more acceptable as a philosophical foundation to mixed methods research (Cresswell and Clark, 2018, p27). "The immediate goal of MM (mixed methods) is to make warranted assertions and produce pragmatic/workable "solutions" for valued ends." (Johnson & Gray, 2010, p90).

2.3.1 Educational Psychology and Mixed Methods Research

Mixed methods research has been applied in a range of disciplines including the fields of social, behavioural and health sciences (Teddlie & Tashakkori, 2016, p32; Cresswell and Clark, 2018, p7). A benefit of using mixed methods is that it can provide a more comprehensive understanding of the phenomena that is being studied. McCrudden et al., (2019), advocate mixed methods research as being of value to the field of educational psychology:

"mixed methods research can potentially enable researchers to develop and test theories in educational psychology within a range of contexts and with a variety of populations to yield new knowledge that is relevant to practitioners, interdisciplinary scholars, and emerging researchers in our own field." (McCrudden et al., 2019, p2)

Whilst much educational psychology research has frequently employed either quantitative or qualitative methods to explore a range of phenomena there has been a substantial increase in mixed-methods studies in journals such as *Educational Psychology in Practice* (EPIP). Examples include a study into bereavement support in primary schools which used a two phase mixed methods design to explore the views of school staff (Costelloe, et al., 2020). Ellis (2018) conducted a two-phase sequential mixed methods design to explore perceptions and experiences of primary school teachers concerning domestic abuse. Romney et al. (2022) used a sequential mixed methods design to explore the use of emotion coaching in primary school settings. Gough and Gulliford (2020) employed a two phase exploratory sequential design to investigate resilience amongst young carers. This design began with a qualitative strand which explored the perceptions of young carers through a focus group. Findings from the qualitative strand led to the design of the quantitative strand in which a survey was devised and carried out. Smillie and Newton (2020), conducted a mixed methods study which collected information about EP practice when obtaining and representing child views. Their approach involved distributing a questionnaire to EPs working in Wales to gather data about current EP practice, followed by semi-structured interviews with EPs to explore the findings in greater depth.

2.3.2 Limitations of Mixed Methods Research

There are a number of limitations and challenges associated with mixed methods research. It requires the researcher to be familiar with and competent in three methods of research:

quantitative, qualitative and mixed methods (Teddlie and Tashakkori, 2012). Each distinct method needs to be conducted with rigor to ensure validity and reliability throughout (Cresswell and Clark, 2018, p14). The results need to be integrated and should demonstrate the value of using the mixed method approach (Morgan, 2017). There can be a danger that one method is included as a tokenistic gesture and does not add value to the overall research.

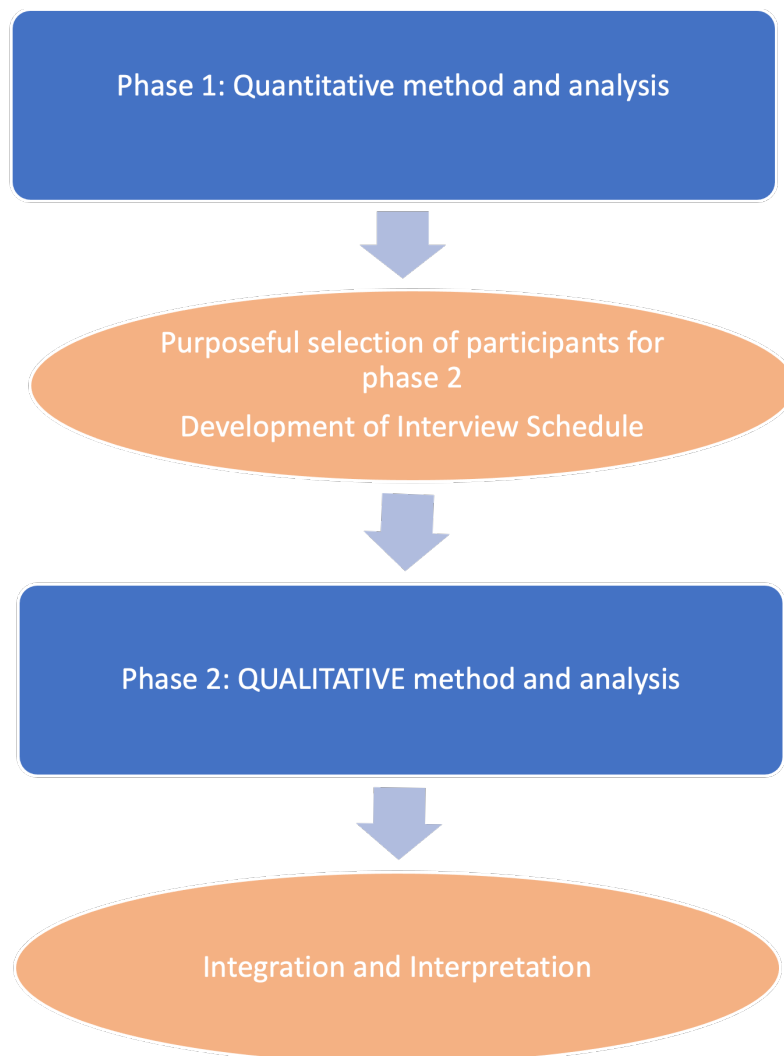
Cresswell and Clark (2018, p15) emphasise the importance of ensuring the mixed methods approach is “feasible.” Using two methods instead of one can make the project more costly and laborious. Often mixed method research is carried out by a team in order to lighten the load and reduce pressure on time.

2.4 Research design

To carry out this research, I have chosen a mixed methods preliminary quantitative input design (Morgan, 2014, p123-152). This is also known as the explanatory sequential design: case selection variant (Cresswell and Clark, 2018, p82). The preliminary quantitative input design involves two distinct phases. Figure 6 shows a procedural diagram for the preliminary quantitative input design.

Figure 6

A procedural diagram for the preliminary quantitative input design.



Although not widely used, the preliminary quantitative input design has several advantages which I believe make it the best design for meeting my research objectives. At its most basic level, this design enables me to identify and select potential interviewees for phase 2 of the research objectives. Morgan (2017) suggests that the success of qualitative methods will often depend on locating “high-quality sources” who can be identified through quantitative means (p124). I have developed a survey that can be used as a screening tool to assist with finding EPs who are familiar with the ACT model and who may be willing to participate in phase 2 of the research. Another reason for choosing this design is to generate useful contextual information about EP practice which enables me to meet my first research objective. Employing a quantitative method such as a survey is the most practical and efficient way to collect the views of EPs across the UK. A range of different types of question can be employed to gather details regarding frequency of use, range of approaches, purpose and format. Additionally, questions can also obtain opinions, beliefs, impressions

and attitudes amongst EPs. The information generated through the survey contributes to a wider background perspective of therapeutic approaches and how they are currently used. This enables me to approach the interviews and the data generated through the interviews with a broader understanding of the issues. A further advantage of this method is that a systematic approach to examining the quantitative data can reveal patterns and generate issues for further exploration in the qualitative phase (Morgan, 2017, p148).

The second objective of my research is to explore EP perceptions of how the ACT model is utilised within their practice. This aim can also be addressed through the survey which will gather details and opinions about EP use of ACT. Data gathered from the ACT questions in the survey can also be compared with and seen in the context of the wider therapeutic approaches survey data. However, a qualitative method such as semi-structured interviews can provide richer data as it is possible for EPs to expand upon their experiences of ACT and illuminate aspects of ACT through discussing examples from their practice. There is also space for EPs to express more fully their opinions and concerns.

2.4.1 Critical reflection on research design

Whilst this research design holds several advantages which have been outlined above, there are also some limitations to the preliminary quantitative input design which could influence the research. One criticism is that by using two different methods, the research is likely to have less scope than a fully quantitative or qualitative design. Each strand of the research will be “more narrowly focused” than it would have been if a single method had been employed (Morgan, 2017, p149). Another criticism is that much weight is placed on the phase one of the research to provide data to build a picture of current EP practice. This is reliant on reaching a large number of EPs who agree to participate in the survey and have adequate experience of the therapeutic approaches. It is possible the data could be skewed in a particular direction if a large representative sample is not reached. Additionally, recruitment for the second phase of the research is reliant on recruiting a large sample of EPs with experience of ACT. A design which focused wholly on ACT may have been more successful at attracting those EPs who have a particular interest in ACT. It is possible that this may impact the breadth of experience to draw on when recruiting for phase two of the research and restrict the findings.

The reasoning behind using this design is that it allows me to build a comprehensive picture of EP therapeutic practice by accessing a wider sample of the target population (breadth) using a quantitative data collection tool before narrowing the focus to obtain rich information (depth) through a qualitative data collection technique (Cresswell & Clark, 2018, p77). My intention is that the integration of both sets of data and results will provide useful insight into the therapeutic practice of EPs.

However, one disadvantage of the breadth of data that is likely to be gathered is that the focus of the research is cast too wide, thereby sacrificing the depth and detail that a more targeted focus on ACT could have brought. There is an inherent trade off or contradiction

between gathering data to provide a rich context in which to situate the use of ACT and the possible loss of depth in the illumination of therapeutic processes particular to ACT. The purpose of the semi-structured interviews is to resolve this contradiction and bring enough depth to the study of ACT without sacrificing the rich context provided by the initial phase looking at therapeutic approaches in general. This depends on the ability to recruit enough participants for the semi-structured interviews.

2.5 Ethical Considerations

Ethical approval was obtained from the University of Sheffield before commencing the research (Appendix C). Whilst there were no foreseeable physical and/or psychological disadvantages or risks in taking part in this research, participants were informed that they would be able to withdraw from the interviews if they become distressed for any reason. In the event that an interviewee became distressed, I would ensure that they had a support network in place (e.g. supervision), in case they needed to discuss anything that had arisen within the interview. Participants were also provided with the contact details of a designated safeguarding contact should they wish to raise a complaint about any aspect of the research.

2.6 Phase 1: Quantitative

2.6.1 Instrument development

To address my research objectives, I devised a nonexperimental survey on Google Forms. Surveys are useful instruments frequently employed in real-world research. They are effective at gathering specific information including beliefs and opinions from a large amount of people (Robson and McCartan, p248). The aims of the survey were twofold. Firstly, I hoped to gather descriptive data that would illustrate the use of therapeutic approaches in EP practice across the UK. Secondly, I wanted to identify participants who had used ACT in their practice and who may potentially take part in phase 2. The survey was open from 25th October 2022 to 25th November 2022.

The survey included a range of question types including multiple choice, Likert scale, and open and closed questions (see Appendix D). Answers were self-reported by participants. The survey was divided into distinct sections. The first section was designed to capture demographic information and to ease the participants into the survey by asking for straightforward information. The second section introduced the concept of therapeutic approaches and included a list of well-known therapies/therapeutic approaches to help EPs conceptualise what was meant by “therapeutic approaches”. The approaches included were based on psychological therapies that are currently available on the NHS (NCCMH, 2018, pp13-15), therapeutic models taught on my EP doctoral programmes and therapeutic approaches/models that have been referred to in the literature review (Simpson and

Atkinson, 2021, p118). Participants were also given the option to include additional models/approaches. The third section focused on the EP experience of using therapeutic approaches. The fourth section included open questions designed to explore EP views and beliefs about therapeutic approaches. This section ended by asking if participants had used ACT in their practice. Those who had not used ACT finished the survey. Those who had used ACT completed an additional section which focused on the use of ACT in their practice. In this way, I was able to create an additional data set which would enable me to select participants that “typify the subgroup of interest,” (Morgan, 2017, p129).

2.6.2 Pilot Study

To assess the quality of the survey (Saris and Gallhofer, 2014, p8), I conducted a pilot survey prior to the survey being distributed. This included checking the practicality and suitability of the survey structure, length and questions. It is important that the survey questions relate to the research aims and that respondents understand and are able to respond to the presented questions (Robson and McCartan, 2016 p259). The pilot survey was completed by six EPs (three main grade EPs and three trainees) via Google Forms. The participants were recruited via an email sent to EPs in my service and a WhatsApp message sent to trainees from my cohort. After registering their interest, participants were sent an email which included a link to a participant information sheet, consent form, and the survey, and a link to the follow up questionnaire. Pilot participants were asked to time themselves as they completed the survey. Following the survey, the pilot participants gave feedback via a short questionnaire (Appendix E). The pilot participants accessed the survey through a variety of devices including PC, tablet and phone. Some minor issues were raised about the accessibility on the phone in terms of layout, however in general there were no major technological issues. In terms of structure, the participants agreed that the order of the questions was coherent. The survey achieved face validity as the pilot participants unanimously agreed that the survey met the aims which it set out to achieve including:

- To collect information about EPs current use of therapeutics approaches in their practice.
- To gather information about EPs current use of the ACT model and its value in EP practice.

In response to feedback, the following amendments were made to the survey.

1. In the section on how long they have been an EP, 10+ years was amended to 10-14 years and 15+ years was created as a different category. This was based on feedback highlighting that some EPs had completed training before the doctorate was introduced which may influence their views about therapeutic practice.
2. An additional option about personal growth and wellbeing was added to SQ27, I had previously considered including this and agreed that it would provide additional information which is relevant to the research questions.

3. The questions about barriers and disadvantages were combined into one question as several participants mentioned that they were too similar. Also, the questions about the advantages and benefits of therapeutics approaches were merged into one question. Additionally, by cutting out two open-ended questions this shortened the survey.

2.6.3 Participants

The target population for this research were EPs working in the UK. A nonprobabilistic voluntary response sampling procedure was administered whereby individuals from the target population who were available and voluntarily agreed to participate were recruited (Cresswell and Clark, 2018, p177). The recruitment strategy involved a variety of approaches to attract prospective participants including notifying personal contacts, contacting facilitating networks, posting on social media, as well as suggesting how the research could benefit prospective participants in their own practice and the wider EP community (Appendix F). Access to the information sheet (Appendix G), consent form (Appendix H) and survey was distributed in the following ways:

1. Researcher's personal network – information and links were sent out through WhatsApp Groups and University email to personal contacts.
2. National Association of Principal Educational Psychologists UK (NAPEP). A standard email was sent to executive committee members representing eleven regions across the UK.
3. The Association of Educational Psychologists (AEP) agreed to share the information and link in their newsletter.
4. EPNET – a mailing list for staff and TEPs in university settings and qualified educational psychologists working across the UK. A post was shared with a brief outline of the project and links to further information and the survey.
5. Social Media – A post was shared on Twitter with the hashtag #Twitterreps and links to the information sheet and survey.

The recruitment criteria entailed that participants must be working in an EP role for example as a principal EP (PEP), main grade EP, TEP, or assistant EP in the UK. For demographic purposes, participants were required to state their role and how long they had been in the role at the beginning of the survey and which area of the country they were working in.

Prospective participants were required to read an information sheet detailing the purpose of the project, what participating would entail and information about confidentiality and storage of data. Participants were told that participating in the research was optional and that they would be able to participate in phase 1 (survey) without having to participate in phase 2 (interview). Participants also had to complete a consent form before they could access the survey.

For phase 1 of the study, 64 participants completed the survey, 18 of whom also completed the second part of the survey asking about their experiences using ACT.

2.6.4 Data Analysis

The survey data was collected via Google Forms, collated, anonymised and uploaded into both EXCEL and SPSS (data management programmes). Following this, I cleaned up the data in SPSS which involved ensuring that the labelling and coding of the data was correct. I was then able to run the descriptive statistics procedure on my data which helped me to organise and summarise the key information, and identify trends and anomalies through the use of graphs and charts. I completed thematic analysis on the qualitative data generated from the open-ended questions in the survey.

2.7 Phase 2: Qualitative/Interpretative

2.7.1 Participants

For phase 2 of the study, a purposeful sampling procedure was used to select 3 participants. The recruitment strategy involved identifying prospective participants for phase 2 based on answers given in phase 1. The recruitment criteria entailed that participants must be qualified EPs with experience of using ACT in their practice, and they must have indicated that they were willing to participate in an interview to talk about their experiences. Out of the 64 initial participants, 7 people met the criteria.

Participants who met the criteria were approached with a follow-up email inviting them to take part in phase 2 of the research project. The email included suggested times for the interviews to take place online. After an agreement was reached, participants were sent a consent form to complete via google forms and an invitation to a Google Meet. Out of the 7 potential participants, 3 people were successfully recruited to phase 2. Interviews were held online between 19th December 2022 and 20th January 2023. All interviews were recorded and transcribed. The transcribed interviews were anonymised for confidentiality purposes and uploaded to NVivo for the coding process.

2.7.2 Data Collection: Semi-structured Interviews

Semi-structured Interviews were used to collect data from 3 participants who were selected through the process described above. The interviews varied between 40-70 mins in length and consisted of 6 open-ended questions. The interview schedule was based around the themes of the research questions and explored the EPs' engagement with and experience of the ACT model. The questions were finalised after analysis of the survey data (see Interview schedule in Appendix I). My role in the interview was mainly to pose the questions and encourage participants to elaborate on their answers which involved prompting or asking follow-up questions.

2.7.3 Data Analysis

Phase 2 (qualitative) – Reflexive Thematic Analysis was chosen as a method to analyse the data from the semi-structured interviews because of its theoretical flexibility and clear guidelines to navigate the data. Thematic Analysis is “a method for developing, analysing and interpreting patterns across a qualitative data set, which involves systematic processes of data coding to develop themes.” (Braun and Clarke, 2022, p4). Interviews were anonymised by changing the names and removing all identifiable information. The interviews were transcribed using intelligent verbatim transcription process. This involved removing fillers to make the transcript more readable. The transcribed data was imported into NVivo where it was coded and organised into themes following the six-stage process outlined by Braun and Clark (2022, p35-36):

1. Familiarisation with the data set
2. Systematic coding of the data
3. Generation of initial themes
4. Development and review of themes
5. Refinement: defining and naming themes
6. Writing the report

In addition, I have kept a reflexive diary to document and reflect on my assumptions, choices, actions and interpretations throughout the research journey (Braun and Clarke, 2022 p 19). See 2.7.4 and Appendices L and M for further examples of the process.

2.7.4 The Process of Thematic Analysis

Firstly, I transcribed the interview data. Much of it had been transcribed through using Google Meet but I was reading, listening and checking in order to obtain an accurate transcript. Once the data was transcribed, I listened to the interviews again without making notes to get a feel for the interview as a whole. I then read through the transcripts on my iPad and made annotations on the transcripts themselves using an Apple Pencil. These annotations included clarifying my own thoughts and ideas, observations, possible coding assumptions, observations about the data. After this initial familiarisation, I imported the data into NVivo and spent time re-reading the transcripts and making broader notes about each interview using the memo tool in NVivo.

After familiarisation, I started the task of coding which was made quite efficient by using NVivo. As I reread the interviews one by one, I added codes by highlighting the part of the text which I thought was interesting and then labelling it with a code, for example, “She did say that over a few weeks she did say that she’d noticed a difference in him” (EP1) was coded as “Effectiveness of ACT.” I had 71 codes at this stage. Using NVivo enabled me to see at a glance which codes had the most references and which interviews the references came from. I was able to click on a code and see all the references for that code in one place. I could then click on a reference and view it in the context of the transcript as well. This gave

me a good overview and enabled me to see which codes were re-occurring. For example there were 36 references across all three interviews for the code “Difficulty in using ACT in EP practice.” I could also see that some of the codes overlapped, for example the codes “Being careful who to use ACT with,” “ACT not helpful or appropriate for everyone” and “adjusting ACT for the person” seemed to be very similar so I grouped them under the initial theme of “Awareness and Sensitivity.”

I continued going through all the codes and grouping them into initial themes. At this stage, I had 7 overarching themes with a cluster of codes grouped to each theme. I also used memos at this stage to write my reflexive log which consisted of thoughts about the process and questions which were raised. During this phase, the number of codes was quite overwhelming for me. A dilemma I faced at this stage was that much of the coding was at the semantic/descriptive level and I was worried that it lacked nuance and depth, for example one of the initial themes was “conceptualisation of ACT” and included clustered codes such as “ACT processes.” I realised that many of the initial codes merely reflected the questions I had asked in the interview such as “which of the processes have you found to be most valuable in your work?” The challenge I had was to let go of some of the initial themes and reorganise them in a way that represented the meaning I was making from the data whilst also answering my research questions. To help with this I found it helpful to take time away from the computer to reflect on the coding and ideas that I had done. During this time I went for walks outside and listened to a podcast about thematic analysis. I then went back to NVIVO and looked at the data that I had assigned to the code to check my coding. This return to the familiarisation phase allowed me to revisit the data but in a different way as it had been selected and coded alongside other references. Some references had been coded against multiple codes as they had different layers of meaning.

When I came to developing the themes, I felt quite daunted. As I looked at all the codes on the computer it felt overwhelming and I didn't really know where to start. I felt nervous about moving things around, so I printed off the codes and cut them out. Then I manually sorted them on a table. This is where I began to see patterns and underlying ideas that had been hidden from me when I relied on digital screens and tools. I began to write Post-its to quickly capture the patterns and links between ideas expressed by the interviewees, which revealed potentially important concepts expressed in the data. I grouped items together next to these broad ideas. One example is the development of the initial theme “conveying ACT” which had a cluster of codes relating to communication. To explore the patterns of meaning within this cluster, I separated them into two distinct themes which captured key ideas - “Language as a barrier to ACT” and the “ACT toolbox.” I found this process to be helpful and I enjoyed the physicality and visual aspect of it - as well as being away from my computer. It felt less daunting as I was freer to play around with ideas and move codes around. Once I had decided on my themes and clusters, I went back to the computer and organised the themes in NVivo. I was aware that personal beliefs and biases may affect the way that I interpreted the data and the choices I made in illuminating certain aspects of the

data. At this point, I made sure I thoroughly checked that the themes were coherent with the data by systematically looking at the references which had been coded and evaluating their relationship with the theme. Throughout this systematic process my understanding of the data continued to evolve. New insights were captured by returning to phase 2 and refining the codes. For example, there were 19 references for “Values as a compass” theme and it was necessary to recode some of the references in order to develop the range of meanings within this cluster. I then had to make decisions as to which subthemes might enrich the overarching theme. I decided on “Discovering what matters” “Promoting pupil voice” and “Guiding behaviour” as there was evidence for these across the dataset and they also fitted coherently with the theme “Values as a Compass” whilst providing slightly different dimensions to the theme.

I struggled a bit with the final naming of the themes. I wanted to ensure the names of each theme were engaging and meaningful. Where possible, I tried to use ideas that were rooted in the data. For example the theme “deep diving and the potential for discomfort” was based on a reference from EP2 *“it's to be aware of when there are particular protocols that have that level of deep dive into their thoughts feelings...”* To ensure clarity, some of the themes were fine-tuned, for example extending “Stop fighting with yourself” to “Stop fighting with yourself – the freedom of acceptance.” The boundaries of each theme were also refined so that there were no more than three dimensions to each theme. This part was quite tricky, as I had to ensure that the theme dimensions were consistent with the overarching theme, whilst also illuminating an aspect of that theme.

The final report and my interpretation of the interview data in the light of my research questions can be found in Chapter 4 – Qualitative Analysis. I was conscious that my writing should clarify my sense-making to the reader. This was done by presenting my themes with evidence from the data and exploring the meaning alongside external references from psychological literature which had contributed to my understanding. I selected references from across the data set which I felt strongly supported the claims I was making. I have also summarised how the data connected to my research question.

2.8 Methodological limitations

The number of participants who responded to my survey is too low to be generalisable to the full population of EPs in the UK ($n=64$). Data from the Health and Care Professions Council (HCPC, 2019) suggests that in 2019 there were 4759 qualified EPs registered across the UK. I do not have the data for 2022, however my sample is almost certainly less than 1.5% of the total EP population, therefore the results cannot be generalised and statistical significance is not possible.

The sampling procedure was limited in its scope as not all EPs work for a local authority, therefore surveys shared via NAPEP would not have reached private EPs. Also, many EPs do not belong to the AEP, consequently they would not have been reached through the AEP

newsletter. Although EPNET and Twitter have the potential to reach private EPs, TEPs and Assistant EPs there are still a large number of EPs who are not registered with EPNET, nor do they use Twitter. A large proportion of respondents were TEPS (31.3%) which was understandable due to my proximity to other TEPs. Additionally, TEPS may be more likely to respond to calls for participation in doctoral research due to being sympathetic to recruitment issues. Over half of the participants had either not yet started their training, were in training or had only been qualified for 1-2 years (54.7%). These sampling limitations mean that the data collected is not representative of the EP population and the quality of the data may also be impacted because of the lack of experience of many of the respondents. Despite these limitations, the data generated is of interest to EPs and provides useful contextual information for the qualitative phase of the research.

2.9 Quality appraisal of the Data

As mentioned above a pilot study was conducted to assess the quality of the survey, which indicated that the survey achieved face validity.

To establish the reliability of a survey, Cronbach's alpha coefficient is often used to assess the internal consistency between survey questions. This can be valuable when a survey consists of univariate questions (different questions which measure the same construct) to confirm responses are consistent between different items. However, since the objective of my survey was not to measure a distinct psychological construct but was instead to cover a wide range of variables related to EP use of therapeutic approaches, there was less necessity to repeat questions which related to the same construct. Cronbach values can be high for unidimensional but also for related concepts (Frost, 2022) therefore using Cronbach's alpha could have been misleading as it might have indicated that some of the constructs in the survey were unidimensional (that they measure a single characteristic).

Another reliability test which could have been administered is the test-retest assessment to ensure that the questionnaire offers a reliable measurement system (Frost, 2022). This would have involved asking the pilot participants to retake the survey after a few days, then evaluating their responses using correlation coefficients and scatterplots.

Although the pilot survey achieved face validity in that all the respondents agreed that the questions were appropriate and consistent with the aims of the survey, the validity could have been improved further by asking an expert researcher in therapeutic approaches and/or an expert researcher in the ACT approach to give feedback on the content validity of the questionnaire.

It is important to be aware that no measurement instrument can be completely reliable. Whilst the reliability and validity of the survey could be improved, the instrument is still able to provide valuable insights, "Measurements designed purely for research purposes can be useful despite relatively low levels of reliability and validity." (Howitt and Cramer, p307).

To ensure the quality of the interview data, I adhered to a transparent process whereby I followed the steps of thematic analysis (as described in 2.7.3) and each stage was recorded using NVivo software. This provides an audit trail which supports the credibility, trustworthiness and plausibility of the findings.

2.10 Summary

In summary, I have chosen a mixed methods preliminary quantitative input design (Morgan, 2014, p123-152) as I believe this design is best suited for meeting the objectives of my research. The initial quantitative phase provides background information which will feed into the qualitative phase. It also enables me to purposefully select participants for the qualitative phase. The methodology is underpinned by pragmatism which enables me to approach the research in an intersubjective way, working back and forth between the two different phases (Morgan, 2007) and my hope is that it will enable me to produce “warranted assertions” and “workable solutions” (Johnson & Gray, 2010, p90), that will be of value to the EP community.

Chapter 3: Quantitative results and findings

3.1 Introduction

This chapter will present the quantitative results and findings from phase 1 of the research project which sought to understand the background of current EP therapeutic practice. An online national survey was conducted (as described in Methodology section). The survey was divided into two parts. The first part focused on therapeutic approaches in EP practice in general. A total of 64 responses were collected for part one. All the responses met the specified recruitment criteria, and none were disregarded. The second part focused on using the ACT approach in EP practice. Respondents only completed part two if they answered yes to using ACT in their practice. In part two a total of 18 responses were collected.

Part one of the survey was divided into distinct sections:

- About you
- Types of therapeutic approaches
- Your experience of using therapeutic approaches
- Therapeutic interventions
- Your views

Part two of the survey focused on participants' experience of using the ACT model.

For the purpose of clarity, survey questions (SQ) will precede the presented results. Questions start at SQ17 as SQ1-16 are part of the participant consent form.

3.2 About the participants

The first section, "About you" consisted of three questions to collect demographic data about the participants including job role, length of experience as an EP and geographical area of practice.

Figure 7

SQ17 What is your current job role?

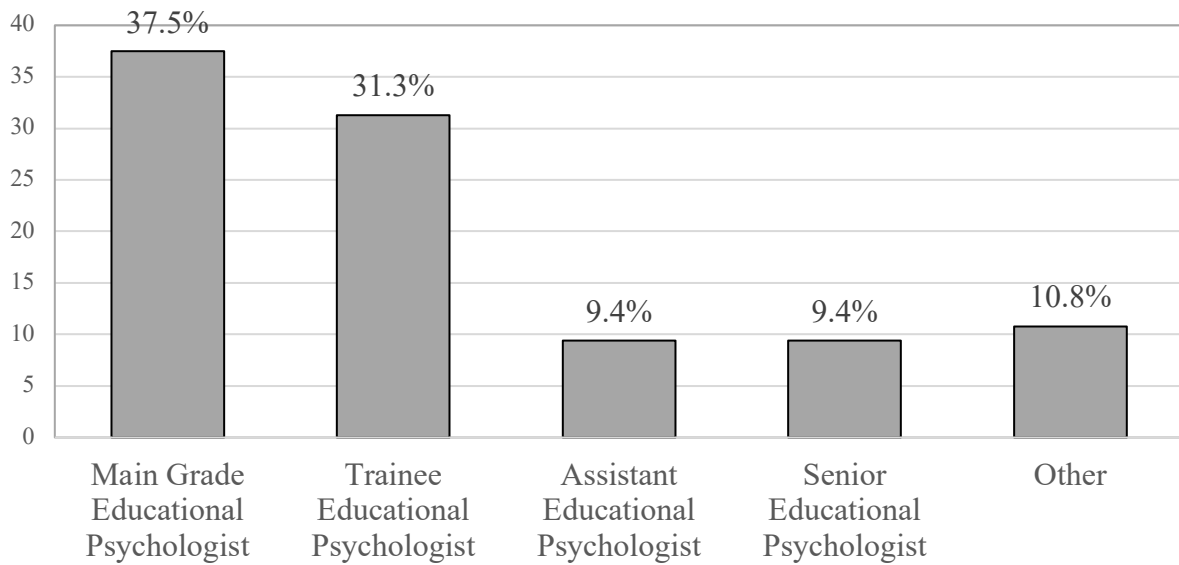


Figure 7 shows that a plurality of respondents were main grade EPs or in a senior role (46.9%), with a further 10.8% of qualified EPs in the “other” category. This category included Independent EPs (not employed by a Local Authority), an Area Specialist EP, an acting principal EP and an NHS manager. TEPs made up almost 1/3 of the responses (31.3%).

Figure 8

SQ18 How long have you been an EP?

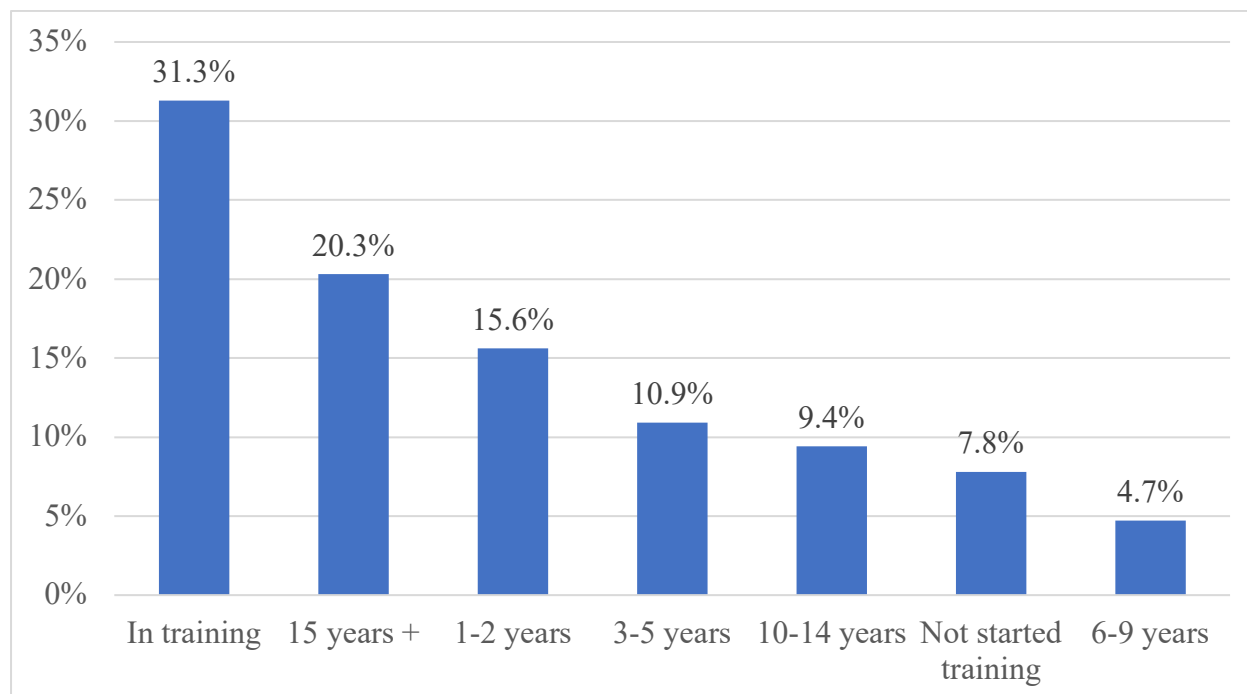
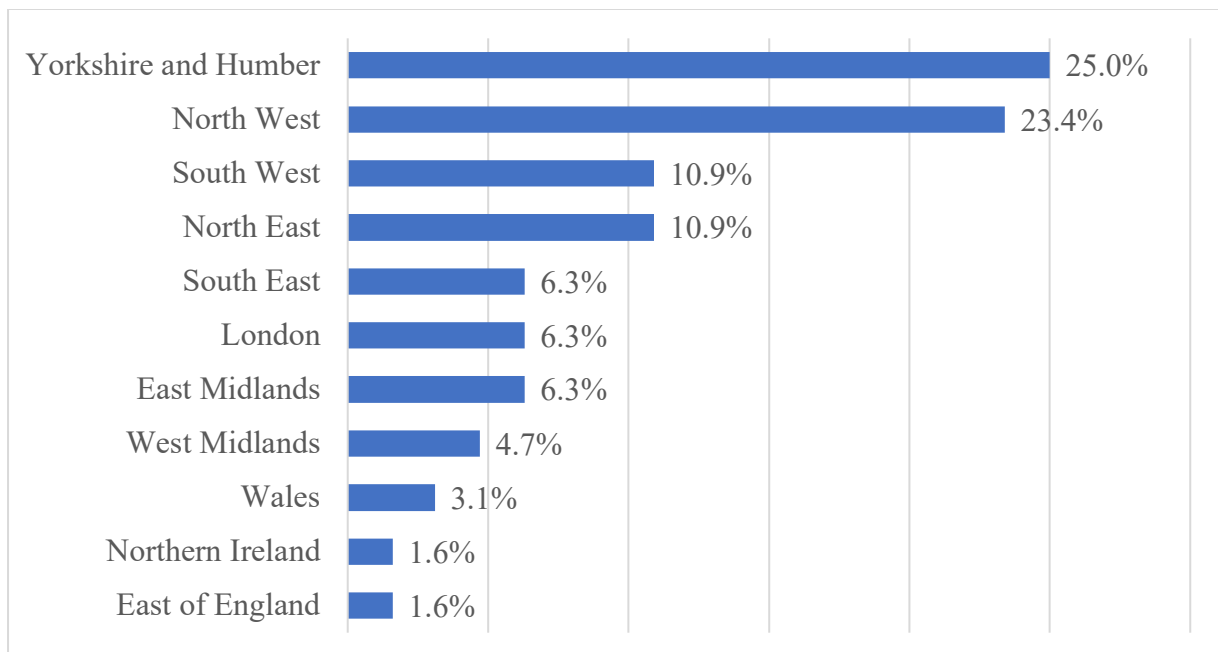


Figure 8 shows that more qualified EPs than unqualified EPs responded to the survey. Percentages for unqualified EPs (TEPs and Assistant EPs) match the data in Figure 7 and in total make up 39% of the data set. Qualified EPs (including Senior EPs, Principal EPs and main grade EPs) made up 61% of the sample. Of these, 16% of EPs were in the early stage of being qualified (1-2 years), 16% had been qualified for 3-9 years and 30% of respondents had been qualified for over 10 years. This shows that there was a wide range of EP experience amongst the respondents.

Figure 9*SQ19 I am currently based in...*

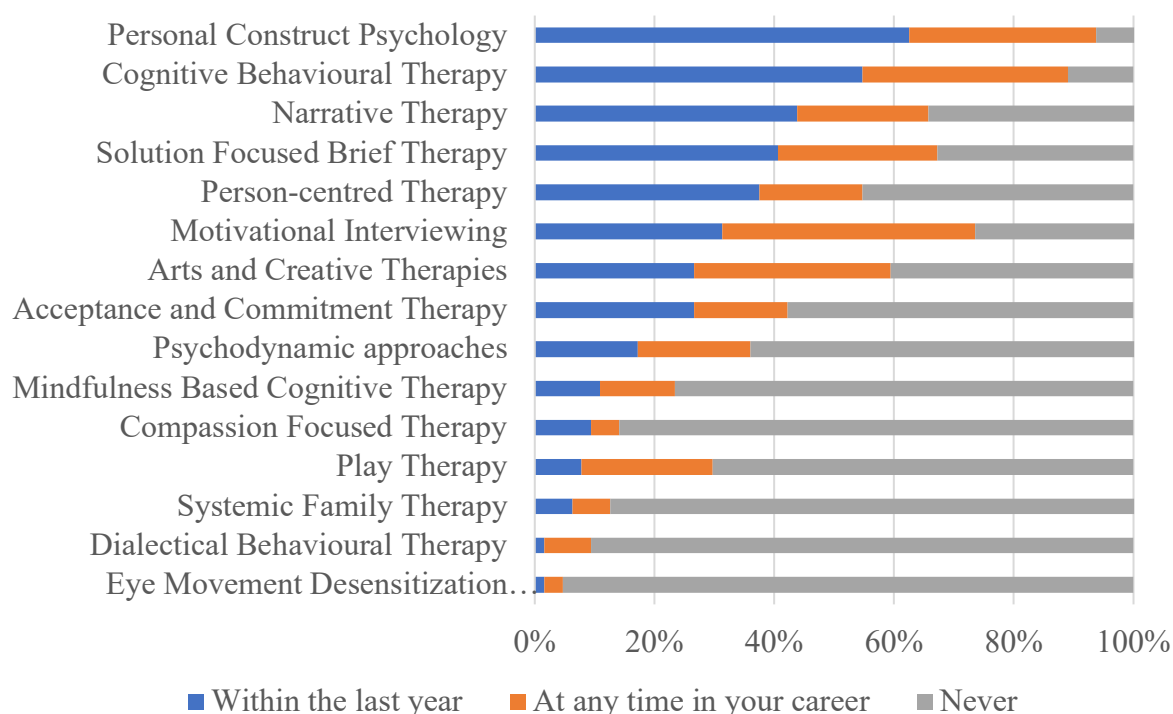
More than half of the responses (59%) came from areas in the North of England including Yorkshire and Humber, North East and North West with Yorkshire and Humber making up the highest number of respondents (25%). This is perhaps not surprising since the researcher's university is based in this region, and it may be that EPs in this area were more easily reached through TEPs on the researcher's course sharing within their services. Other regions including the Midlands and the South were underrepresented in the sample. This indicates that the recruitment strategy was not successful at reaching EPs from different regions. I did not recruit any EPs from Scotland, however, the context and practice of EP work in Scotland is different to the rest of the UK and is informed by Scottish legislation and policies (Greig et al., 2019).

3.3 Types of therapeutic approaches used by participants in their practice

In this section, participants were asked to think about specific models or approaches they use in their EP practice. A list of therapeutic approaches was presented to the participants. The list was collated as described in the methodology section. Participants were informed that the list was not exhaustive and were invited to add additional approaches in the next question.

Figure 10

SQ20 Have you used any of the following therapeutic approaches ...?



The results in Figure 10 indicate that PCP and CBT are the most widely used approaches and are the only approaches to be used by over 50% of respondents in the last year. MI has been used by more than two thirds of respondents, being the third most popular approach at any time in EPs career but falling to sixth most widely used in the past year. Narrative therapy and SFBT, on the other hand, have both been used by over 40% of respondents in the past year, indicating an area of more recent focus among EPs. Most respondents had never used Eye Movement Desensitisation Reprocessing (EMDR), DBT and Systemic family therapy which are more specialised therapeutic approaches.

Of the total respondents, 26.6% said that they had used ACT in the last year, 57.8% of respondents had never used ACT. Nearly two thirds (63%) of the total users of ACT said they had used ACT in the last year .

Whilst most therapies appear to have some staying power relative to their overall popularity, other approaches seem to have dropped in use over the last year. For example, over half (57.4%) of the total users of MI and total users of Arts and Creative Therapies (55.3%) had not used it in the last year. This could indicate a waning in enthusiasm for these approaches, or a lack of opportunities to use them in current practice.

Table 3

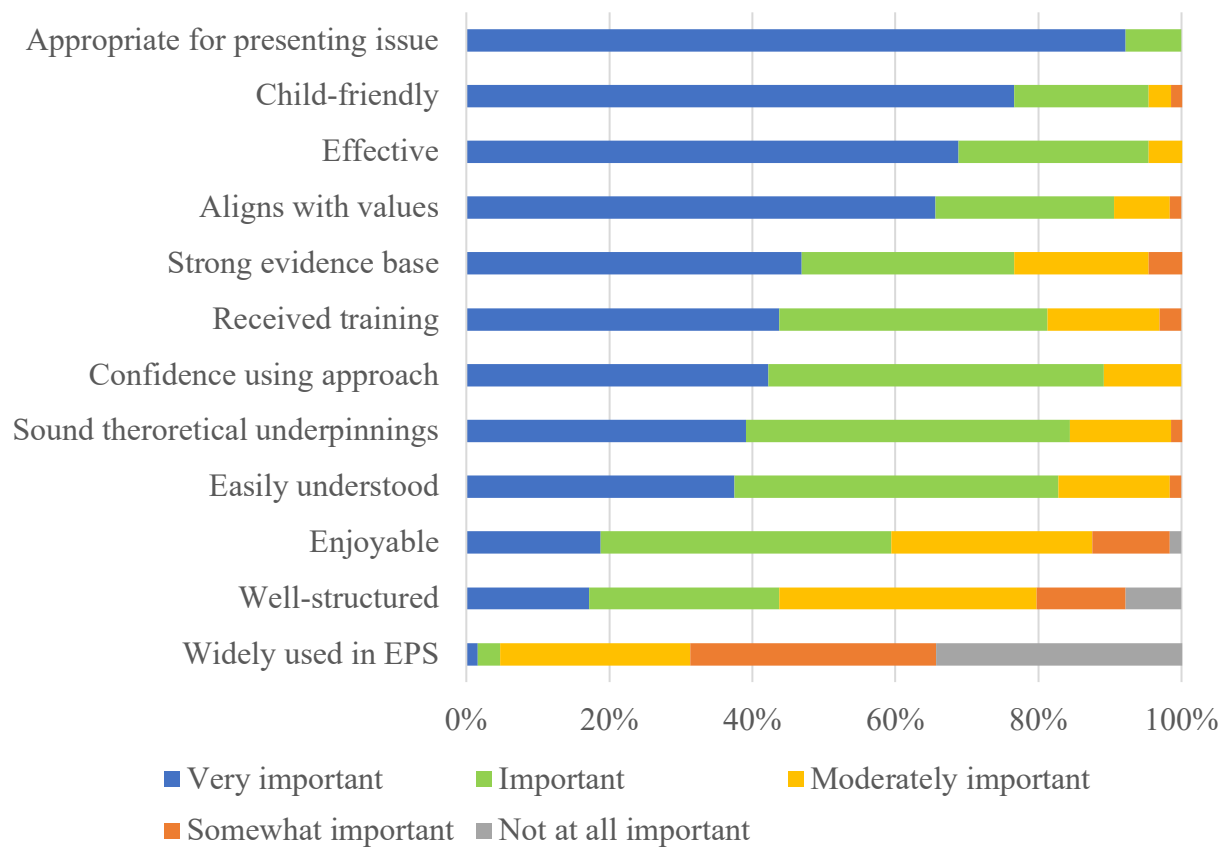
SQ21 Please state any other therapeutic approaches that you have used in your work that are not listed above.

Name of therapeutic approach
Positive Psychology
Video Interaction Guidance (VIG)
Lego Therapy
Circle of Friends
Solution Circles
Clean Language
Integrative - person centred / psychoanalytic
The Homunculi Approach
Sandplay Therapy
The Beads of Life
Therapeutic Story Work

The contributions from respondents indicated a possible difference concerning what is understood by therapeutic approaches versus therapeutic techniques or interventions. For example, The Homunculi approach is an intervention based on CBT (Mackay and Greig, 2013), Therapeutic Story Work and The Beads of Life are based on Narrative Therapy (Shotton and Burton, 2018; Casdagli et al., 2023). It is possible that other EPs may have indicated that they used these approaches if given the option.

Figure 11

SQ22 Which of the following are important to you when considering which approach to use?



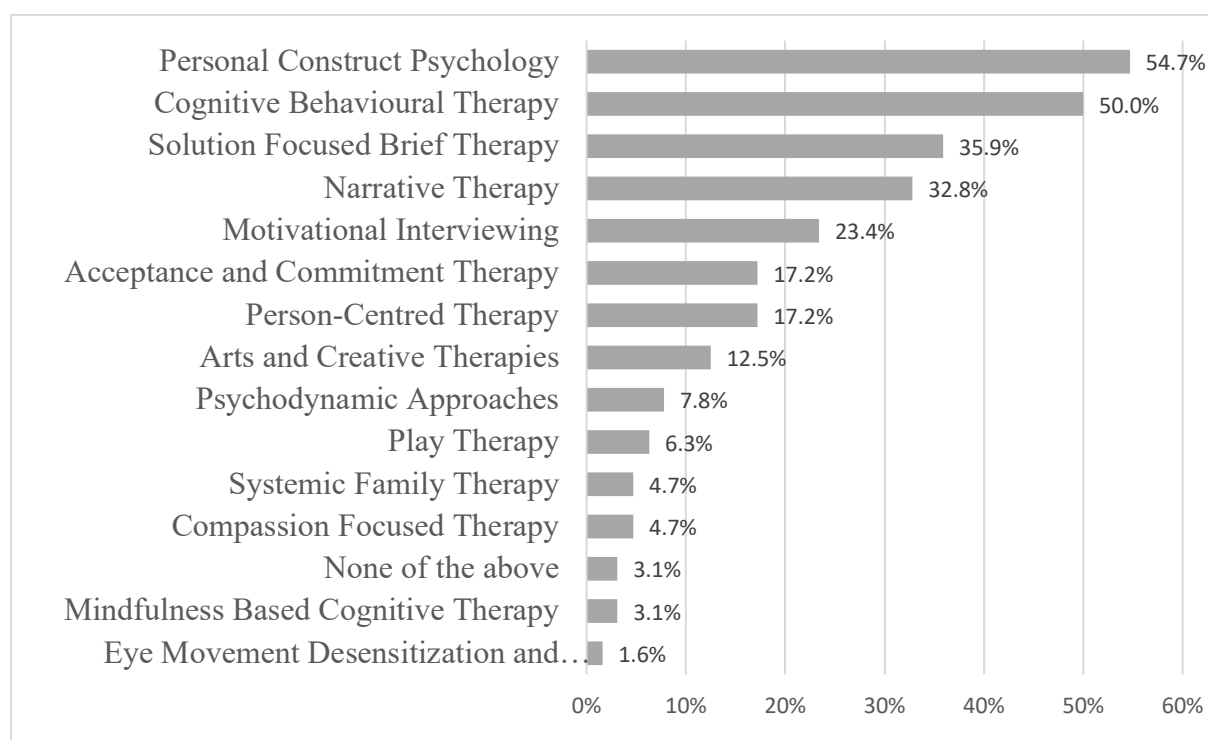
The responses in Figure 11 indicate that EPs consider many of the factors to be important and will consider several things before selecting an approach to use. The results show that the two most important considerations were that the approach is appropriate for the presenting issue (92% very important, 8% important) and that the approach is child-friendly, (77% very important, 19% important). This suggests that EPs consider factors which relate to the CYP and their needs as being more important than other factors such as how well structured the approach is or how widely it is used in their service, which were the least important considerations.

Respondents were concerned with the effectiveness of the approach (69% very important, 27% important). However, having a strong evidence base and having sound theoretical underpinnings were slightly less important. This suggests a trend in EP practice whereby psychology is applied pragmatically through therapeutic approaches and value is placed on approaches which appear to be useful in specific circumstances and for a specific issue rather than valuing approaches because of more abstract and theoretical notions of what research says works.

Respondents also indicated that personal feelings about the approach were important when they were selecting an approach. For example, in terms of the approach aligning with their own values (66% very important, 25% important) and feeling confident about using the approach (43% very important, 47% important). It was not as important for the approach to be enjoyable. This suggests EPs may be more likely to use certain approaches which they feel an affinity with, for example those which align with their personal beliefs or philosophical worldview. This could also mean they opt for those approaches more often and gain greater confidence in using those approaches.

Figure 12

SQ23 Which three approaches do you use most often in your practice? (Please only tick up to three options)



PCP and CBT were identified as being the most prevalent approaches in EP practice with half of the respondents (55% and 50% respectively) including them in their top three approaches. This mirrored findings presented in Figure 10. The approaches that had overall high lifetime and recent usage, were largely the ones that respondents used most frequently in their practice.

It is interesting to note that the most popular approaches are widely known and endorsed in EP literature. For example, PCP was popularised in EP work by Tom Ravenette who wrote a selection of essays (Ravenette, 1999) on how PCP could be used. It is taught on some doctoral programmes and is the theoretical basis of the book *Educational Psychology Casework* (Beavers, 2011). With a wide range of accessible materials for young people, PCP

can be utilised by EPs in a variety of ways, such as drawing the ideal self (Moran, 2001), the ideal school (Williams and Hanke, 2007) and the Children's Exploratory Drawings (Cohman and Timney 2021). CBT has also been put forward as a helpful approach for EPs (Greig, 2007; Rait et al., 2010), and has a range of materials available for use with CYP including Think Good Feel Good (Stallard, 2019), The Homunculi Approach (Greig and Mackay, 2013) and Starving the Anxiety Gremlin (Collins-Donnelly, 2014).

Therapeutic approaches which were the least used such as EMDR, DBT and Systemic Family Therapy are specialised therapies which involve further training and specific situations to practice/specialise. This may explain their infrequent usage.

17.2% of respondents identified ACT as being one of the three approaches they use in their practice. This is not a high percentage; however, ACT had not been widely discussed in EP literature before 2018 and is still fairly new to EPs. ACT was not mentioned or included in a previous survey of EP therapeutic practice (Atkinson et al., 2011), neither did it feature in a systematic review of therapeutic interventions (Simpson and Atkinson, 2021) suggesting that it has only recently started to become known in EP circles. ACT was first proposed as a useful therapeutic model for EPs by Gillard et al. (2018).

Table 4

SQ24 In addition to the approaches above, are there any specific techniques, interventions and/or activities that you regularly use in a therapeutic capacity?

Name of technique, intervention or activity
Additional relationship building sessions, sessions alongside school staff or parents/ siblings (where appropriate) so that learning can be generalised outside of the sessions, and a celebratory session at the end to feedback to school staff/ parents/ carers and to review.
Strength Cards
Externalisation (narrative); triadic questioning (systemic practice); collaborating (systemic practice); outsider witnessing (narrative/systemic practice); 'not knowing' (curiosity) (systemic practice)
The Interoceptive Curriculum, which aligns with aspects of Mindfulness and ACT
PATH and/or the MAP
The OARS model
Mindfulness/grounding techniques (but not specifically MCBT)
Positive Psychology strengths-based interventions/activities
Various cards, blob tree, rocks

Trauma informed activities

Therapeutic Story Writing

Attunement principles

Coaching Psychology

Thrive activities

Circle of friends

Overall, most responses focus on specific applications of the approaches in the main list, and/or specific techniques used in the main approaches. As with SQ21, responses indicate that EPs can understand the terminology of ‘approaches and ‘techniques’ differently and sometimes use them interchangeably. This is understandable as this terminology is used in various ways in both everyday and work related contexts, and also in research literature (Hammond and Palmer, 2021).

Some responses focus on specific trademarked products and services, for example, Thrive® is a company offering a suite of training and web tools focusing on emotional resilience and claims to be rooted in neuroscience and attachment theory (Brown, 2018). Attachment theory is also the basis for attunement principles (Pomerantz, 2016) and trauma informed activities (Alexander et al., 2023). Some are applications of specific approaches, for example, OARS is a way of applying the MI approach (Thomas et al., 2019). PATH and MAP are applications of Person-Centred principles focused on person-centred planning (Gray et al., 2022). A number of responses focused on narrative techniques such as externalisation, outsider witness (Hobbs et al., 2012) and narrative based practices such as Therapeutic Story Writing (Shotton and Burton, 2018). A couple of responses are related to mindfulness: “The Interoceptive Curriculum, which aligns with aspects of Mindfulness and ACT”, “Mindfulness/grounding techniques (but not specifically MCBT).”

3.4 Participants' experience of using therapeutic approaches in their general EP practice

In this section, participants were asked to think about their EP practice as a whole.

Figure 13

SQ25 How confident do you feel about using therapeutic approaches/techniques in your practice?

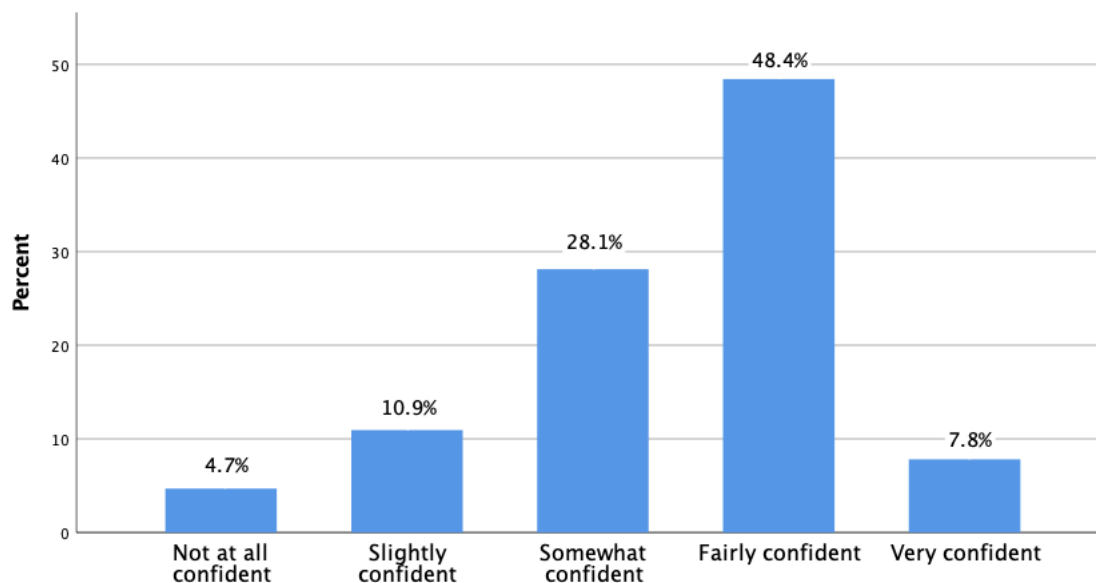


Figure 13 shows that more than half of the respondents (56%) feel fairly confident or very confident about using therapeutic approaches in their practice. 16% of EPs said that they were slightly confident or not at all confident. This aligns with recent research of PEPs in Scotland who felt reasonably confident about their services engaging in direct therapeutic work with individual pupils (Greig et al., 2019).

Spearman's rank correlation was calculated to explore the relationship between length of experience as an EP (SQ18) and level of confidence in using therapeutic approaches. The results indicated that there was a weak positive correlation between the two variables, $r=.31$, $p=.012$, $n=64$. This suggests that as EPs gain experience they generally become more confident using therapeutic approaches. This could be because with experience they have had more opportunity to use different techniques and may also have settled on an approach/es which they prefer and are comfortable with. Since the correlation is weak, it is likely that other factors may impact their confidence despite them being very experienced.

As EPs progress they often take on senior or managerial roles which may involve less day-to-day individual or schools work. Additionally, if EPs take on more managerial positions their priorities may change and may be driven by the needs of the service. Conversely, some EPs with less experience may have a high level of confidence in using therapeutic approaches.

Trainees and assistants sometimes get more opportunities to carry out interventions or try out therapeutic work. This may increase their confidence when using therapeutic approaches. Furthermore, when learning new things, people can sometimes be initially enthusiastic about new approaches but then moderate their enthusiasm following more extensive experience.

Figure 14

SQ26 How often do you use therapeutic approaches/techniques in your role?

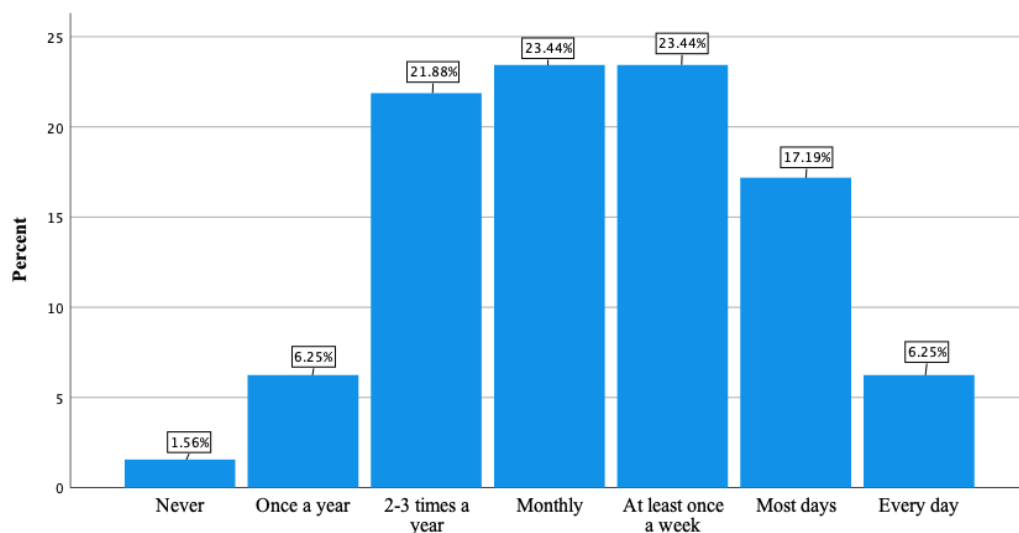


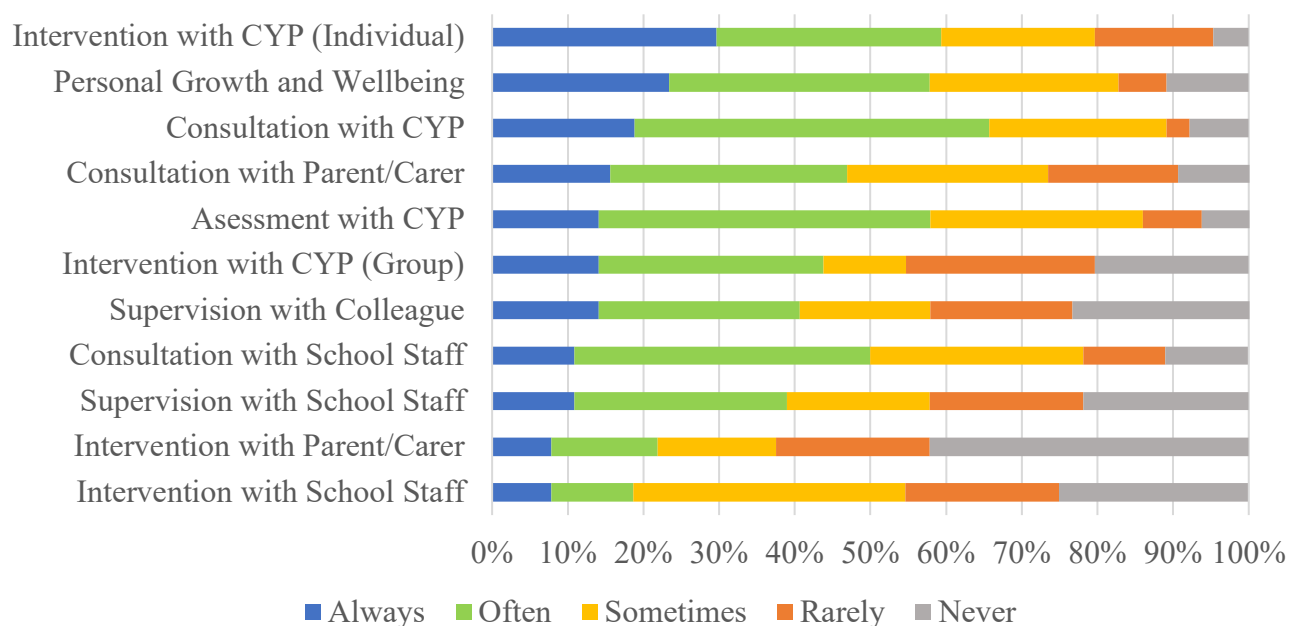
Figure 14 shows that therapeutic approaches/techniques are regularly used by respondents with over two thirds (70%) saying they use therapeutic approaches at a frequency of once a month or more, and just under half of the respondents (47%) saying they used therapeutic approaches at least once a week. Only 2% of respondents said that they never use therapeutic approaches.

Spearman's rank correlation was calculated to find out if there was a relationship between length of experience as an EP and frequency of use of therapeutic approaches/techniques. The results indicated that there was a weak positive correlation between the two variables, $r=.27$, $p=.034$, $n=64$. This suggests that as EPs increase their experience they are more likely to use therapeutic approaches. However, the correlation was almost negligible suggesting that other factors influence how often an EP uses a therapeutic approach. Possible factors could be that some EPs are in part time positions which may mean they have less time in the week to use therapeutic approaches. It may also depend on what is required during each piece of casework. Additionally, a significant part of an EP's job involves report writing and administrative work, whilst additional statutory duties may also impact time available to engage in therapeutic work (Atfield et al., 2023).

The above analysis of the responses outlined in SQ25 and SQ26 suggest that there is no simple linear relationship between EP experience and levels of confidence in using therapeutic approaches, nor with frequency of use. This indicates that use of therapeutic approaches in EP practice is subject to a multitude of motivations, barriers and facilitators. Responses to SQ22 already indicated that EPs deem a variety of factors important when considering whether and when to use therapeutic approaches.

Figure 15

SQ27 In which situations do you use therapeutic approaches?



Therapeutic approaches were mostly used in situations involving a child or young person. Over half of respondents indicated that they would frequently (always/often) use a therapeutic approach on an individual basis with a child or young person in a situation such as consultation (66%), intervention (59%) or assessment (58%). In a group intervention situation with CYP the frequency was less (44%). This may be because most EP work is on an individual basis with a child or young person and there are often fewer opportunities to work with groups.

50% of respondents said they would frequently use therapeutic approaches in a consultation with school staff and 47% said they would frequently use therapeutic approaches in consultation with parents. One way of using therapeutic approaches may be through establishing a therapeutic relationship. Zafeirou and Gulliford, (2020) suggest that EPs establish a therapeutic relationship in consultations to offer a secure base whilst engaging in problem-solving with consultees. In situations such as supervision, either with a colleague or with school staff, the responses were similar with 41% of respondents saying

they would frequently use therapeutic approaches in supervision with a colleague and 39% saying they would frequently use therapeutic approaches in supervision with school staff.

The least frequent (rarely/never) use of therapeutic techniques was in interventions with parents (63%). This could be due to limited opportunities to work with parents or because the nature of the relationships and settings when working with parents are not generally conducive to therapeutic practice.

58% of respondents said that they would frequently use therapeutic approaches for their personal growth and development. A further 25 % of respondents indicated that they would sometimes use therapeutic approaches in this way. This implies that the majority of respondents see value in applying therapeutic approaches within their own lives.

Therapeutic approaches may be helpful as forms of self-care and ways of dealing with the stresses and challenges of EP work.

3.5 Participants' experience of using therapeutic interventions

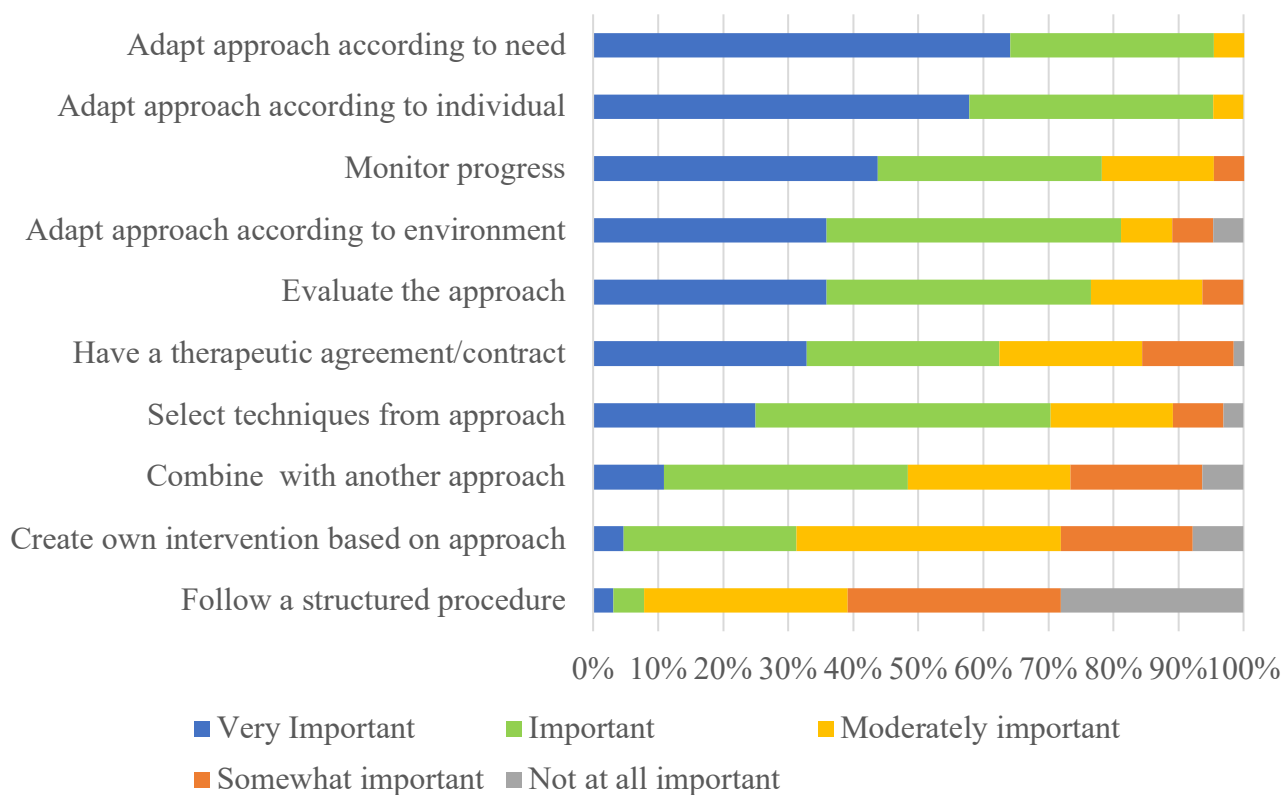
In this section, participants were asked to focus on their experience of therapeutic interventions with individual and/or groups of CYP.

SQ28 How confident do you feel about delivering therapeutic interventions

Since this question was similar to SQ25, the results are included in Appendix J.

Figure 16

SQ29 When using a therapeutic approach as part of an intervention, how important is it to you to...?



In Figure 11, The two most important factors for respondents when choosing a therapeutic approach were that the approach is suitable for the presenting need and that it is child friendly. A similar pattern has emerged in Figure 16 where the two most important factors when using a therapeutic approach in an intervention are that the approach can be adapted according to need (64% very important, 31% important) and according to the individual (58% very important, 38% important). These two factors suggest a person-centred orientation in EP practice supporting the finding in SQ22. These factors also highlight the importance of flexibility/adaptability when using an approach. This is consistent with previous research highlighting EP practice of adapting interventions according to needs (Simpson and Atkinson, 2021). Adapting the approach according to the environment was also seen as having high importance (36% very important, 45% important). Furthermore, 45% of respondents indicated that being able to select techniques from the therapeutic approach was also important and a further 25% said this was very important. This seems to indicate that EPs are open to an integrative approach to intervention which combines techniques from different approaches (Zarbo et al., 2021). 92% of respondents assigned moderate to low importance for following a structured procedure which further supports the notion that in EP practice the preference is to use therapeutic approaches which are easily adapted.

Respondents placed fairly high importance on incorporating accountability and ethical principles such as monitoring progress, evaluating the approach and to a lesser degree having a therapeutic agreement. This indicates that within EP practice there is an awareness of the need for responsible practice and the need to learn if a particular approach is working or is successful (Dunsmuir and Hardy, 2016)

These results illuminate an interesting area within the EP role which is that EPs often need to be quite adaptable to fit in with school requirements and this may impact the type of work they can do (Dunsmuir and Hardy, 2016).

Table 5

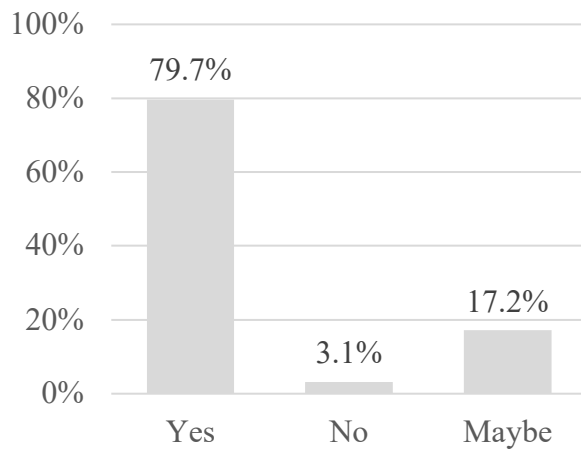
SQ30 Is there anything else that is important to you when using a therapeutic approach as part of an intervention?

Key themes – additional important factors	Frequency of references
CYP ability to understand and participate	6
Importance of therapeutic relationship	6
Gaining CYP consent/agreement	5
Lack of time and resources	2
Working systemically	2
Need for regular supervision/support/training	1
Ensuring consistency for CYP	1
Plan in place for after the intervention	1
School request it	1

A table of responses for SQ30 can be found in Appendix J. The following themes were identified as being important additional factors.

Figure 17

SQ31 Would you like more opportunities to deliver therapeutic interventions within your EP practice?



A high number of respondents (80%) were interested in having more opportunities to deliver therapeutic interventions in their practice suggesting that many EPs may not be getting as many opportunities to be involved in therapeutic work as they would like.

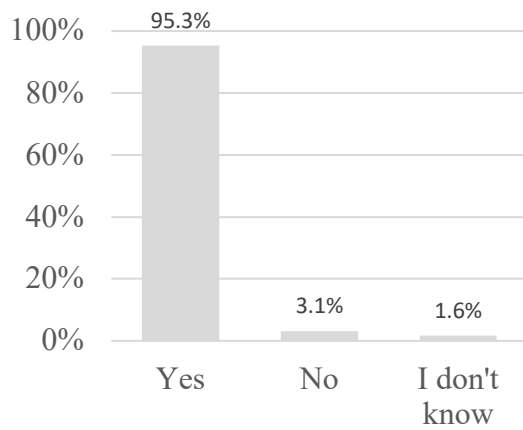
3.6 Participants' views about using therapeutic approaches in EP practice

This section offered participants the opportunity to put forward their perspectives about the potential of using therapeutic approaches in EP practice. Questions included asking participants if they saw any value utilising therapeutic approaches in their EP practice. Participants were also asked open-ended questions to elaborate on what they thought were the benefits of using therapeutic approaches in EP practice and what they perceived to be the main barriers and or disadvantages to using therapeutic approaches in EP practice.

The responses to the open-ended questions have been coded and themed and are presented through hierarchical charts which show the weight of the themes reflected in participants' comments and thematic maps which explore the dimensions of the themes.

Figure 18

SQ32 Do you see any value in EPs utilising therapeutic approaches in their practice?



The majority of respondents (95%) saw value in using therapeutic approaches in EP practice. The largely positive response to SQ31 and SQ32 indicate there is a probable degree of selection at work, as EPs who do not have an interest in this area may have been less inclined to complete the survey. The respondents are more likely to be representative of the section of EP population with an existing interest in therapeutic approaches.

Figure 19

SQ33 In your own words, what do you think are or could be the main benefits of using therapeutic approaches in EP practice?



Note. Hierarchical chart of themes for benefits/advantages of using therapeutic approaches in EP practice (created in NVivo)

Eight themes were identified as common advantages and/or benefits of using therapeutic approaches in EP practice (Figures 19 and 20).

Figure 20
 Thematic map showing themes and subthemes of benefits/advantages of using therapeutic approaches in EP practice



Table 6

Table of themes for benefits/advantages of using therapeutic approaches in EP practice

Name	Description	Example Comment
Enables a more relational experience	This theme includes comments about the benefits of relational practice and how it can enhance therapeutic approaches. Participants referred to relationships with CYP and with the setting. This theme also incorporates comments about person-centred practice.	<i>“Enables connection between EP and people involved makes it feel human and often important” (P37)</i>
Addresses growing mental health needs among CYP	This theme includes concerns about growing mental health needs and difficulties in accessing mental health services. EP services are seen to offer some support in this area.	<i>“CYP often struggle to access mental health services e.g., CAMHS, so it would also fill this gap if EPs were able to engage in more therapeutic work to support those who are on long waiting lists for specific mental health services.” (P39)</i>
A way to develop as a practitioner	This theme includes comments made about how therapeutic practice can develop the EP as a practitioner - improving skills by applying psychology and being creative and gaining job satisfaction.	<i>“...opportunity to live the psychology and develop further as a practitioner.” (P2)</i>
Harnesses the unique skillset and positioning of EPs	This theme relates to the unique contribution of the EP role. It includes comments on EPs placement and proximity in schools as well as skills which EPs use across their practice which feed into therapeutic work.	<i>“We are well placed with knowledge of the context and school to facilitate change.” (P14)</i>
A way of bringing hope and enabling change	This theme includes comments made about the process of change through therapeutic practice. Using therapeutic approaches can empower the CYP to achieve desired change and teaches strategies for daily life.	<i>“A different way to approach and effect positive change/hope within a situation that may often be complex or feel 'stuck' for individuals within it” (P18)</i>
Improves outcomes for CYP	This theme includes comments made about how therapeutic practice can improve outcomes for CYP. Participants mentioned: supporting CYP self-development, enabling people to make life decisions and finding solutions.	<i>Improved emotional wellbeing, self-acceptance and self-compassion, improved self-perception, stronger sense of preferred identity. (P7)</i>
A way of working systemically	This theme includes references to the different systems around the child and how the EP can work within those systems therapeutically.	<i>“...opportunity for improving relationship with setting and deepening understanding of setting by working within their systems” (P2)</i>

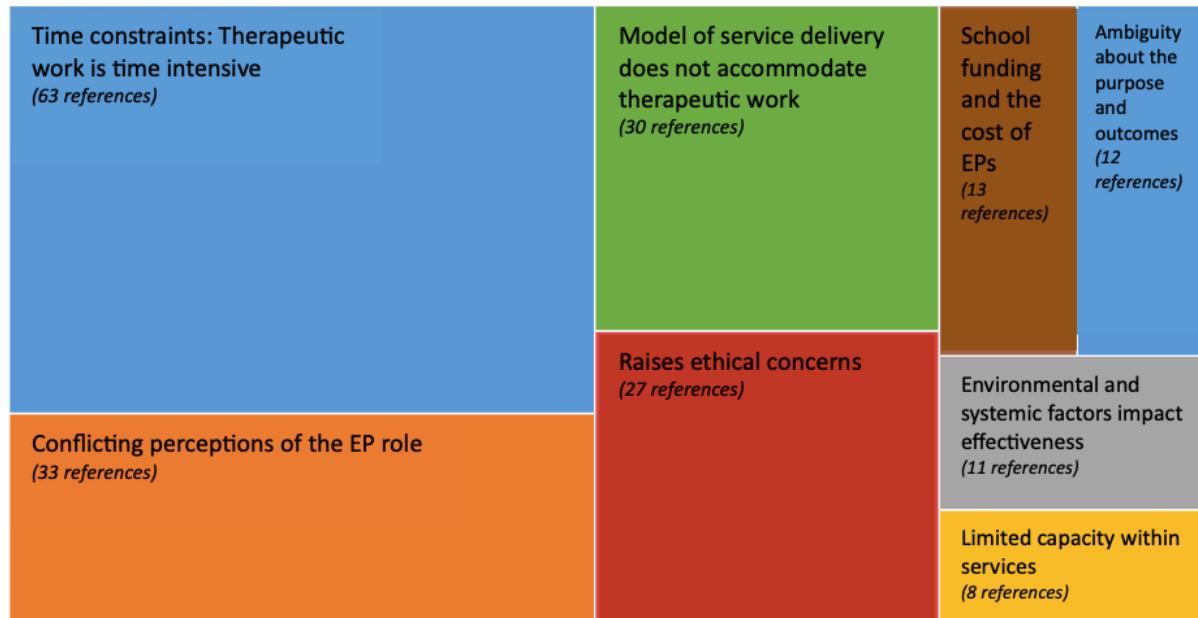
Name	Description	Example Comment
Upskilling school staff	This theme refers to modelling and training school staff in the approach so that therapeutic work can be carried out by a wider range of people and reach more CYP.	<i>"...upskilling staff to feel more confident in using principles of therapeutic approaches themselves" (P47)</i>

Therapeutic approaches were seen to enable a relational way of practice which tied in with findings from SQ30 where respondents mentioned the therapeutic relationship as being important. A dimension of this theme include person-centred practice which relates well with findings from SQ22 and SQ29 where factors relating to the child/young person and their needs were identified by respondents as being a key factor in their consideration of therapeutic approaches.

Another important theme recognised that therapeutic approaches were appropriate for addressing growing mental health needs. Linked to this theme were themes of improving outcomes for CYP and bringing hope and enabling change. Dimensions of these themes related to the empowerment of CYP, teaching them strategies and helping them to find their own way in life. These themes also pointed to the importance of person-centred practice for the respondents.

Figure 21

SQ34 In your own words what do you think are or could be the main barriers/disadvantages to using therapeutic approaches in EP practice?



Note. Hierarchical chart of themes for barriers/disadvantages of using therapeutic approaches in EP practice (created in NVivo)

Eight themes were identified as common barriers and/or disadvantages of therapeutic approaches in EP practice (Figures 21 and 22).

Figure 22

Thematic map showing themes and subthemes of barriers/disadvantages of using therapeutic approaches in EP practice

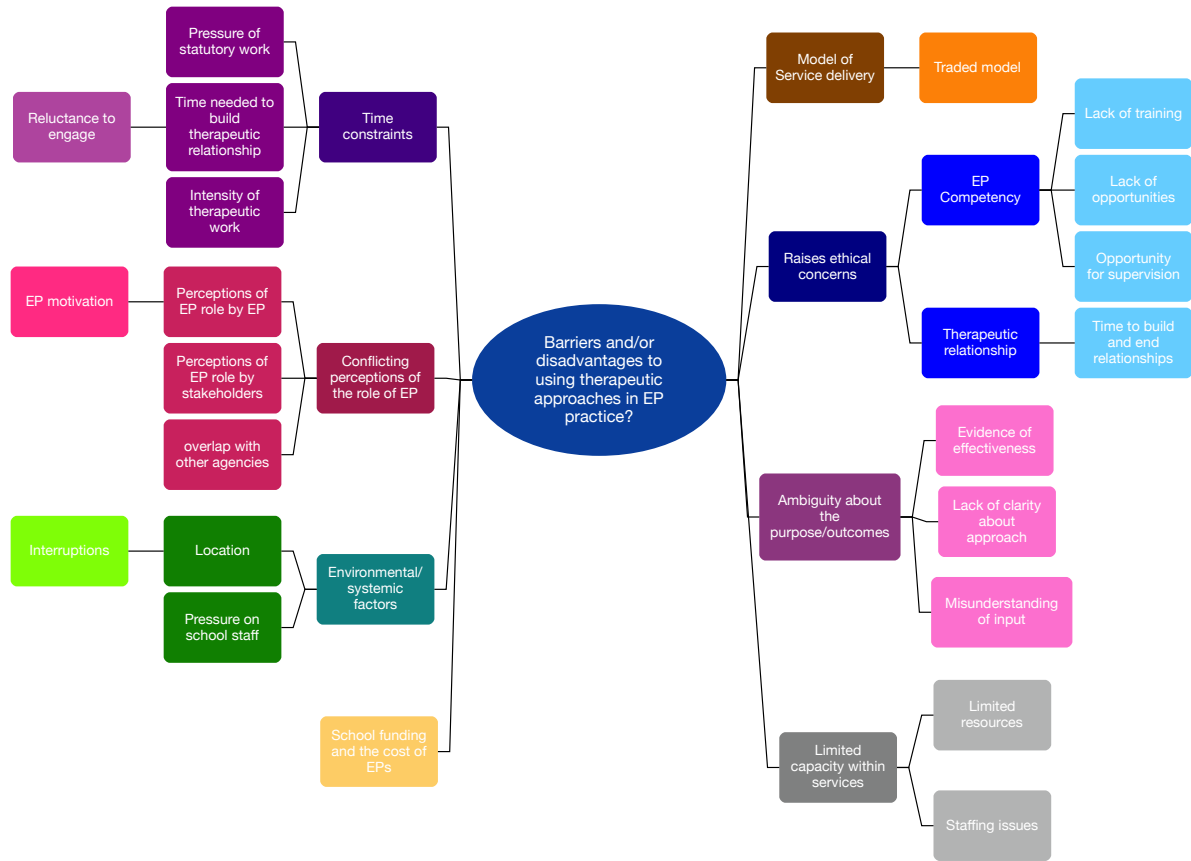


Table 7

Table of themes for barriers/disadvantages of using therapeutic approaches in EP practice

Theme	Description	Example Comment
Time constraints: Therapeutic work is more time intensive	This theme includes references to the time needed to complete therapeutic work and the lack of time available to EPs due to the pressures of statutory work.	<i>"The amount of time needed for change to take place."</i> (P30)
Conflicting perceptions of the EP role	This theme includes comments relating to the EP role and perception of that role from EPs themselves and other stakeholders. Respondents also commented on EP willingness and motivation to get involved with therapeutic work as well as their responsiveness. Overlap with other services was also mentioned.	<i>"EP not seen as person to implement."</i> (P49)
Model of service delivery does not accommodate therapeutic work	This theme refers to comments made about different types of service delivery within Educational Psychology Services (EPS). Participants referred to traded, non-traded and core models of Local Authority Services.	<i>"Service is non-traded and can be hard to find the opportunities."</i> (P5) <i>"...having time to plan and deliver within a service level agreement/traded model."</i> (P47)
Raises ethical concerns	This theme includes direct and indirect comments made about ethical considerations when completing therapeutic work. If these are not appropriately addressed, it can create a barrier to therapeutic work. Respondents commented on EP competency including access to training and supervision and lack of opportunities to develop therapeutic practice.	<i>"Ethical barriers such as EP competence, accessing appropriate supervision, and time to deliver interventions, including building and ending therapeutic relationships."</i> (P18)
School funding and the cost of EPs	This theme includes comments about the cost of EP services. Respondents referred to the cost to schools when using a Traded Model. Therapeutic work can sometimes take longer which means paying more for an EP because of the additional of time.	<i>"That schools do not have the funding to purchase our services"</i> (P20)
Ambiguity about the purpose and outcomes	This theme refers to comments made by participants which indicate the importance of clear communication between EPs and stakeholders. Barriers to therapeutic work can arise when information about the approach is not clarified.	<i>"Not being clear on the method/approach"</i> (P31)
Environmental and systemic factors can	This theme includes references to a range of environmental and/or systemic factors which can create barriers to engaging in or completing	<i>"The others involved, systems and/or environment needs to be supportive of the"</i>

Theme	Description	Example Comment
impact effectiveness	therapeutic work. Respondents commented on interruptions to planned delivery of sessions, location issues such as privacy and appropriate spaces as well as support from surrounding systems e.g., family, school.	<i>therapeutic approach.” (P19)</i>
Limited capacity within services	This theme includes references to capacity within services to effectively meet therapeutic needs. Respondents mentioned limited resources, issues with recruitment and organisational barriers.	<i>“...we don't have the capacity for long-term work.” (P1)</i>

The most compelling theme raised by the respondents was related to time constraints. Time was needed to build a therapeutic relationship and to be effective, however the respondents consistently felt pressure from statutory work. Linked to this theme was the model of service delivery especially when schools buy in set amounts of time and limited capacity within services due to low recruitment and limited resources. There was a sense of incompatibility with their current way of practice. On the one hand therapeutic approaches take time and care to deliver, on the other hand EP time was constrained by factors beyond their control such as statutory work and model of service delivery. This also threatened one of the benefits of therapeutic approaches which was developing as a practitioner. These factors may cause a vicious circle as EPs may end up leaving EPS to work independently in a way that they prefer (Atfield et al., 2023).

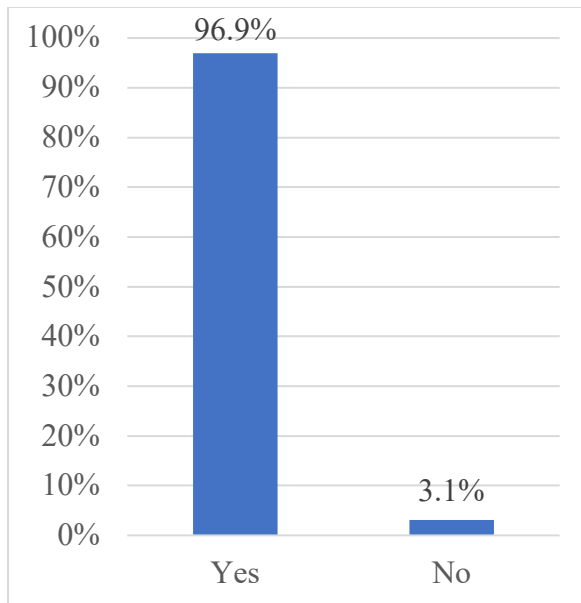
Many of the barriers mentioned were beyond EP control. This reflects previous findings indicating that EPs perceive systemic factors to cause barriers to therapeutic work (Hoynes and Cunningham, 2019).

3.7 Focus on the ACT Model

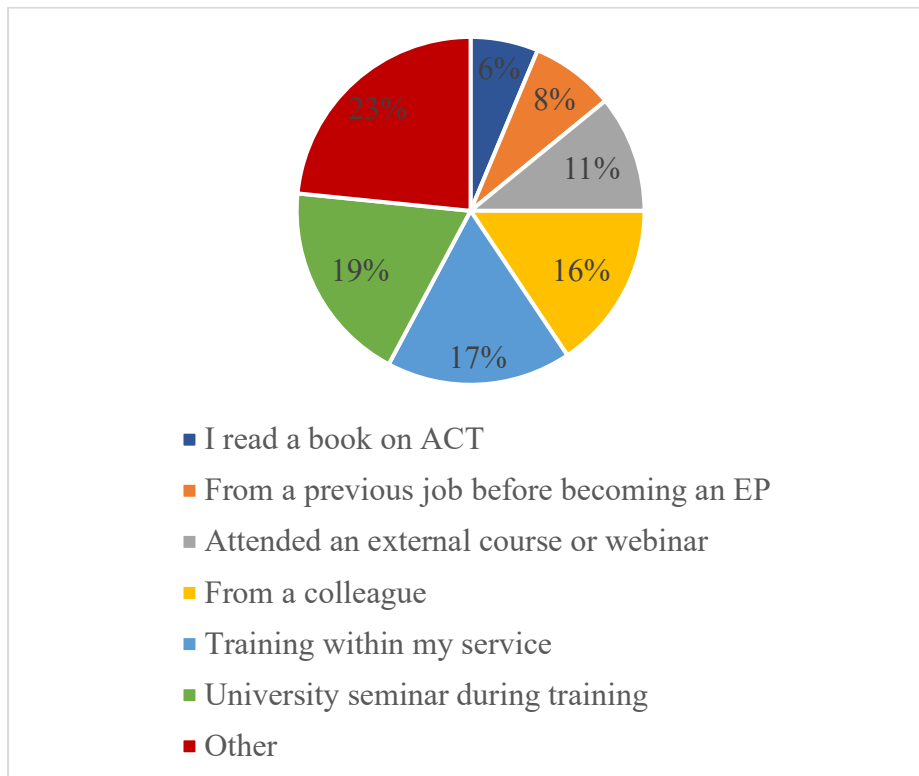
This section of the survey focused on the ACT model and asked questions regarding participants' experience of using ACT in their practice. Participants were asked if they had heard of the ACT model and how they had heard about it (Figures 23 and 24). Participants were asked if they had used ACT in their practice (Figure 25).

Figure 23

SQ35 Have you heard of Acceptance and Commitment Therapy (ACT)?

**Figure 24**

SQ36 How did you find out about ACT?



Participants found out about ACT from a variety of sources. Over a third of participants (36%) stated training either at university or within the service. Other sources mentioned by participants can be seen in Table 8.

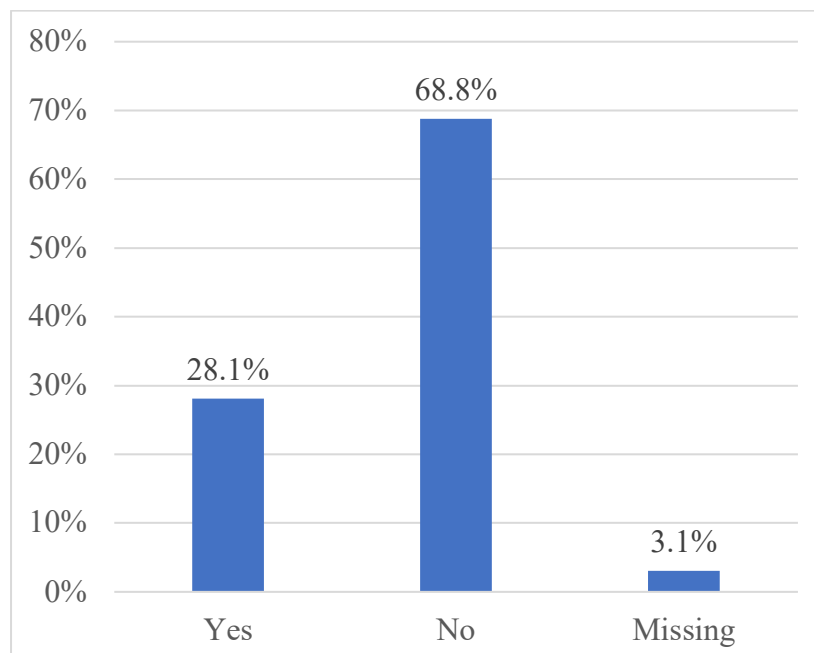
Table 8

Other sources where respondents found out about ACT

Other sources
Podcast
At a conference
Online research
EPNET
Social media
Previous psychology degree

Figure 25

SQ37 Have you used Acceptance and Commitment Therapy (ACT) in your EP practice?



Whilst the majority of participants (97%) had heard of the ACT model (SQ35), less than a third of participants (28%) had used ACT in their practice.

Participants answers for SQ38 have been coded and organised into common themes in Table 9. A sample of the analysis can be found in Appendix J.

Table 9

SQ38 If you answered no, please explain why you gave this answer

Reasons for not using ACT	Frequency of references
Lack of knowledge and/or training	21
Limited opportunities to use ACT	14
Lack of confidence	8
Interested and intend to learn more	6
No time to learn about ACT	3
Too complicated	2
Lack of support within EPS	2
Preference of other approaches	2
Misgivings about the ACT approach	1
Using ACT is not part of EP remit	1

A common reason for not using ACT was that participants said they did not know enough, or they had not received training on ACT. Another common theme was that people had limited opportunities to use the approach. Both of these themes relate to the third theme that some people lacked confidence in using the approach. Without an understanding of the approach and an opportunity to use it, EPs may find it difficult to build confidence in ACT and may be put off using it.

3.7.5 SQ39 Would you be willing to take part in an interview to talk about your experience using therapeutic approaches in your work as an EP?

At this point in the survey, the 46 participants who said they had not used ACT finished the survey. The remaining 18 participants who said that they had used ACT in their practice went on to complete further questions about their experiences of using ACT. They made up 28% of the overall sample of participants.

3.8 Participants' experience of using ACT

3.8.1 About the ACT survey participants

Figure 26 shows the percentage qualified status and Figure 27 shows the percentage length of experience of the 18 participants.

Figure 26

Respondents qualified status (n=18)

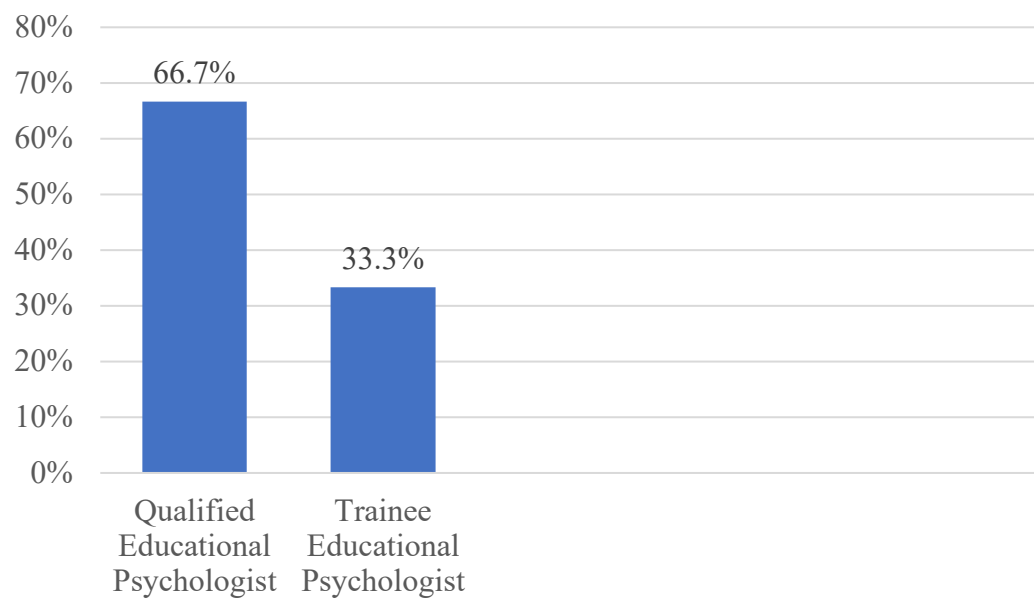
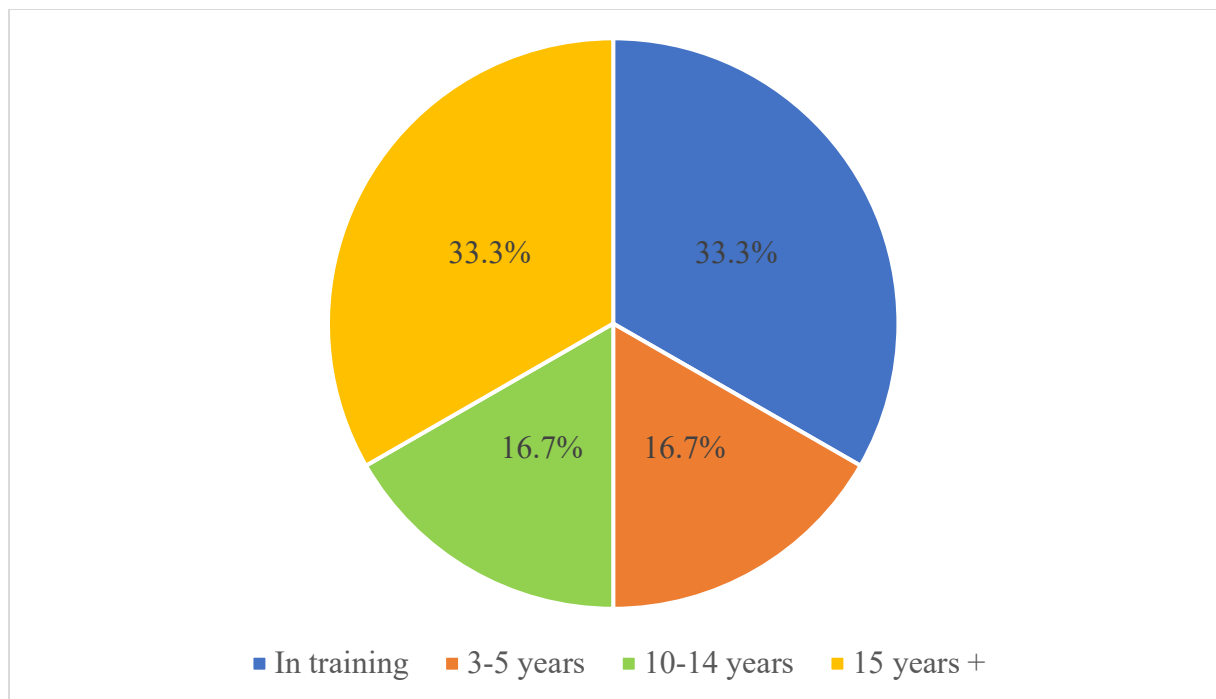


Figure 27

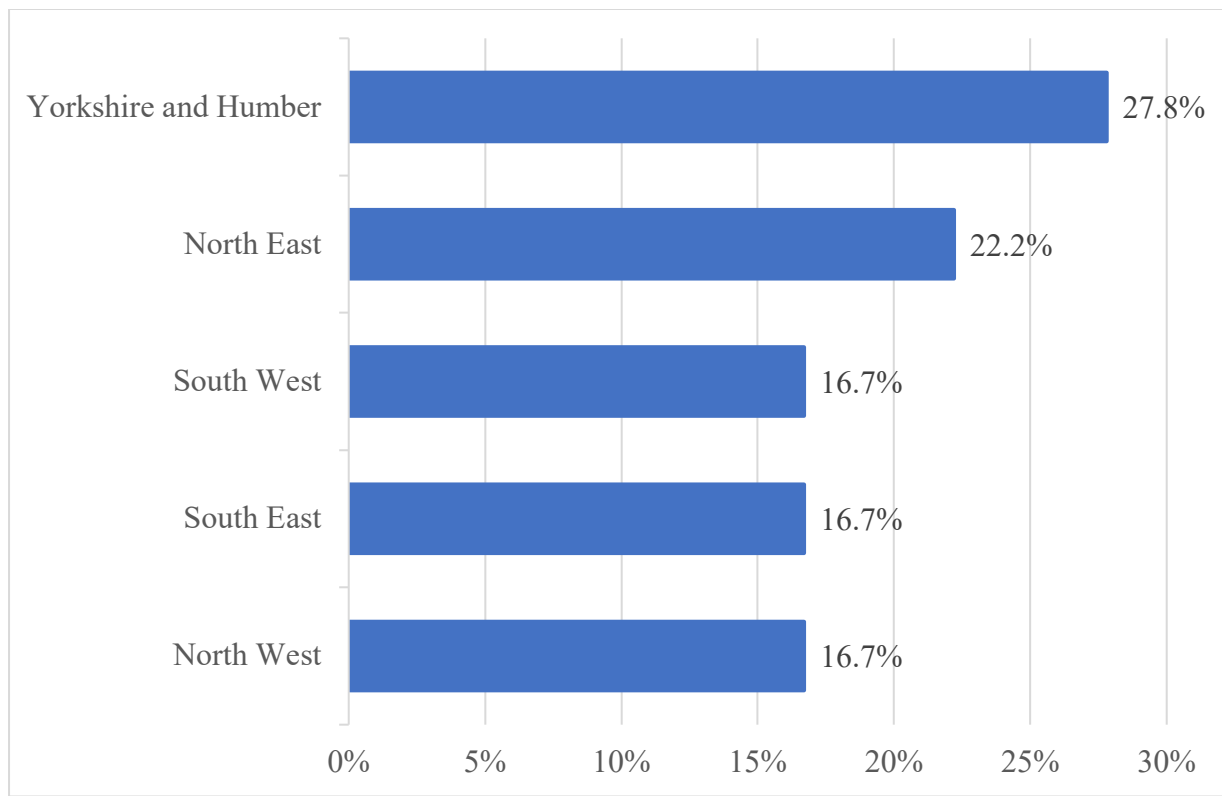
Respondents' length of experience as an EP (n=18)



The respondents were mostly very experienced EPs. Two thirds of the respondents (67%) were qualified EPs and had at least three years of experience as an EP and half of the respondents (50%) had over 10 years of experience. The majority of respondents (89%) felt somewhat or fairly confident about using ACT in their practice (Figure 18).

Figure 28

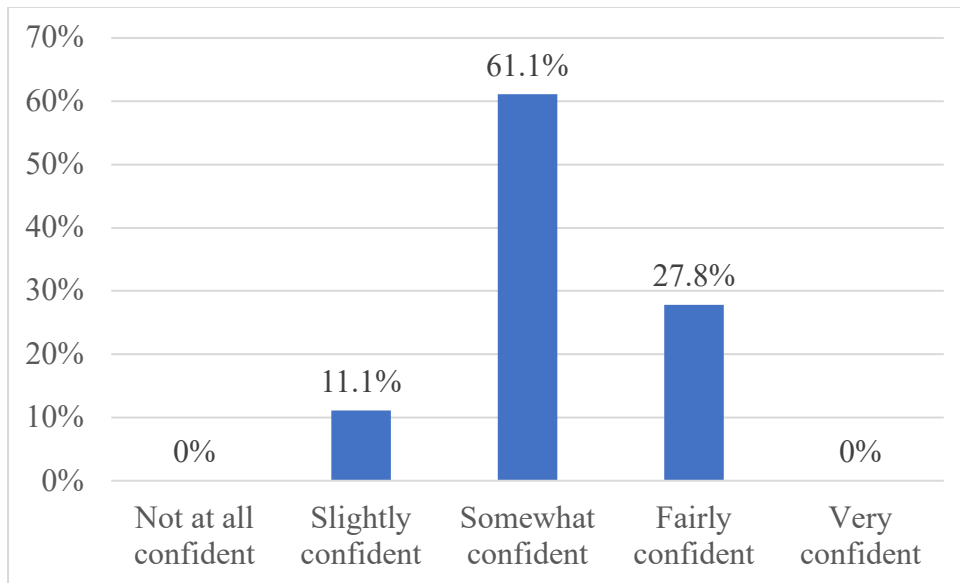
Percentage of responses by geographical area



All the participants were from England, with the majority from Northern regions (67%). This reflects the makeup of the full survey sample, where more than half the participants were also from Northern regions (See Figure 3).

Figure 29

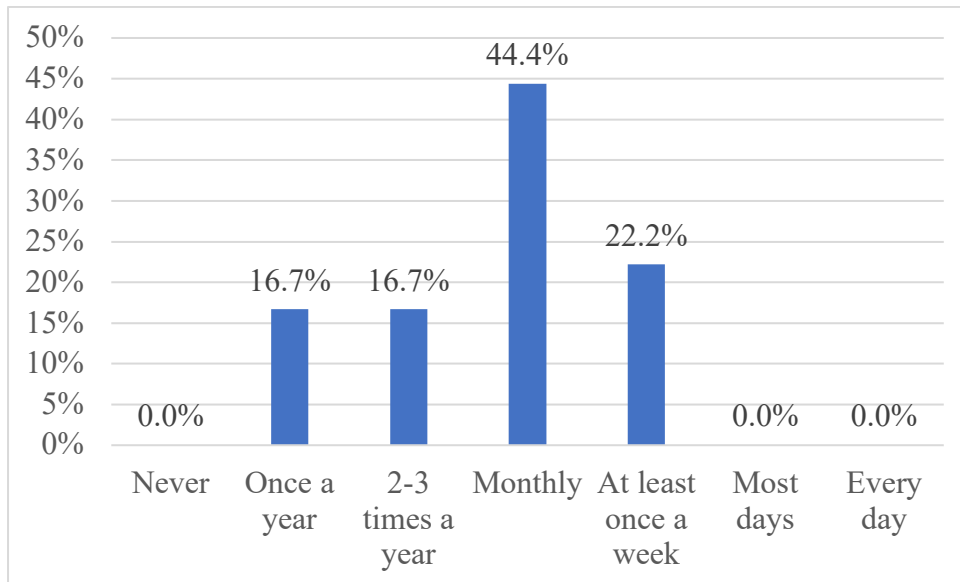
SQ40 How confident do you feel about using ACT in your practice?



In comparison to Figure 13 (SQ25), the results in Figure 29 indicate a lower level of confidence in using the ACT approach. Just over half of the respondents of SQ25 selected fairly/very level of confidence, whilst just over a quarter of ACT survey respondents said they were fairly confident, and no-one said they were very confident.

Figure 30

SQ41 How often do you use ACT in your role?



Over two thirds (67%) of respondents said that they used ACT at least once a month or more. No-one said that they used ACT most days or every day in contrast to Figure 14 (SQ26) where 23.4% of respondents said they used therapeutic approaches most days or every day. It is a reasonable corollary of the findings in Figure 11 (SQ22) that EPs generally choose approaches according to their appropriacy to the presenting issue rather than relying on one approach in all situations. It follows that no one approach such as ACT, would be used every day or even most days.

Due to the size of the sample, the Spearman's rank correlation for SQ40 and SQ41 were not statistically significant so have not been included (see appendix J).

Figure 31

SQ42 In which situations do you use ACT?

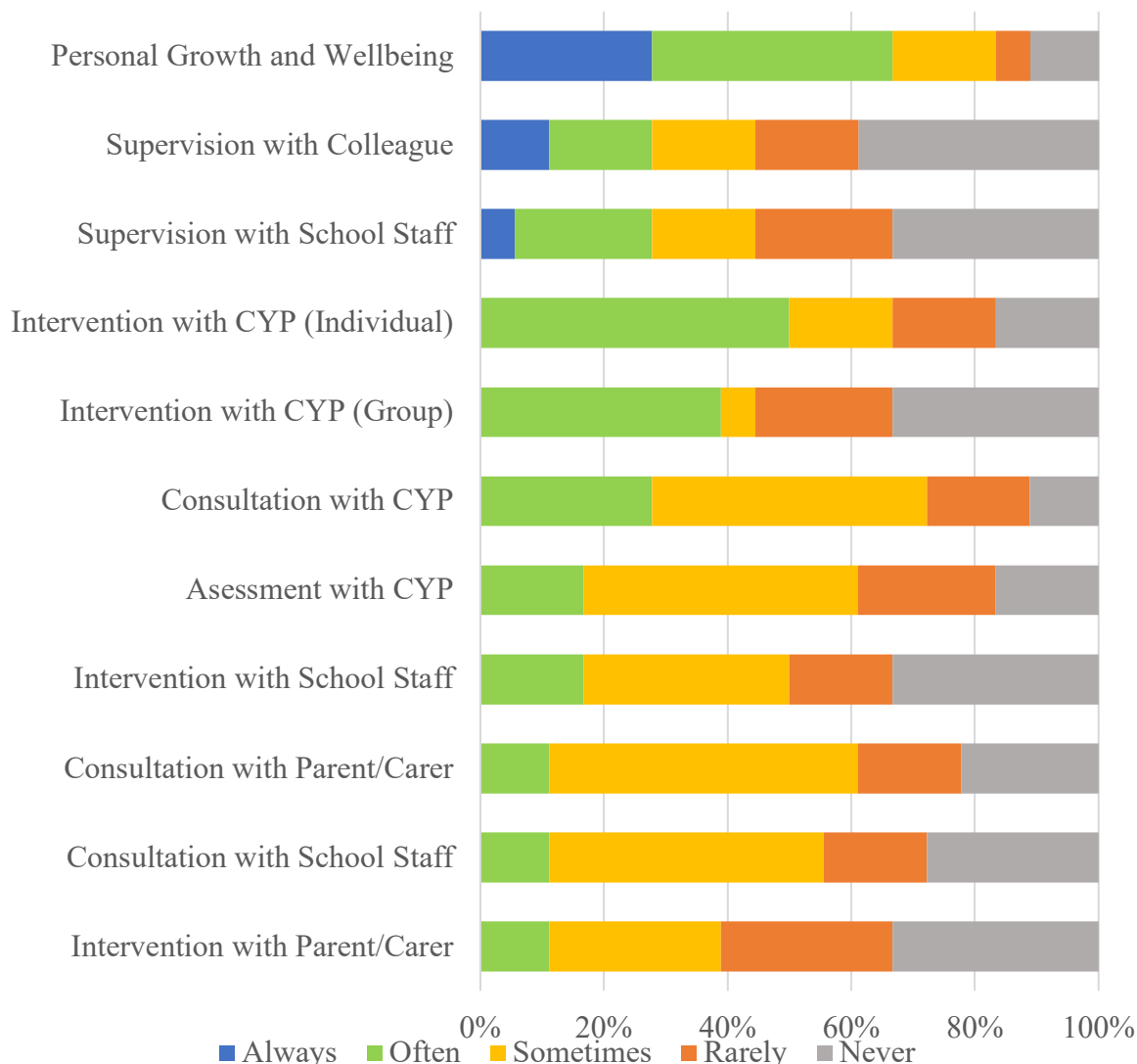


Figure 31 shows that while ACT is used by respondents across many types of EP work, it is not used frequently in most areas. Using ACT for personal growth and wellbeing was the most frequent application with more than half (67%) of respondents saying they always or often used ACT in this way. This suggests that many of the respondents have found ACT to be personally useful. The next most frequent use of ACT (50% often) is during intervention with a child or young person, followed by using ACT in an intervention with a group of children or young people (39% often).

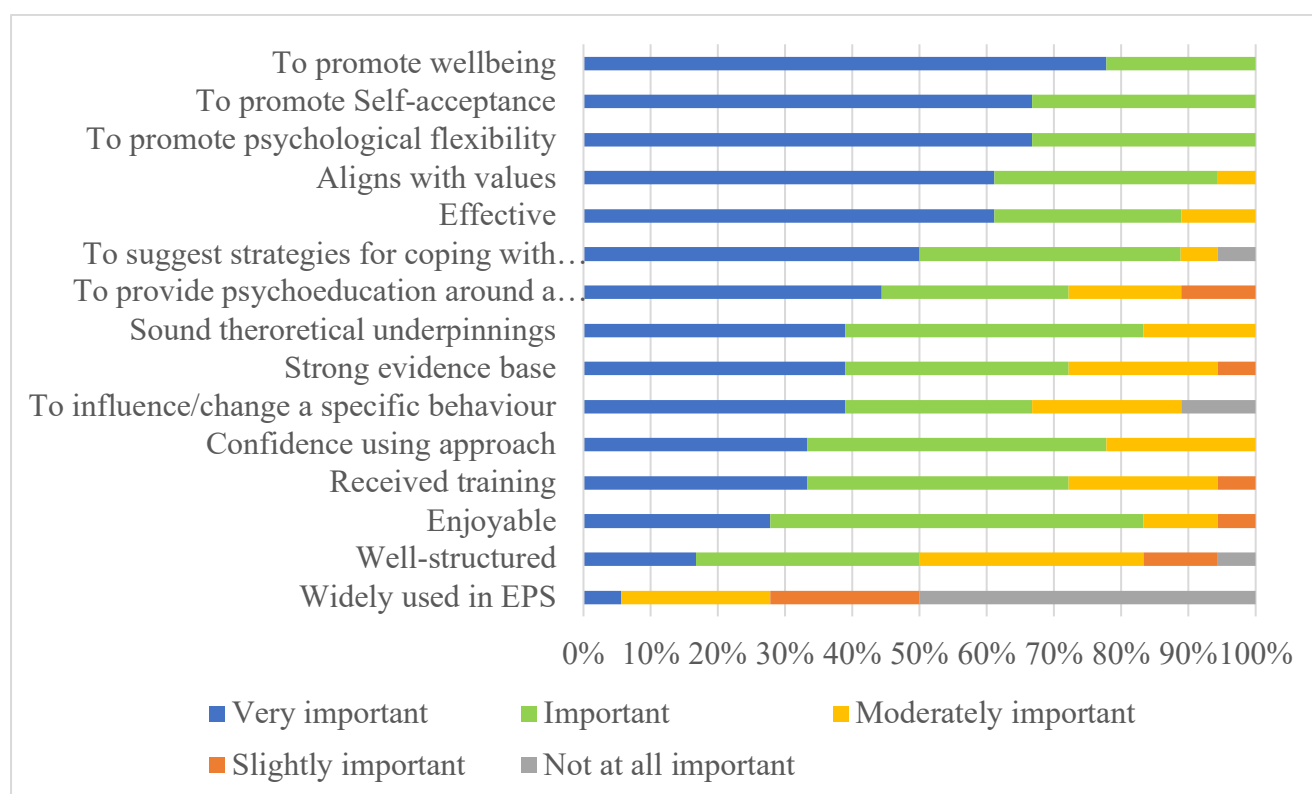
In Figure 15 (SQ27) respondents indicated that they always or often used therapeutic approaches in assessment (58%) or consultation with CYP (66%). In contrast, in SQ42 respondents were less likely to use ACT for assessment (17%) or consultation with CYP (28%). This may suggest that respondents associate ACT with being a model that is suitable

mainly for intervention purposes or it may indicate that EPs have not yet found meaningful ways to use ACT for these purposes.

It is interesting to note that a small proportion of the respondents frequently use the ACT approach within supervision situations both with colleagues (29% always/often) and school staff (28% always/often). This was the only other area after personal growth and wellbeing where respondents indicated they always use ACT. This implies that the ACT approach may be useful for supervision purposes and further exploration of this may be helpful/interesting.

Figure 32

SQ43 How important to you are the following reasons when using ACT as a therapeutic approach?



The results in Figure 32 indicate that respondents consider most of the factors in SQ43 to be important, although how widely ACT is used in the EPS was not considered to be important. Respondents indicated that the particular aims of the situation were of high importance in their reasons for choosing ACT. This aligns with information from Figure 11 (SQ22) where EPs identified their most important reason for choosing a therapeutic approach as “it is appropriate for the presenting issue.” Respondents placed more importance on promoting wellbeing, self-acceptance and psychological flexibility above other purposes linked to ACT such as suggesting strategies for coping with problems, providing psychoeducation around a particular problem and to influence/change a specific behaviour.

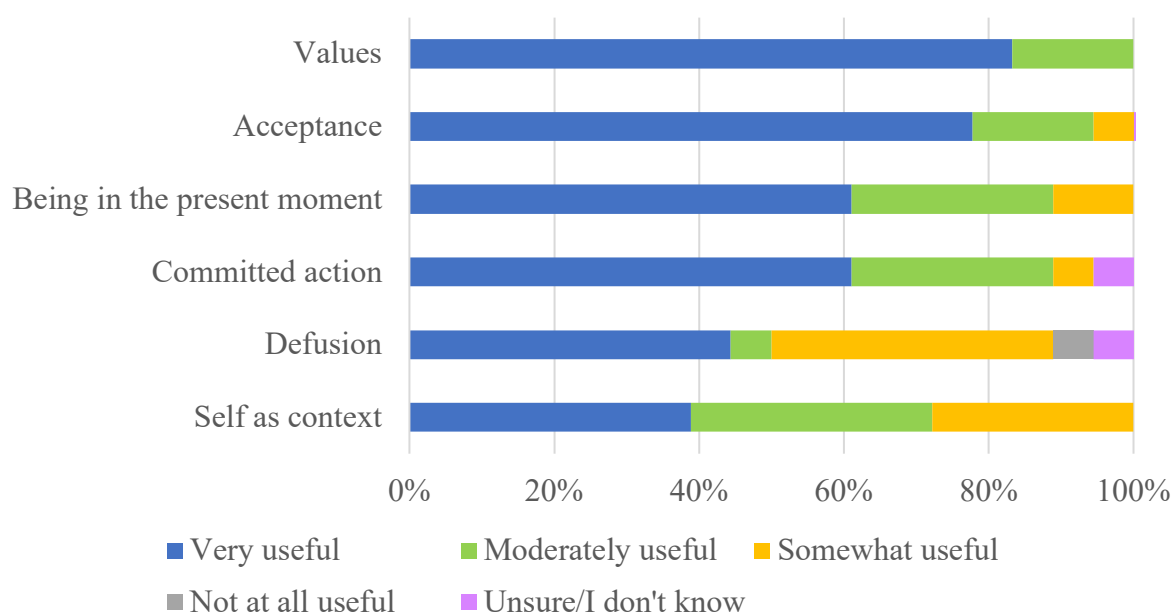
As with other therapeutic approaches (SQ22), respondents indicated that it was more important that ACT aligned with their values and was effective than having a strong evidence base or sound theoretical underpinnings. This suggests that respondents are pragmatic and person-centred in their use of ACT. It also reflects the importance for many EPs of using approaches with which they feel an affinity.

SQ44 What else is important to you when considering using ACT in your practice?

Additional factors that respondents said were important when considering ACT can be found in Appendix J.

Figure 33

SQ45 How useful have you found the six psychological processes when using ACT as an approach in your work as an EP?



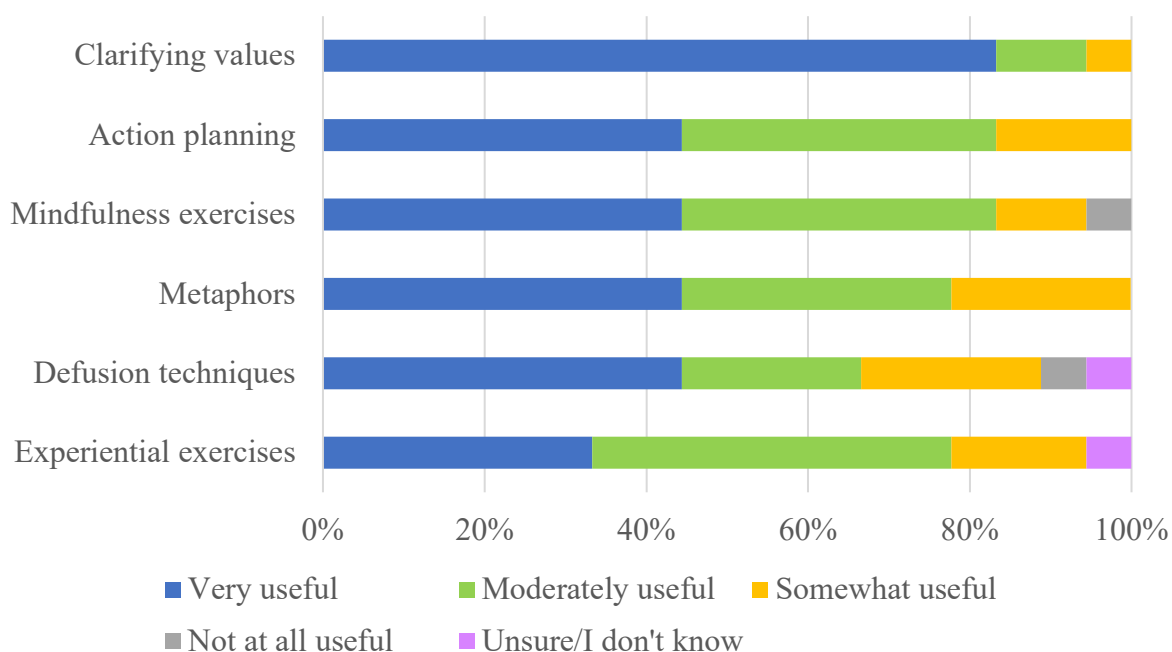
Respondents found all the ACT processes to be useful, with a small percentage of respondents indicating that they were not sure about committed action and defusion. Values and acceptance were highlighted as being the most useful by the majority of respondents. Findings from SQ22 (Figure 11) have indicated that alignment with their values is important for EPs when choosing a therapeutic technique. It is possible that because EPs are motivated by identifying and working according to their own values, they may be more comfortable with this process and emphasise it when using the ACT approach. EPs may also have found that people they work with respond well to the values process in ACT. Respondents had previously indicated that one of the main reasons for choosing ACT was to

promote self-acceptance (SQ43). Findings for SQ45 further support the importance of acceptance for respondents when using ACT in their practice.

Out of the six processes, respondents indicated that defusion and self as context were not as useful in their practice as the other four processes. This could be because the respondents may be less comfortable/knowledgeable about these processes and therefore not emphasise them in their practice. It may also be that the types of therapeutic situations which occur in EP practice do not necessitate a focus on these processes in comparison with the other processes.

Figure 34

SQ46 How useful have you found the following ACT techniques in your practice?



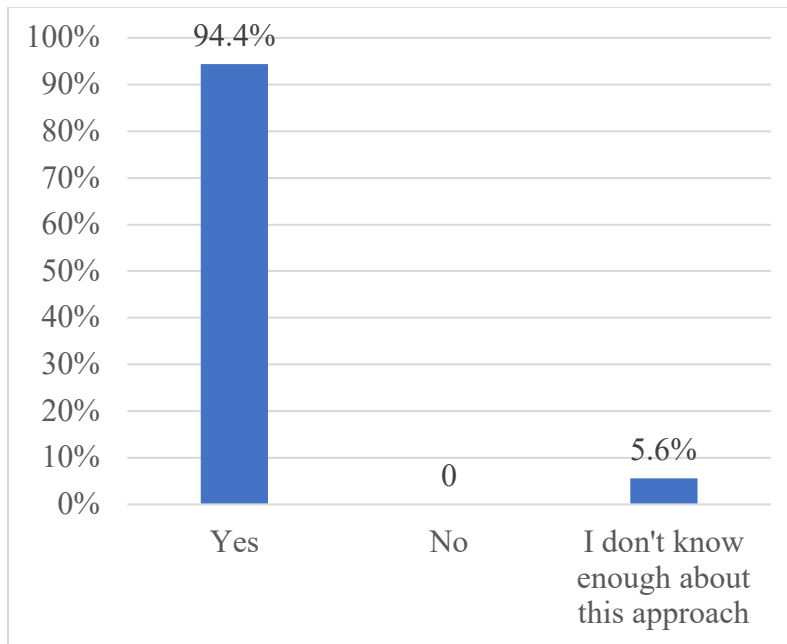
Respondents found all the ACT techniques useful to some extent. Clarifying values was by far the most useful technique which is in line with findings in SQ45 (Figure 33) and SQ43 (Figure 32) which indicate the importance of values both personally for EPs and within their practice. Out of the six techniques, defusion techniques were identified as being the least useful which supports findings in SQ45 where respondents said that defusion was the least useful process. It is unclear whether this is due to the respondents' inexperience with such techniques or due to a lack of need within the therapeutic interactions to introduce defusion techniques or due to EPs finding that defusion techniques are not so well received in the contexts in which they work.

SQ47 Are there any other ACT techniques that you use in your practice?

When asked which other ACT techniques were useful, several respondents mentioned the DNA-V model (Hayes and Ciarrochi, 2015). See Appendix J for table of responses.

Figure 35

SQ48 Do you think ACT is potentially a useful model for EPs to use in their therapeutic practice?

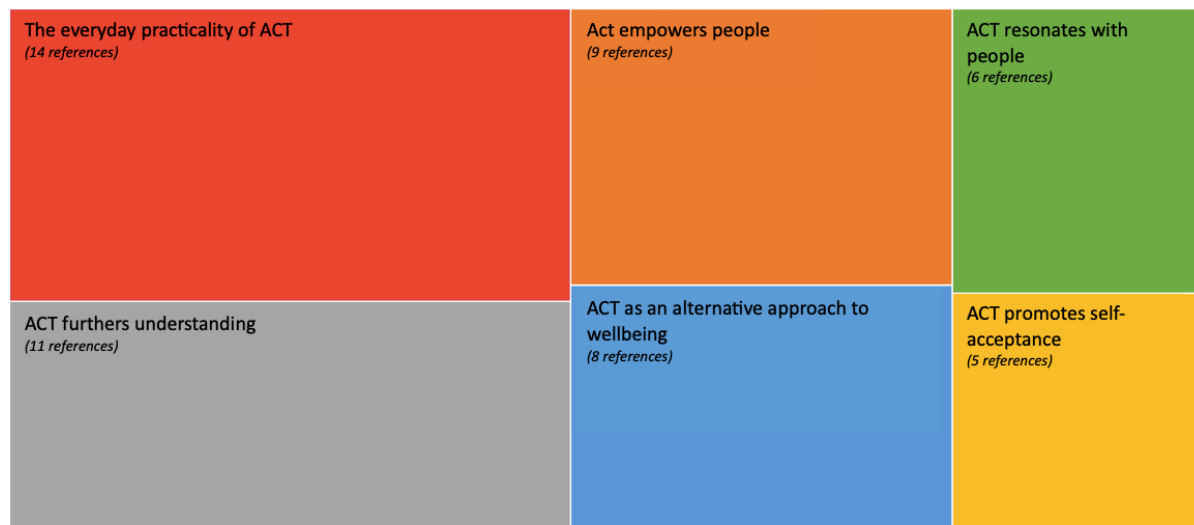


Respondents were overwhelmingly positive in their response to SQ48 indicating that ACT is potentially useful for EP practice. The respondents were able to elaborate on their answer through further open ended questions.

Participants were asked open questions about what they thought the barriers/disadvantages were of using ACT in their practice and what the benefits of using ACT in their practice were. The responses to the open-ended questions have been coded using a thematic approach. The themes are presented through hierarchical charts and thematic maps which show the dimensions of each theme.

Figure 36

SQ49 In your own words, what do you think are or could be the main benefits of using ACT as a therapeutic approach in EP practice?



Note. Hierarchical chart of themes for benefits/advantages of using ACT in EP practice created in NVivo

Figure 37

Thematic map showing dimensions of benefits/advantages of using ACT in EP practice



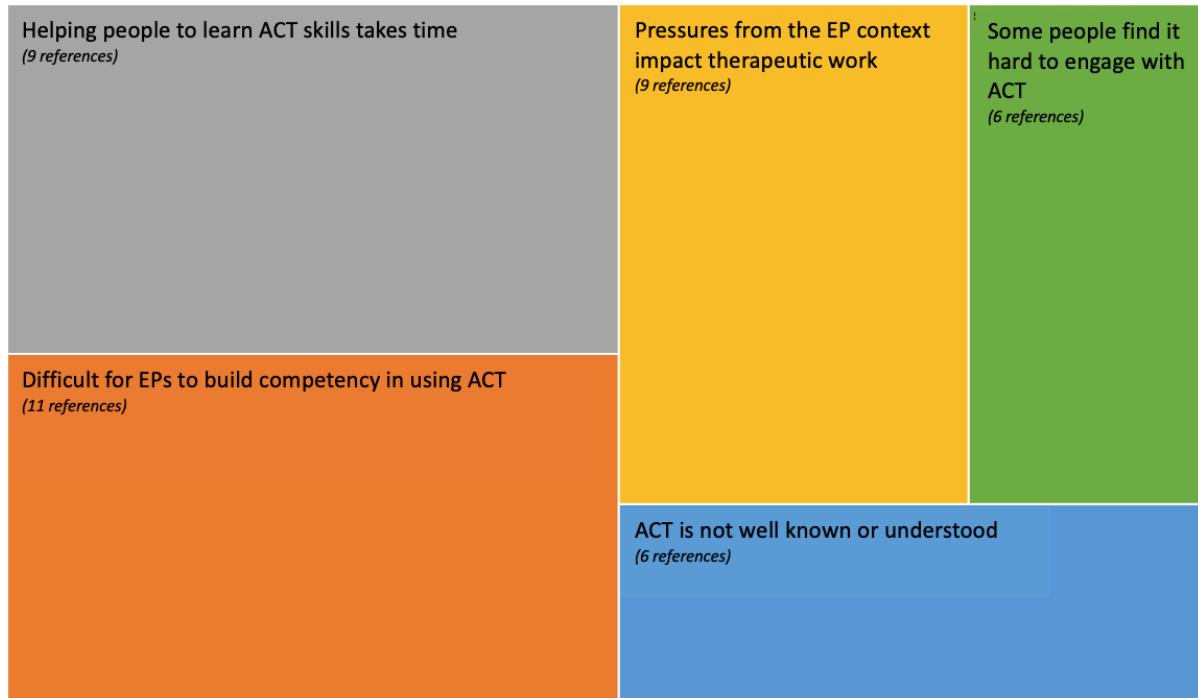
Table 10

Table of themes for benefits/advantages of using ACT in EP practice

Name	Description	Example Comment
The everyday practicality of ACT for EPs	This theme includes comments about the utility and versatility of ACT for EPs.	<i>I think the principles can be useful in everyday practice and can enable people to be willing to explore the emotions around the problem. I think the concept of psychological flexibility is important for EPs to know about in the work they do. (P1)</i>
ACT furthers understanding	This theme includes comments made about how ACT can help bring understanding to different situations including self-awareness and understanding others.	<i>“ supports people with new understanding of themselves...” (P19)</i>
ACT empowers people	This theme includes comments about how people can be empowered to identify and move towards their values using strategies.	<i>“Helps to give in the moment strategies as well as reflecting on difficult experiences.” (P51)</i>
ACT is an alternative approach to supporting wellbeing	This theme includes comments comparing ACT to CBT and suggesting that ACT offers a more positive approach to supporting wellbeing.	<i>“I think young people are often familiar with some of the language and ideas used in techniques such as CBT and can be very disillusioned with them or resistant to trying again. ACT is something new for them which helps them really focus on themselves and what is important to them for the future, and this seems to be an approach which they respond to very positively much of the time.” (P30)</i>
ACT resonates with people	This theme includes comments about how ACT can be used in real-world situations and the approach makes sense to different people.	<i>“It feels realistic and achievable and not dismissive of real problems and issues.” (P51)</i>
ACT promotes self-acceptance	This smaller theme includes comments about ACT leading people towards self-acceptance.	<i>“A helpful approach that enables C and adults to externalise their difficulties and develop some acceptance of themselves and their feelings.” (P7)</i>

Figure 38

In your own words, what do you think are or could be the main barriers/disadvantages to using ACT as a therapeutic approach in EP practice?



Note. Hierarchical chart of themes for Barriers/disadvantages of using ACT in EP practice (created in NVivo)

Figure 39

Thematic map showing theme dimensions of barriers/disadvantages of using ACT in EP

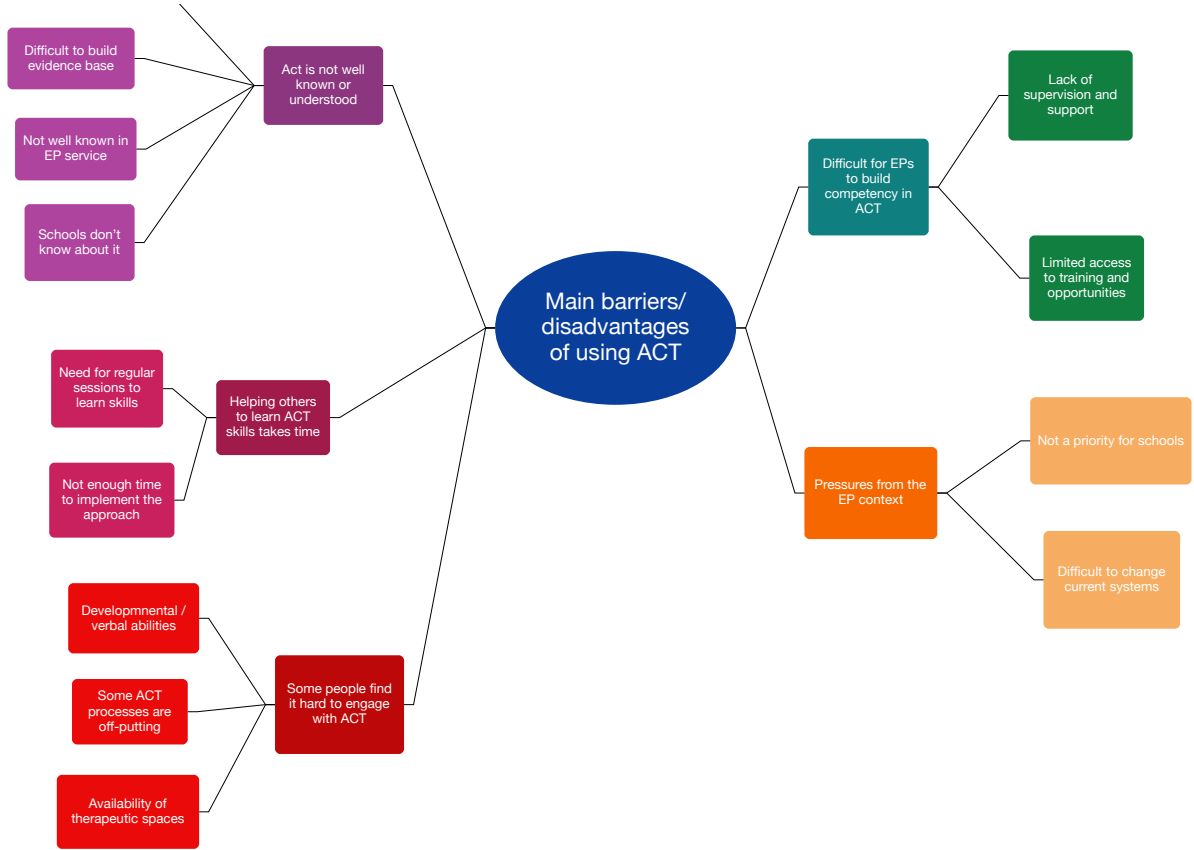


Table 11

Table of themes for barriers/disadvantages of using ACT in EP practice

Name	Description	Example Comment
Difficult for EPs to build competency in using ACT	This theme includes comments made about how difficult it could be to access training and further opportunities to practice ACT. EPs also mentioned lack of support from senior EPs and challenges in accessing supervision.	<i>“Access to training and opportunities to become skilled in using the techniques” (P30)</i>
Helping people to learn ACT skills takes time	This theme includes comments about the time needed to present the ACT model as a therapeutic intervention. EPs made specific comments about ACT as well as general comments about having limited time for any therapeutic work.	<i>Time to delve into and 'try on' different values as well as have sessions involving all of the hexaflex. (P51)</i>
Pressures from the EP context impact therapeutic work	This theme includes comments about pressures and demands from the wider context in which an EP works including, schools, services local authorities and society.	<i>“The time demands within the wider EP context. I could see this used effectively outside of the LA context but, unfortunately, not within it as it currently operates.” (P24)</i>
ACT is not well known or understood	This theme includes comments about the complexity of ACT and how the approach is not widely known in EP services or in schools which can make it harder to promote using it.	<i>“...it is hard to use a model which is not being used by others.” (P36)</i>
Some people find it hard to engage with ACT	This smaller theme includes comments about how some people are put off by aspects of ACT such as mindfulness. Also, developmental and verbal levels need to be considered. The availability of therapeutic spaces may also be a factor of engagement.	<i>Getting children and adults to engage with the ideas can sometimes be tricky depending on the context. (P7)</i>

Further comments on SQ49 and SQ50 are included in the summary below.

3.9 Summary of quantitative results

The quantitative phase has provided valuable information about the context in which EPs work and their views on using therapeutic approaches in their work. For the purposes of this study, key findings show that EPs use a variety of therapeutic approaches and techniques across the spectrum of their work. Therapeutic approaches are most likely to be used in

individual work with a child or young person. The two most popular approaches are PCP and CBT. Specialist approaches such as EMDR and systemic family therapy are less likely to be used by EPs. EPs consider a range of factors when using therapeutic approaches. Of high importance to EPs is that the approach is suitable for the presenting need and that it is child friendly. Most participants wanted more opportunities to deliver therapeutic interventions. When delivering therapeutic interventions, EPs prefer using approaches which are easily adaptable for the presenting need or the young person rather than following a structured procedure.

EPs expressed a moderate level of confidence in using therapeutic approaches and most EPs use them at least once a month. There is a weak positive correlation between EP experience and level of confidence, and EP experience and frequency of using therapeutic approaches. Most EPs see value in using therapeutic approaches in their work. Common advantages or benefits of using therapeutic approaches are the relational gains in practice, and their potential to address mental health needs. EPs pointed to a number of barriers which impacted their use of therapeutic approaches. In particular, factors beyond their control such as time constraints and the model of service delivery were highlighted as hindering therapeutic practice. EPs also made reference to their role and how it is perceived. On the one hand there was common agreement that EPs have the skill set and positioning within schools to utilise therapeutic approaches. On the other hand, EPs pointed to conflicting perceptions of the EP role both within the profession and from outside stakeholders which presented barriers to carrying out therapeutic work.

Although most of the participants had heard of ACT, the majority had not used ACT, the main reason for this was a lack of knowledge and training in the approach and limited opportunities to use and practice the approach. The results of part 2 of the survey illuminated ways in which EPs use ACT in their work. As with therapeutic approaches, most of the EPs were moderately confident about using ACT and used it at least once a month. EPs indicated that they found ACT useful for their own personal growth and wellbeing. EPs also used ACT across the spectrum of their practice and with different groups of people. ACT tended to be used more within an intervention than in consultation or assessment. Some EPs also use ACT in supervision.

When choosing ACT, EPs indicated that the presenting need was their main consideration. This aligned with EPs' reasons for choosing a therapeutic approach in the earlier part of the survey. Promoting wellbeing, self-acceptance and psychological flexibility were the most important factors for EPs when using ACT. Whilst all the ACT processes were of some use to EPs, values and acceptance were identified as being the most useful. Defusion and self as context were less useful in EP practice. All the ACT techniques were useful for the EPs, however, clarifying values was pinpointed as being the most useful technique.

The majority of the EPs felt that ACT was useful in their practice. EPs felt that the everyday practicality of ACT was an advantage and that it was a versatile model which could be embedded in their practice. This is consistent with the previous finding that EPs prefer

therapeutic approaches which are flexible and adaptable. EPs also suggested that ACT, as a newer and less well-known approach, resonated with young people in a way that other well-known approaches such as CBT did not.

EPs highlighted a number of barriers or disadvantages of using ACT in their practice. Barriers related to contextual factors included the challenges of becoming competent in the approach because of limited opportunities and lack of support as the approach is less well-known. EPs acknowledged that the skills in ACT can take time to learn and that some people are put off by aspects of ACT or find it hard to relate to the concepts and verbalise their thoughts/feelings.

Chapter 4: Qualitative Analysis and Interpretation

4.1 Introduction

In this chapter, I will present and discuss the themes from the interviews with EPs which have been identified through the process of thematic analysis. The objectives of this phase of the research were to illuminate the ACT model, its core processes, and how it is utilised within a real-world context.

4.1.1 Interviewees

Table 12

Table of pseudonyms and job roles

Pseudonym	Job role
EP1	Independent EP in private practice
EP2	Main grade EP in a Local Authority
EP3	Senior EP in a Local Authority

4.1.2 Overview of themes

Table 13

Overview of qualitative themes and theme dimensions

Theme	Theme dimensions
Becoming unstuck – developing psychological flexibility	<ul style="list-style-type: none"> • Psychological rigidity • Seeing things differently • Creating distance
Stop fighting with yourself – the freedom of acceptance	<ul style="list-style-type: none"> • Pressure from society • Fighting against thoughts • Sense of relief
Values as a compass	<ul style="list-style-type: none"> • Discovering what matters • Promoting pupil voice • Guiding behaviour
Language as a barrier to ACT	<ul style="list-style-type: none"> • Verbal ability • Tricky concepts • Making adjustments
An all-encompassing approach, a toolbox of techniques, or both?	<ul style="list-style-type: none"> • ACT as a philosophical approach • ACT as a toolbox • ACT as a complete package

Deep diving and the potential for discomfort	<ul style="list-style-type: none"> • Not appropriate for everyone • More harm than good? • Professional judgement and boundaries
The staying power of ACT	<ul style="list-style-type: none"> • Losing your EP self • Streams flowing into a reservoir

4.2 Becoming unstuck - developing psychological flexibility

In terms of the interviewees' conceptualisation of ACT there was a commonality between them that ACT could be used to help people approach a problem in a more flexible way.

4.2.1 Psychological rigidity

One of the interviewees used the language of being “stuck” – this implied that the person was unable to move from the problem or issue which was causing a cycle of frustration and unhelpful responses.

“He was stuck with the way he was reacting with people at school both adults and his peers. He was stuck at home in a cycle of getting really frustrated because parents were pressuring him about school work... He just he needed something to move on from.” (EP1)

The ACT model targets psychological rigidity where a person is so caught up in their understanding of the problem that they struggle to see another perspective, they lose sight of their values, and their narrow view becomes dominant and influences their actions (Harris, 2019 p33). The idea of being stuck is referred to as cognitive fusion in ACT literature (Hayes et al., 2005, p6) and has also been referred to by Harris (2019) as “being hooked” (p32). Although, the interviewees did not specifically use the terminology of psychological flexibility their descriptions of reframing the problem did encapsulate the need for psychological manoeuvring in order to address the problem.

4.2.2 Seeing things differently

The interviewees talked about how ACT can assist people to see events from a different perspective:

“It just cares about the functional skills that possibly if you thought about things in a slightly different way. You could possibly live a life which is more fulfilling and less distressing, Even though the events are similar, it's not the events, sometimes, it's that interpretation of the events.” (EP3)

In EP practice reframing or taking a step back to explore things in a different way is often used within casework to help shift thinking and consider alternative possibilities in order to bring about change (Rhydderch and Gameson, 2010, p124; Wagner, 2017, p203). Reframing techniques are used in a range of therapeutic approaches such as through counter stories in

narrative therapy (Winslade, 2012, p27) and cognitive restructuring in CBT (Clark, 2013). The interviewees' comments implied that they were not focused on making the problem or issue go away rather, their purpose in using ACT was to alter how the person responded to the issue through their interpretation of, and/or association with the issue (their thoughts and feelings): *"It's a way of working with the young person that allows them to see things differently and to develop a different relationship with the issue."* (EP2)

This is a different to traditional CBT where cognitive restructuring exercises are used to challenge the accuracy of a person's negative thoughts and replace them with more helpful ways of thinking in order to bring about a change (Clark, 2013, p4).

4.2.3 Creating distance

In order to see things differently, the interviewees referred to the importance of creating a sense of psychological distance between the person and the problem: *"...the idea of just creating that sense of space and distance from the difficult emotion or difficult set of circumstances... The problem, essentially."* (EP2).

The idea of distancing overlaps with externalisation, a therapeutic technique utilised in several other approaches such as narrative therapy (White, 1989) and CBT (Fuggle et al., 2013, p217). In ACT, defusion techniques are used to help a person separate themselves (the human) from their thoughts and feelings (the mind) in order to reduce the impact on their behaviour (Hayes et al., 2012, p244). The benefit of creating the space or distance is that the person can consider the issue with reduced emotion which gives them more flexibility to consider other options: *"I think ACT can be quite useful in just taking a step away from that situation and looking at it slightly differently."* (EP1).

4.3 Stop fighting with yourself – The freedom of acceptance

Acceptance is one of the core psychological processes within ACT (Hayes et al., 2005, p7). There was a common theme among the interviewees that acceptance was an important part of the work of ACT. In some examples, acceptance of emotions and thoughts was the first step in an intervention. Within the interviewees' experiences, I identified three aspects which seemed to conceptualise their understanding of acceptance.

4.3.1 Pressure from society

The interviewees expressed a view that messages from society could make acceptance quite challenging:

“I think she found the idea of acceptance quite difficult. Because there's quite a thing in society, you know, pushing away all the bad, And you don't want the child to have feelings and thoughts that, you know, are traditionally seen as negative...” (EP1)

“...trying to explain that actually conventional wisdom has told you that these feelings are scary that they should be avoided that we get rid of them like physical pain, and actually... that paradoxically, the more you let them in or the more you're willing, not tolerating or not resisting, but the more you're willing to let them just come by. It might feel more empowering to actually, just... almost do a bit of a like 180.... I just haven't come across an approach actually frames it like that, you know...” (EP3)

There was a sense that acceptance or willingness to experience difficult thoughts and feelings was in conflict with the general view of society, or the natural inclination of a person to protect themselves and those they care about from distress. This resonates with a message within ACT literature, that there is an assumption in society that to be psychologically healthy you should be “inherently happy” (Hayes et al., 2012, p5). According to ACT, this goes against actual human experience where experiencing unpleasant thoughts and feelings is a part of human experience and is necessary for growth (Hayes et al., 2012, p23).

4.3.2 Fighting against thoughts and feelings

Through their descriptions of CYP they had worked with, the interviewees depicted the idea of a struggle between the young person and their thoughts and feelings. It was this struggle which held them back.

“He had a lot of really negative feelings towards the partner of the mum, and he was really struggling to manage those, and to kind of enjoy his life and be able to get on with his life. They were kind of, that sort of jealousy and anger about, you know, understandably really, about the way that he'd ended up...” (EP2)

The mental turmoil of experiencing difficult thoughts and emotions was presented as an internal fight or struggle. Paradoxically, this turmoil can often be intensified when people think they should not be having those thoughts/feelings and want them to go away.

“He was constantly fighting against his thoughts and the idea that his thoughts were wrong. And people said that you shouldn't think that way and you know all of that sort of thing...” (EP1)

There is evidence to suggest that the more a person tries to suppress their thoughts the more likely it is that those thoughts will persist (Wegner et al., 1987) and that they will experience psychological discomfort (Purdon and Clark, 2001). In ACT, this is conceptualised as a part of experiential avoidance and contributes to psychological rigidity.

4.3.3 Sense of relief

Learning to accept the thoughts and feelings and become less afraid of them brought a sense of relief and was of normalising thoughts and feelings. This then helped the CYP open up to trying other parts of ACT.

...so we tried a little bit of ACT just starting off I guess with acceptance... Notice the thoughts, but don't get bogged down in them... everybody has them and that's okay... And I think that was initially quite a relief, that he didn't have to always be fighting with what's going on his own head. And he liked that, which then meant that he was more open to trying some other things.” (EP1)

One interviewee described how by accepting his feelings, the CYP was able to see himself in a different and more freeing way:

... and so, actually he related really well with ACT and the whole kind of passengers on the bus side of things and being able to sort of see that those uncomfortable emotions that he was experiencing were not his totality... (EP2)

There is research to suggest that becoming more open to experiencing uncomfortable thoughts and feelings can decrease feelings of discomfort as well as the frequency of intrusive thoughts (Marcks and Woods, 2005).

4.4 Values as a compass

Values were identified by EPs in the survey as being the most useful process in the ACT model and clarifying values was the most useful technique. Additionally, values were frequently mentioned during the interviews and the use of values seemed to be a part of ACT the EPs identified with and were confident in using “*you do tend to sway towards ones that you have found to be helpful both in other situations, and personally*” (EP2). There was a common theme that values could be used to direct a person.

4.4.1 Discovering what matters

The EPs described how working out what was important for the CYP was helpful as an alternative focus in the situation.

“What we really mainly did was look at his core values and work out, you know... Okay, school at the moment wasn't what he wanted to be doing. What did he want to be doing and why did he want to be doing it? And what was it that he wanted to bring to life..?” (EP1)

The focus on personal values had an impact on the CYP's behaviour and their response in certain situations. They were able to refocus on what mattered to them and this enabled them to respond differently.

“They were seeing a more vulnerable side of him rather than an aggressive side of him. And he said, when we talked about why that was, he said that was because of the values work. He identified that the values work that you know his relationships were really important to him and he wanted to have a good relationship with his family.” (EP1)

Although it can be difficult for CYP to identify their values, it is helpful to see “valuing” as “an ongoing process” (Hayes and Ciarrochi, 2020, p87). Hayes and Ciarrochi suggest that all interactions with a CYP “should include values and vitality at some level” (p87) and that values conversations can enhance the therapeutic relationship (p87).

4.4.2 Promoting pupil voice

Interviewees mentioned using ACT tools such as values cards during pupil voice activities to help children to discover and name what matters to them.

“I probably use the values stuff more than other things... I use it as part of my kind of student voice or pupil voice where you just give people the value base cards, ask them to do a kind of sorting thing... Then ask them about whether they're day-to-day lived experiences align with some of those or are they consistent with some of those values...” (EP3)

A child-centred approach is central to EP work (Billington, 2006, p8) and it is also a statutory requirement (DfE, 2015, p22). EPs use a range of approaches and activities to elicit the voice of the child (Gersch et al., 2017, pp37-41). Smillie and Newton (2020) conducted a study of how EPs in Wales represent young people’s views. A range of approaches and activities were identified although clarifying values was not mentioned. Using ACT to help CYP to identify their values is a different way for EPs to present pupil voice.

4.4.3 Guiding behaviour

Values were also used to help people set daily intentions about how they wanted to live and the person they wanted to be. EP2 described this as being helpful for a young person: *“... we worked quite a lot together on what her values were and just using those as kind of directing how she wanted to be each day... ACT was very helpful within those sorts of interventions.” (EP2)*

Having greater awareness of values was also tied in with the ACT process of committed action and was seen as underpinning the decisions people made about their behaviour: *“I think, definitely helping young people and adults actually, to become aware of their values is really helpful, in terms of directing their behaviour in helpful ways that they're really happy with...” (EP2)*

In terms of guiding behaviour, one EP questioned whether values can always be helpful as a guide to behaviour: *“Values are not amoral... What happens when there’s conflict between your values and social norms? What happens when actually, you act consistently with your, with your values but that harms other people?” (EP3)*

In ACT, there is supposed to be no judgement and no categorising into right or wrong, positive or negative – rather it is the idea about what is useful that is paramount (Yadavaia and Hayes, 2009 p259). However, this can be difficult in society and for EPs working in a real world context where there are social rules and conditions which are necessary to maintain order and security. In some situations, prioritising values as a guide to behaviour may be problematic (O’Donohue, 2023, p19).

4.5 Language as a barrier to ACT

EPs described how they were mindful of language when considering whether to use ACT and this was something which they considered with other therapeutic approaches too: *“...it's quite... abstract at times even though its concrete it relies on..., you know, like any talking therapy”* (EP3).

4.5.1 Being mindful of verbal ability

Interviewees mentioned that the language of ACT could be quite challenging: *“I think some of the language of traditional ACT is quite inaccessible...”* (EP1). ACT involves the use of quite technical language to name the processes (e.g., cognitive defusion, self as context) and to explain behaviours (e.g., experiential avoidance). Using ACT terminology is not likely to be meaningful for a child or young person and therefore needs to be adapted (Hayes and Ciarrochi, 2020, p82).

ACT uses a lot of metaphors and experiential exercises to help demonstrate the processes, however these also require an ability to make and see analogies. EP2 described how using figurative or abstract language is not always helpful and some young people find it difficult to transfer meaning: *“I think, you know, for some young people, metaphors work really, really well and for others you know, you just get the sense that that wouldn't be a helpful way to move forward.”* (EP2)

Interviewees mentioned that they found it necessary to consider the verbal ability and situation of the young person. EP2 described how children who may have had a less language rich background could sometimes find talking approaches within ACT or other therapeutic models quite challenging.

“...often with the young people in the alternative setting... you don't necessarily kind of end up having a therapeutic conversation using either ACT or Narrative that you might do for I don't know, a young person who was from a very different background and was very articulate and so on, and they often find that talking element, quite difficult.” (EP2)

Being aware of a young person’s verbal ability impacted on EPs’ decision on whether or not to use ACT *“one of the limitations is you almost want to pick students who've got quite good verbal ability...”* (EP3).

Consideration of verbal skills is important in all therapeutic work as abstract therapeutic conversations can be challenging for CYP (Dunsmuir and Hardy, 2016, p8).

4.5.2 Tricky concepts

As well as language, interviewees described how some concepts in ACT were difficult to convey: *"... acceptance is really hard to kind of describe"* (EP3). The use of metaphors was considered to be helpful in conveying meaning: *"I think defusion and self as context are quite difficult things for children... I suppose you would talk to them about unhooking?"* (EP1).

Trying to explain concepts such as self as context could also lead to problematic interpretations which might not be helpful:

"...the self in context is hard to explain. Because again, what's your observing self? What's your self that you don't believe?...It can get into talks where you almost can feel as if you're telling people that it's okay to be a little bit more out of it." (EP3)

Interviewees were less likely to use the concepts which they found difficult to explain: *"I think I've probably been a little hesitant to try some of the others... I'm not quite sure how to phrase it for them."* (EP1)

4.5.3 Making adjustments

Interviewees found that providing a related activity which does not rely on verbal ability can provoke thought, convey meaning and allow the young person to express themselves. Because ACT has a range of exercises which do not rely on talking (Knight and Samuel, 2022, p92), it offers alternative possibilities for adaptation. EP2 found it helpful to have a selection of physical tools at hand when working with young people who found talking hard:

But if you have a variety of different activities that go alongside... whether it's card sorting for values... That actually kind of help the sort of doing side of things... I find those sorts of sessions are a lot more successful." (EP2)

Cognitive ability also needed to be taken into account and adjustments made for ACT to be more accessible. As well as using practical tools, EP3 mentioned simplifying his language without losing the essence of the approach: *"Actually, if someone's got reading age of like 10 and they are 18, you have to really simplify the language. ...essentially, the underlying principles would still be the same."* (EP3)

Hayes and Ciarrochi (2020) stress that with ACT "protocols and adaptations for young people must not fall into... delivering a simplified language dance." Rather there is a need to take a developmental perspective and adapt the model for use with children and adolescents (p84).

EPs talked about using published resources to help convey the ACT approach for young people including the choice point (Harris, 2019) *“I introduced the choice point for him...”*(EP1). Also: *“there’s another book called, Get Out Your Mind and into Your Life... I’ve used that a few times with older students who have been quite verbal.”* (EP3). *“We’ve often used the get out of your life book.”* (EP2).

A recent pilot study (Smith et al, 2020) used *Get out of your mind and into your life for teens* (Ciarrochi et al, 2012) to plan and deliver a targeted group intervention for ten adolescent girls. The results showed an increase in psychological flexibility and a reduction in anxiety (p251). There are an increasing number of resources which have adapted ACT for CYP, including include DNA-V (Hayes et al., 2015) and the Kidflex (Black, 2022).

4.6 ACT: an all-encompassing approach, a toolbox of strategies, or the whole package?

The interviewees made a range of comments about the use of ACT in their practice where they described the encompassing nature of ACT alongside the specific techniques that they used.

4.6.1 ACT as a philosophical approach

There was an impression from the interviewees that ACT went further than simply teaching a set of strategies. Interviewees depicted a sense of depth and meaning within the approach and implied that ACT had the possibility to guide a person’s life for the better: *“It’s... for me it’s a way of thinking and a way of kind of interacting with the world, rather than a set of strategies that you would always apply in certain circumstances.”* (EP1)

EP1 talked about how ACT could be used across circumstances and areas of need. That once its principles had been understood and put into practice, this would be of benefit throughout life and in other situations:

“It’s way of learning, learning to be. In a way which I think is really good within the breadth of its application. So, I mean I can talk to children about it you know in the context of a particular situation that I can see them then being able to use it in other situations quite flexibly, having learned that way of approaching it.” (EP1)

EP3 emphasised the universality of the approach, that it tapped into something that was profoundly human rather than just focusing on individual characteristics or specific diagnoses:

“...it just felt really functional and felt really kind of almost universal. And it felt like it could transcend across different cultures or ethnicities or belief systems whilst not imposing yourself as a professional on certain people or certain kind of groups of people.” (EP3)

There was also a sense from the EPs that having learnt about the approach, it had also had a personal impact: *“I think I’ve also found it useful personally... the passengers on the bus analogy for example has become quite a well-known one in our household”* (EP2)

4.6.2 ACT as a toolbox

The everyday practicality of ACT was commonly thought to be a benefit of ACT in the survey. Similarly, the utility and versatility of ACT was seen by interviewees as an advantage of the approach. ACT principles could be embedded in their practice and utilised in different situations: *“...it’s kind of shortcut way of talking about those things and externalizing those difficult thoughts and feelings. It’s sort of crept into a lot of practice and opportunities that presented themselves...”* (EP2)

EPs talked about not necessarily having to present the whole model but being able to select parts of the model that fitted the situation and the time available: *“There are bits of it that can be applied quite quickly. Not the whole model but I think there are bits that can be taken out quite usefully and in quite a short piece of work.”* (EP1)

Whilst ACT was seen in EP practice to be useful, knowing that it is a well-evidenced approach (Gloster et al., 2020) provided additional assurance: *“I began to see a lot of usefulness within it. And I do like the fact that there is quite a lot of research to kind of back it up. And I find that reassuring.”* (EP2)

A wealth of resources, techniques and examples have been generated and shared by the wider ACT community, for example the Choice Point mentioned by EP1, and the Passengers on the Bus metaphor mentioned by EP2 and EP3. Being able to access and utilise tried-and-tested techniques and resources was helpful for EPs in conveying the processes of ACT to children in a more meaningful way: *“...it’s got some really great visual resources that you can utilise with it, which I think is helpful side of things.”* (EP2)

As the EPs talked about what they had found useful, it seemed that there were specific techniques that they found more useful than others and these were the things that were most often utilised in their practice, and which became a part of their EP toolkit:

“I think the acceptance and core values and the choice point are quite easy to understand and particularly because I’ve got the values cards and things like that it makes it quite nice and concrete for children.” (EP1)

“I think probably ACT is a little bit more concrete in offering examples and metaphors... that are there to kind of utilise... so I think it does provide a way of being able to use those metaphors quite successfully for externalising purposes.” (EP2)

Table 14 presents techniques and exercises mentioned by interviewees which could be used in a stand-alone kind of way and could be part of their day-to-day EP toolbox:

Table 14*ACT techniques mentioned in the interviews*

Technique or exercise	Purpose	Mentioned by
Metaphors, e.g., Passengers on the bus	Acceptance, Defusion, Committed action, Values	EP2, EP3
Mindfulness, e.g., Dropping Anchor	Being in the present moment	EP1, EP2, EP3
Values cards	Values and Committed Action	EP1, EP2, EP3
The Choice Point	Values and Committed action	EP1
Visualisation, e.g., Leaves on a Stream	Being in the present moment, Defusion, Self as context	EP1, EP3
Externalisation, e.g., naming the thought	Defusion	EP2, EP3
Questionnaires	Pre and post measures of Defusion, Acceptance	EP3
Behavioural activation, e.g., nudges, goal setting	Committed action	EP3

4.6.3 ACT as a complete package

There was a sense that the ACT model was not necessarily simply a philosophical approach or a set of strategies. Rather it seemed that ACT could be both these things and could offer a complete package of practical support at a range of levels in which EPs are involved:

“I think it gives me... the most practical utility for a psychological based approach. Intervention. Model. Framework. To alleviate or to address some kind of distress that is happening... and its eclectic and transcendent kind of nature helps me to think about it on that individual, group, systemic kind of level. Without compromising some of the formulations on the... systemic, political, historical level.” (EP3)

Despite its resourcefulness, EP3 questioned whether the versatility of ACT could lead to a possible loss of meaning: *“I think it's versatile but then that becomes where... What's it mean? You know, does it become so versatile that it loses its meaning?” (EP3)*. This seemed to imply that the value of ACT could be diminished through casual application without an understanding of the approach as a whole. ACT's underpinnings in functional contextualism emphasise function or purpose over the form of the technique – *“ACT is a set of principles not a set of techniques.” (Viladarga and Hayes, 2010, p8)*

4.7 Deep diving and the potential for harm

The interviewees discussed how ACT alongside other types of therapeutic work had the potential to disturb people particularly due to the introspective focus of mindfulness. Mindfulness is a core part of ACT and includes processes such as defusion, acceptance, contact with the present moment and self as context (Yadavaia and Hayes, 2009 p256). There was a common acknowledgement from the EPs that people are not always comfortable with a deep dive into thoughts and feelings, and it could lead to discomfort or distress.

4.7.1 Not appropriate for everyone

There seemed to be a wariness from the interviewees about encouraging young people to look inward and the possibility of where this might take them. The interviewees mentioned situations which they thought were unsuitable for an ACT approach. This included children with more severe mental health problems and universally applying ACT without targeting a particular area of need:

“I mean, I'm not going to be working with children who've got really entrenched mental health difficulties. And I wouldn't necessarily want to use ACT if I was.” (EP1)

“I always think that universal application of strategies, which are based on feelings or hypersensitivity of feelings risk the danger of rumination and introspection, so I'm always, I'm always mindful of actually that we apply things in a much more targeted way.” (EP3)

A comprehensive study on the application of a mindfulness intervention (MYRIAD) in secondary schools found no evidence supporting the benefits of a universal mindfulness intervention for this population and found that raising awareness of thoughts and feelings could “exacerbate difficulties” especially for young people at risk of mental illness (Kuyken et al., 2022, p106).

4.7.2 More harm than good?

Interviewees discussed how using an ACT protocol or exploring certain ACT processes and skills could have the potential for disturbance or harm. Again, the introspective nature of some elements of ACT was highlighted as needing caution when applied in a real world context. Group situations were also highlighted as potentially intensifying the discomfort:

“There was an incident of using it in terms of staff well-being whereby the staff felt it was quite intrusive in some of the questions that we were utilising, it was using The Mindful and Effective Employee protocol. And they found that they weren't really ready for that and the level of I suppose intimacy that that was necessary in sharing...”

the teaching staff were very unused to sharing on that level with one another. And they found it very difficult to do so. So, I guess from that perspective, it's to be aware of when there are particular protocols that have that level of deep dive into their thoughts, feelings that it's not necessarily going to be appropriate in a group situation. It depends on the group dynamics.” (EP2)

Whilst mindfulness interventions have well-evidenced benefits in reducing depression, stress and anxiety (Dunning et al., 2019) and increasing feelings of wellbeing (Weare, 2019, p321) for young people and within the workplace (Vonderlin et al., 2020). In recent years, there have been concerns raised about the potential for harm within the practice of mindfulness (Farias et al., 2020; Kuyken et al., 2022) including increased anxiety and depression (Farias et al., 2020). Davis (2012, p42) suggests that EPs use caution when applying mindfulness techniques and select exercises which are less prone to causing discomfort.

EP3 questioned whether some ACT processes such as acceptance or defusion could override emotions such as shame and guilt and whether this was beneficial.

“What happens when defusion and acceptance reinforces shame and guilt? And you know, sometimes shame and guilt can serve a good evolutionary kind of thing. But actually, if you think it's okay, you know, let's just shame come and go past or whatever, or guilt come and go past. Would that make you less tolerant? Would that make you less... well, less self-reflective of your actions? Would that make you feel as if you're doing right? Would that justify some of your responses? So, I worry about those.” (EP3)

A recent study found that mindfulness practices can reduce feelings of guilt and can make people less likely to engage in reparative behaviours (Hafenbrack et al., 2021, p17). The social implications of therapeutic interventions have also been questioned by Ecclestone and Hayes, (2019) who argue in their book *The Dangerous Rise of Therapeutic Education* that the “therapeutic turn” in schools on the whole does more harm than good.

4.7.3 Professional judgement and boundaries

EP1 talked about having a clear remit about her role as an EP and this meant that there were boundaries as to what work she was prepared to take on.

“I always say to parents look, I'm an educational psychologist I'm not a clinical psychologist. I like to do some therapeutic work, but if you need something that's a really intense ongoing piece of clinical work. I'm not the right person for that. So, I'm doing it within the boundaries of my remit.” (EP1)

This implied that whilst EPs could undertake therapeutic work, some types of work needed the expertise of a clinical psychologist who has more knowledge and experience in working with psychological distress.

EP2 talked about using professional judgement when deciding on which therapeutic approach to use and being responsive to the needs of the young person.

“I think again, it just comes back to therapeutic aims and you know what you think’s going to work best for each young person that you work with, and being sensitive to that really, it’s not anything per se, that’s wrong with ACT... but just that, you know, it’s being guided by your own professional judgment, in many respects.” (EP2)

Integrating responsiveness with professional judgement requires experience of working with young people and knowledge of different types of approaches. It can be difficult to amass this kind of experience in the EP context.

4.8 The staying power of ACT

The interviewees talked about challenges in maintaining their use of ACT in their day-to-day EP role.

4.8.1 Losing your EP self

A challenge which EPs face is that reality and day-to-day practice are not always conducive to building, maintaining and strengthening skills and people tend to forget/stop using approaches or lose momentum after a while.

“You read a lot in this job don’t you and then your day-to-day life kind of takes over or your day-to-day expectations in terms of work takes over and you kind of forget... You can lose your EP, kind of self in the more mundane stuff.” (EP3)

4.8.2 Streams flowing into a reservoir

In the EP profession, there are many ways to learn and develop professionally. Often that involves training courses and introductory sessions on new approaches or the latest interesting technique or intervention. There was a recognition that EPs are influenced by various strands of psychology and over the course of a career, there can be ebbs and flows in terms of which approaches are most used.

“I feel... in terms of different approaches, feeding into your practice that you know, it’s a little bit like streams flowing into a reservoir. And that certain streams at certain times become stronger. And you know, you maybe go on a training course... and you’re full of enthusiasm or you read something that’s really relevant and you think yes! And that really has an impact on your practice and then perhaps something else comes along and supplants it for a little while or complements it...” (EP2)

4.9 Summary of qualitative phase

The qualitative phase has illuminated how ACT is used in EP practice from the perspective of three qualified EPs. To summarise this section, I will demonstrate how the research questions have been addressed through my interpretation of the data.

4.9.1 RQ2 What are EPs' perceptions of their use of ACT in their practice?

The interviewees gave examples of using ACT through direct work with young people and through a group intervention with school staff.

4.9.1.1 *Why do EPs choose or not choose to use ACT?*

EPs indicated that they were guided by the therapeutic aims as to whether to use ACT with a particular child. They also considered their own professional boundaries and indicated that there would be times when they would not choose ACT for example with a child whose mental health needs were severe.

4.9.1.2 *Which processes are most useful?*

EPs explicitly mentioned acceptance and values as being most useful in the examples they highlighted. Psychological flexibility and defusion were implicitly mentioned as ACT was described as helping people "become unstuck" and to "see things differently."

4.9.1.3 *How do children/young people/school staff/parents respond to this approach?*

EPs indicated that young people they worked with liked the approach because it offered a different way of thinking about their problem which contrasted with the mainstream view in society. This gave them a sense of relief. EPs also mentioned the need to be mindful of the verbal ability of some CYP as some of the concepts were abstract and difficult to understand. Some adults had not responded well to ACT when it was used as part of a group wellbeing intervention and found some of the questions intrusive. EPs felt that caution was needed when using ACT as part of a group or as a universal intervention.

4.9.2 RQ3. What are the barriers and facilitators to implementation in educational psychology practice?

All the interviewees agreed that ACT was a useful model for EP work.

4.9.2.1 *How does ACT fit with the EP way of working?*

EPs described using techniques/activities from ACT in a flexible way – for example using values to gather pupil views. EPs indicated that they could use parts of the model on their own quite efficiently within EP practice. ACT was also presented as an overarching framework of principles that could be embedded into EP practice.

4.9.2.2 What are the ethical implications for EPs?

Ethical implications included the need to be aware that introspective processes such as mindfulness could lead to enhanced discomfort for some people. There were also concerns raised about social implications when actions aligning with values are harmful to others.

Chapter 5: Discussion

5.1 Introduction

The purpose of this research was to explore the use of therapeutic approaches in EP practice with an emphasis on the ACT model. In this chapter, I will reflect on notable findings of the research in response to my research questions and consider the implications across three key areas: the mental health of CYP and the EP role, the use of therapeutic approaches in EP practice, and the applicability of ACT in EP practice. Strengths and limitations of the methodology will also be evaluated, and I will reflect on my own learning through the research process. I will conclude with a final summary and make recommendations for further study.

5.2 RQ1: When and why do EPs use therapeutic approaches in their practice?

EP practice is diverse, and EPs generally have autonomy to conduct their duties in a way which fits their own principles and personality in accordance with BPS and HCPC competencies. The data collected in this research is not representative of all EPs, nevertheless, several noteworthy discussion points regarding EP practice will be raised.

5.2.1 ...in which situations and with which people?

This research began with an awareness of the growing mental health needs amongst CYP (Public Health England, 2021, p5) and the potential of using therapeutic approaches within EP practice to address that need (Atkinson and Kenneally, 2021, p285). Findings indicate that within the EP population there is a belief that therapeutic approaches are appropriate for addressing mental health needs in their practice in particular, the needs of CYP who are waiting for appointments with CYPMHS or those who have not met the criteria for CYPMHS (SQ33). This indicates that a considerable number of CYP being helped by EPs may not yet have received a formal diagnosis and/or they may not have a severe mental health need but are still in need of a mild to moderate level of support. This is consistent with official data reporting the increased strain on CYPMHS with increased waiting times and a rise in closure of children's referrals before accessing treatment (Children's Commissioner, 2023, p14, 17). Schools routinely seek support from EPs for CYP with mental health needs (Sharpe et al., 2016). Interviews with EPs about their use of CBT (Rutter and Atkinson, 2022) suggest that schools may also turn to EPs for help with situations which they find more complex. Findings from the survey (SQ33) suggest that EPs see the use of therapeutic approaches as fitting with the EP mandate of working preventatively and providing early intervention to improve the wellbeing of CYP (BPS, 2019, p8). These findings align with previous studies where EPs

see themselves as having a role to play in meeting mental health needs in schools (Greig et al., 2019).

Findings from the survey, suggested that participants routinely use therapeutic approaches with just under 47% of participants saying they used them at least once a week (SQ26). Therapeutic approaches were predominantly used in situations involving children/young people including intervention, consultation and assessment (SQ27). Nearly half of participants said they often used therapeutic approaches in consultations with school staff and parents and this was seen to be advantageous in influencing the systems around the CYP by helping to reframe and shift perspectives. In this way therapeutic approaches were seen as enabling change in some way (SQ33). This supports previous reports that EPs incorporate therapeutic skills and techniques across their role and not simply through targeted interventions (Atkinson et al., 2011; Zafeiriou and Gulliford, 2020; Hammond and Palmer, 2021) and can be regarded as a “therapeutic practitioner” (Hammond and Palmer, 2021).

5.2.2 Which approaches are most used?

The three most used approaches were PCP, CBT and SFBT (SQ23). In a recent systematic review, CBT was found to be the most popular approach used by SEPS in therapeutic interventions (Simpson and Atkinson, 2021). PCP, CBT, and SFBT appear to have remained the most popular approaches in EP practice for over ten years as seen in a nationwide survey conducted in 2011 (Atkinson et al., 2011), although PCP has risen from third to first place while SFBT has dropped from first to third place. Furthermore, the survey findings also indicate that these three approaches have more staying power than others, that is their use by EPs is maintained over time (SQ20). Reasons for this are likely to be related to their adaptability to a range of CYP needs (SQ22, SQ29), but could also be linked to EP values and belief in the approach (Hammond and Palmer, 2019), ease of use (Hoyne and Cunningham, 2019) and the availability of resources (SQ30). At present, ACT is still fairly new in EP circles, and it is not yet clear if it will have staying power or will be seen as more of a fad. Data from the survey suggests that there is interest in using ACT in EP practice (SQ38), although a major barrier identified through the data is the lack of time and opportunity to put ACT into practice (SQ38, SQ50). As with other therapeutic approaches, ACT’s continued use and popularity may depend on how well it can be incorporated in EP practice and how well it can be adapted to meet specific needs (SQ22, SQ29).

EPs often use an eclectic range of techniques and interventions in therapeutic practice indicated in findings from SQ21 and SQ24, which is in keeping with findings from previous studies (Hoyne and Cunningham, 2019; Simpson and Atkinson, 2021). This is also consistent with an integrative approach (Zarbo et al., 2016) suggesting that some EPs engage in therapeutic work which is adaptable, flexible and responsive. There may be a number of

reasons why EPs use a variety of techniques. One possibility is that they support the person-centred nature of their work (Dunsmuir and Hardy, 2016). EPs may interchange a number of techniques which they employ depending on the needs of the child as found in SQ29. Interviewees also described being sensitive to the needs of the child when choosing approaches and being guided by “professional judgement” (EP2). EPs operate in a real-world context which is often “messy,” therefore decisions may be made which are based on the EP’s previous experience (Dunsmuir and Hardy, 2016). This may include incorporating techniques which they have used before, which have been well-received, or they have judged to be effective. In this way, EPs are drawing on practice-based evidence (Dunsmuir and Hardy, 2016) and are using their professional judgement to integrate different approaches into their practice (Zarbo et al., 2016).

5.2.3 What is important to EPs when selecting a particular therapeutic approach?

A pattern of responsive and child-centred practice was seen within the data (e.g., SQ22, SQ29, SQ30). Dunsmuir and Hardy (2016), highlight how adult responsiveness helps ensure the intervention is appropriate for the child. Although person-centred therapy was not identified as being one of the main approaches used in EP practice, person-centred principles seemed to be influential. This perhaps reflects the use of interpersonal skills such as listening, empathy and collaboration which are woven into EP practice (Nolan and Moreland, 2014; Zafeiriou and Gulliford, 2020), but also demonstrates that the EP’s core purpose is closely bound with the needs of the CYP.

Participants saw utilising therapeutic approaches as enabling relational practice (SQ33) by helping the CYP to express themselves, and increasing understanding of the CYP and the problem situation. The prevalence of relational and person-centred themes indicated that these may be common values amongst EPs and could possibly influence their choice of approach. An important part of therapeutic work is the therapeutic relationship (Dunsmuir and Hardy, 2016). Therefore, it could be that EPs who value relational work may be drawn to using therapeutic approaches in their practice. The approaches listed in SQ20 and SQ23 by necessity involve some kind of therapeutic relationship, however, not all approaches were widely used, indicating there are additional factors which draw EPs to particular approaches.

Aligning personal values with a therapeutic intervention was seen to be more important than its evidence base (SQ43), leading to the question of whether EPs would choose an evidence-based approach that they felt did not align with their values. One interviewee (EP2) said that at first, they were wary of ACT because of its roots in behaviourism:

“I think initially, I was sort of slightly put off ACT, because of the emphasis that the guys who were presenting it gave to the fact that it arose out of kind of behaviourism and it had its roots in that and I was like hmmm I'm not sure about that” (EP2)

Another participant indicated that their misgivings about the ACT approach had prevented them from using it (SQ38). Educational psychology like many helping professions “is not value-free” (Lindsay, 2017, p62) and EP values, beliefs and knowledge base will influence practical decisions and interpretation of what is effective (Boyle and Kelly, 2017). If EPs are drawn to particular approaches, it may lead to rejection of approaches that do not fit their values or align with their worldview, but which could potentially be helpful to a child or young person. Hammond and Palmer (2019) describe how decision errors in therapeutic practice are caused by ethical blind-spots and are underpinned by “unconscious individual characteristics” (p124). Therefore, being critically reflective of personal beliefs and values, staying well-informed of the evidence-base, and being mindful of responsibility are important for ethical practice (Lindsay, 2017; Hammond and Palmer, 2019) “It is a fundamental principle of choosing the right tool, for the right person, at the right time, in collaboration with others and always with the primary client at the centre... usually, the child.” (Hammond and Palmer, 2019, p13).

Whilst participants indicated on the survey that the effectiveness of the approach was the third most important consideration when choosing a therapeutic approach (SQ22), having a strong evidence base and sound theoretical underpinnings were seen as less important. This raises the question of how EPs determine effectiveness. Monitoring and evaluating an intervention were seen as being important to most of the participants (SQ29), however, additional data on how this done was not collected. Measuring effectiveness can be difficult in the EP context for a number of reasons. Whilst evidence-based practice is seen as gold standard in society, rigorous adherence within real world contexts can be tricky (Dunsmuir and Hardy, 2016). There are a number of standardised measures and questionnaires and monitoring systems which are recommended for use by Dunsmuir and Hardy (2016, p32). Alternatively, EPs may decide to evaluate therapeutic approaches through practice based evidence whereby the EP decides on the most appropriate measures for monitoring and tracking progress based on what is important to the CYP (Dunsmuir and Hardy, p14). However, while practice-based evidence has high generalisability its rigour and internal validity are poor (p14). In order for EPs to learn about and trust newer therapeutic approaches such as ACT, there is a need for combined evidence from RCTs, practice-based studies and qualitative research.

5.2.3 What are the benefits/advantages?

The core purpose of all EP practice is to promote and support positive outcomes for CYP (BPS, 2019). This was confirmed as an important benefit using therapeutic approaches in the data (SQ33). Participants mentioned a range of positive outcomes when using therapeutic approaches including improving mental health, supporting self-development, enabling people to find solutions and make life decisions, a way of bringing hope and enabling change, improved emotional wellbeing, and teaching strategies for life (SQ33).

These outcomes reflect a humanist orientation which advocates for the CYP having the capacity within themselves to make changes and take action that impacts their lives in a positive way (Rogers, 1961).

Findings from the research indicated a variety of ways in which EPs use therapeutic approaches to achieve positive outcomes for CYP including working indirectly to influence systems around the CYP through upskilling/training staff, modelling approaches, and supporting parents/carers and school staff (SQ33). This reflects the influence of Bronfenbrenner's ecological model suggesting that EP therapeutic practice is holistic, taking into account the impact of environmental and systemic structures on CYP, as well as working with systems to provide effective support (Bronfenbrenner, 1979; Dunsmuir and Hardy, 2016).

Using therapeutic approaches was seen to contribute to job satisfaction, growth and development for EPs as reflected in the theme "A way to develop as a practitioner" (SQ33). This research along with previous studies (Atkinson et al., 2011, p166), suggests that many EPs value therapeutic work (SQ32) and would like more opportunities to offer therapeutic interventions (SQ31). Therapeutic work is a way of working preventatively and offering early intervention, also valued by EPs and educational staff (Atfield et al., 2023, p59). Recent research has found evidence that some EPs are leaving LAs to work in private practice so they can work in more favourable ways (Atfield et al., 2023, p38). This has impacted Local authorities, some of whom spend money on locums to meet the needs within their local authorities (p48).

5.2.4 What are the barriers/disadvantages?

A disadvantage raised by one participant questioned whether use of therapeutic approaches may "reinforce a within child discourse" (P15, SQ33) as the child may be expected to change without reference to other contributing factors. Such concerns about therapeutic practice have also been raised elsewhere (Billington et al., 2022). Within EP literature and teaching, there has been criticism levelled at EP practice which reinforces "within child" beliefs. In some EP referrals, problems can sometimes be presented as emanating from the child, and assumptions made that the child is at fault without wider consideration of other factors. This leads to a "within child" discourse. In the interactionist paradigm, EPs bring an ecological perspective to the problem situation in order to reframe the problem and move away from less helpful viewpoints (Atkinson and Kenneally, 2021, p287).

A clear barrier to therapeutic practice was time constraints which many participants indicated were due to increased statutory assessments and the model of service delivery (SQ34). Some non-traded services offering core work only were seen as restrictive and not offering enough variety. However, the traded model of service delivery was seen to be the most restrictive model due to EPs' time being subject to school priorities. Linked to this was

the cost to schools of buying in EP time to complete therapeutic work which can be lengthy. These findings appear to be in contrast to findings of Lee and Woods (2017) whose qualitative study indicated that EPs were more able to develop skills and areas of interest in a traded model (p119). This suggests that there is variation between traded services with some services having access to more opportunities than others. Additionally, it may indicate that the rise in statutory work over the last five years has impacted other areas of EP work, meaning that there is less prospect of engaging in therapeutic traded work, even in a traded context. This is supported by current data suggesting that the rise in EHCP requests is putting pressure on EP services across the country (Atfield et al., 2023).

A number of EPs were aware of the need for adequate training and supervision to increase their competence in delivering therapeutic approaches and lack of these was raised as an ethical concern and a barrier to practice (SQ34). An additional consequence of these systemic barriers is that without time to train, plan and engage in interventions, EPs are less likely offer this type of work to schools. Mackay (2007), warned that without regular opportunities, EPs may also lose confidence and skills:

“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, p11)

The concern is that the current EP context, whilst varied from service to service, generally does not seem to be conducive to some uses of therapeutic approaches such as delivering safe therapeutic interventions.

5.3 RQ2: What are EPs’ perceptions of their use of ACT in their practice?

5.3.1 Why do EPs choose or not choose to use ACT?

Whilst the majority of participants had heard of ACT (SQ35), the main reasons for not choosing to use ACT were lack of knowledge/training and lack of opportunities. This links with the barriers mentioned in SQ33, indicating the importance of time allocated to training and opportunities to practice.

Data from both phases of this research suggest that participants who have used ACT in their practice believe that ACT can be helpful in bringing about positive outcomes for CYP in a number of areas. In the ACT survey, participants indicated that their main reasons for using the approach included: to promote wellbeing, to promote self-acceptance, and to promote psychological flexibility (SQ43).

Findings from the interviews and survey indicate that EPs who use ACT consider it to be useful for promoting wellbeing (SQ49). In particular, EPs saw ACT as being an alternative to CBT which is commonly used to address mental health needs among CYP (Simpson and Atkinson, 2021, p123). Whilst CBT was found to be the second most used approach amongst respondents to the survey, there was some indication in the interviews that CBT techniques are sometimes ineffective for some young people (EP1). CBT has been found to be effective for around two thirds of youth with anxiety, leaving around one third of young people who do not respond to this approach (Kendall and Peterman, 2015, p526). CBT is a prevalent approach, recommended by NHS and commonly used in CYPMHS. In schools which have an MHST, EMHPs are trained to deliver CBT interventions, however, some EMHPs have expressed frustration at the limitations of the approach (Ellins et al., 2023, p21). CBT techniques are often used in PSHE interventions or as a targeted manualised intervention in schools such as FRIENDS (Public Health England, 2021, pp17, 28). The dominance of CBT in therapeutic interventions may lead to overfamiliarity amongst and cause CYP to disengage. Another possible reason for disengagement with CBT may be the difference in focus. While CBT attempts to correct problematic cognitions (Hofman, 2011, p12), ACT focuses on accepting difficult thoughts and feelings without judgement, (Hayes, 2008, p287). There is evidence to suggest that too much focus on changing thoughts/feelings may actually increase thoughts in that direction thereby exacerbating the distress/discomfort (Wegner et al., 1987; Purdon and Clark, 2001).

5.3.2 Which ACT processes are most useful?

Participants pointed to the ACT processes of values and acceptance as being the most useful (SQ45). This aligned with the following themes from the interviews: Stop fighting with yourself (acceptance), becoming unstuck (psychological flexibility), and values as a compass (values). The interview data provided further exploration of these concepts through examples in practice. The EPs shared how focusing on these processes had been helpful for the CYP and had led to change. These changes may have seemed small but were perceived by the EPs to have led to positive outcomes for the CYP – for example a more positive relationships with family due to identifying values (EP1) or improved self-concept due to acceptance of thoughts and feelings (EP2). The data suggests that focusing on particular processes in ACT with CYP may be helpful. This also takes into account the barrier of time constraints (SQ34), which could mean that EPs do not have time to present the full ACT model. Additionally, focusing on particular processes in ACT fits with findings in SQ29 – the importance of adapting therapeutic approaches according to need (SQ29) which is also consistent with previous research (Simpson and Atkinson, 2021).

The theme “values as a compass” pointed to several areas where a focus on values was useful such as: emphasising pupil voice, directing behaviour and helping CYP discover what matters. However, it was recognised that there may need to be a balance between

prioritising personal values against socially acceptable behaviours (EP3). ACT has been criticised for presenting an ambiguous relationship between values and generally accepted ideas about morality:

“Are more traditional ways of rationally critiquing such values simply irrelevant—such as clarity, consistency, practicality, relevant supportive or critical evidence, problematic consequences, particularly consequences for others?” (O’Donoghue, 2023, p19).

In recognition of the importance of social perspective, the DNA-V model, which has been developed for CYP, includes social-view alongside self-view as a distinct standpoint by which to view the core processes (discoverer, noticer, advisor, values/vitality). The social-view aims to promote empathy and to help the CYP see themselves in the context of other people (Petersen et al, 2022).

5.3.3 How do CYP respond to this approach?

There were mixed findings in the data regarding how EP participants felt CYP responded to ACT. In the survey, one of the main advantages was that ACT resonates with people because of its novelty and that it seems to address real world problems and issues faced by young people (SQ49). Conversely, respondents also indicated that some children found it hard to engage with ACT partly due to developmental or language levels (SQ50). This was further expanded in the interviews where “language as a barrier” emerged as a main theme due to the tricky concepts in ACT and the language level of the CYP. This links with data from SQ30 where EPs said it was important to consider CYP ability to understand and participate when choosing a therapeutic approach for an intervention.

Whilst childhood and adolescence is thought to be a favourable time for therapeutic intervention due to “greater capacity for flexible changing” (Petersen et al., 2022, p586), there needs to be consideration of developmental differences and how they may impact on the problem situation and the subsequent intervention (Halliburton and Cooper, 2015). Finding ways to present the principles of ACT to CYP without losing the essence of the approach is important (Hayes and Ciarrochi, 2020, p84). There are a number of published resources which have been developed for CYP as well as adapted models of the ACT approach such as DNA-V (Hayes and Ciarrochi, 2020). However, evidence of the effectiveness of these approaches is limited and there is a need for further research.

5.3.4 What are the advantages/disadvantages of using an ACT approach?

A benefit of ACT for promoting wellbeing included its transdiagnostic nature and its breadth of application across groups of people (EP2, EP3). Participants suggested that ACT was helpful for relieving the pressure on young people who are diagnosed and think there is “something wrong” with them. The focus on mental health in schools has been critiqued as

being overly medicalised (Billington et al., 2022, pp3-5; Ecclestone and Hayes, 2019). The ACT perspective concurs and conceptualises suffering as a part of human nature – an outcome of “normal psychological processes” (Hayes et al., 2011). Participants saw value in ACT as a novel approach (SQ49) which counters conventional wisdom (EP1, EP2) – the goal of ACT is not to achieve wellbeing through striving to be happy or eliminating pain or negative thoughts. This suggests that ACT can be a way for EPs to focus on developing flexible skills and behaviours which are functional and can be applied in different life circumstances (Peterson et al, 2022) rather than being overly concerned about targeting symptoms.

Although there are guidelines and protocols on how to use ACT, it is not strictly a manualised approach and can be adapted and used in a flexible way (Gillard et al., 2018; Peterson et al., 2022). The flexibility of ACT is supported by a key theme in the interviews suggesting that ACT offers a toolbox of exercises and techniques which can be used across different levels of EP practice to illustrate and practice the core principles in ACT. A common theme amongst ACT survey respondents (SQ49) and interviewees was the practicality and versatility of ACT (EP3). Interviewees gave examples where specific exercises had been effective (e.g., passengers on the bus metaphor). EPs indicated that they responded to needs of the young person in choosing which techniques to use (EP1, EP2). Hayes and Ciarrochi (2020) maintain that the process approach of ACT is “freeing” enabling the practitioner to tailor the intervention according to the needs of the situation “The form of the intervention is no longer the critical thing. It is the function” (p94). Even so, there could be a danger of ACT losing some of its meaning if techniques are used unthinkingly (EP3) and a deeper understanding of the underlying assumptions behind the techniques and processes is likely to be needed for effectiveness (Hayes et al., 2012, p28).

Disadvantages associated with ACT (SQ50) were linked to barriers to using therapeutic approaches in EP practice (SQ34) and included pressures from the EP context, lack of opportunities for EPs to build competency and time constraints. This suggests that these barriers/disadvantages are not specific to ACT but are indicative of barriers within the EP context itself. Additionally, EPs felt that ACT is not universally appropriate and that some of the processes such as mindfulness can be off-putting to some individuals (EP2). This is discussed below in ethical implications.

5.4 RQ3: What are the barriers and facilitators to implementation of ACT in educational psychology practice.

The majority of participants in the ACT survey thought that ACT was a useful model for EPs to use in their practice (SQ48).

5.4.1 How does ACT fit with the EP way of working?

Participants indicated that helping people learn the processes and skills of ACT could take time (SQ50). Therapeutic work in general was also seen to be time intensive and constraints on time was the main barrier to working this way (SQ34). This is supported by evidence in the wider literature that EPs face time pressure which impact their availability to conduct therapeutic work (Greig et al., 2019; Hoyne and Cunningham, 2019). EPs are therefore often drawn to therapeutic approaches which can be delivered in a short space of time (Hoyne and Cunningham, 2019). The pressure of time may also be a reason why a toolbox use of ACT worked well for the interviewees. By focusing on just one or two areas they were able to introduce ACT in a targeted way which seemed to be helpful in a short time frame. This suggests that focusing on underlying processes rather than delivering a full model of ACT may be useful to EPs and may fit with a person-centred and responsive way of working. Evidence on the effectiveness of process-based interventions is in its early stages but there are some promising signs of its value with adolescents (see Peterson et al., 2022 for a review).

It was suggested that principles from ACT could be embedded into everyday EP practice (SQ49). A theme in the interviews suggested that ACT could be an “all-encompassing approach” or “*a way of being*” (EP1). ACT literature conceptualises ACT as an ongoing model of development which can be a framework for living (Hayes et al., 2012, p26). It is possible that some EPs may find ACT useful as a therapeutic framework for practice and/or for their personal benefit. The ACT survey indicated that personal growth and development was the situation where ACT was used most often by EPs (SQ42) which supports the understanding of ACT as being a guiding philosophy or a helpful way of seeing things and managing problems:

“When you fully comprehend the foundations underlying ACT, you can appreciate that its potential applications legitimately extend well beyond the therapist’s office. It is this breadth of perspective that endows ACT with a special opportunity to function as a unified model of both human suffering and human resiliency” (Hayes et al., 2012, p28).

Caution may be needed when using ACT as an all-encompassing approach. People can become enthusiastic about new models and approaches and begin to see them as a panacea. In popular literature, proponents of ACT bear witness of how the approach is transformative in some way (e.g., Harris, 2022). This faith in its power and potential has influenced the promotion of ACT (O’Donahue et al., 2015) but as with all therapeutic approaches, EPs should be mindful of ethical blindspots (Hammond and Palmer, 2019) and not prioritise ACT when there may be other more appropriate approaches in a given situation.

5.4.2 What are the ethical implications of using ACT for EPs?

An ethical implication raised in the interviews was “deep-diving and the potential for harm.” EPs were sensitive to the fact that there may be some situations which are beyond the EP remit and are in need of more specialised help – such as a clinical psychologist. EPs were cautious about the introspective processes within ACT such as mindfulness and the discomfort this causes to some people. This is consistent with literature indicating that some therapeutic approaches may cause iatrogenic harm (Foulkes and Stringaris, 2023) and highlights the need for contracting, monitoring and evaluation in EP practice as recommended by Dunsmuir and Hardy (2016).

5.5 Implications of the research

A number of implications have arisen from this research concerning the mental health of CYP and the EP role, the use of therapeutic approaches in EP practice and the applicability of ACT.

5.5.1 Mental health, CYP and EP role

This research indicates that there is a discrepancy between the potential within the EP workforce to play a greater role in tackling the growing mental health needs amongst CYP, and the reality of the current EP working context which is not conducive to in-depth therapeutic work. The research highlights the importance of understanding the CYP context and developmental needs alongside skilful and responsive application of therapeutic approaches - EPs, arguably, best fit this profile (Mackay, 2007). Yet the time available for EPs to work in this way is pressured by statutory demands - which have increased by 64% since 2016 (DfE, 2023, p10). Additionally, some EPs struggle to find opportunities for therapeutic work within the model of service delivery indicating that there may be a further discrepancy between EPs’ desired way of working and stakeholders’ priorities. These issues may already be impacting EP job satisfaction and EP retention in services (Atfield et al., 2023).

Government investment in the number of EPs available may be one way of easing this pressure. Protected time allocated for EP delivery of therapeutic interventions within schools may also be of benefit in meeting the needs of CYP who are in need of support, whilst increasing job satisfaction and continuous professional development of EPs.

In addition, the research has drawn attention to the dominant narratives around mental health which can exacerbate minor worries of CYP and suggests that there is a need for alternative approaches which are more hopeful and empowering.

Furthermore, the research highlights the potential for iatrogenic harm particularly from universal interventions where CYP (or adults) may not be fully aware of what the intervention entails, and the introspective focus within some therapeutic techniques may lead to unforeseen distress. This serves as a reminder for EP practice to consider their

ethical responsibility to others, to exercise caution, and to ensure ethical procedures are in place. Dunsmuir and Hardy (2016) is a useful guide for ethical EP practice.

5.5.2 The use of therapeutic approaches in EP practice

The research indicates that despite time constraints, many EPs do incorporate therapeutic approaches into their practice in a flexible and responsive manner. However, therapeutic opportunities and experiences vary considerably. Consequently, it is difficult to describe how therapeutic approaches are used in EP practice. This ambiguity is in part due to the autonomous nature of the EP role, the personal values and interests of individual EPs and may also be due to differing perspectives about what is most useful in the diverse range of presenting needs. Within ambiguous situations, there is an increased risk of ethical blindspots when making decisions, therefore the use of a therapeutic framework may help to provide more structure as well as accountability (Hammond and Palmer, 2019). An example of this is Atkinson and Keneally's model of therapeutic practice(2021) which is based on the COMOIRA framework and incorporates MI, Human Givens and CBT. This model is offered as a "toolkit of ideas for EPs" (p290) and is complementary to Dunsmuir and Hardy's (2016) guidance.

Making decisions about therapeutic work should involve integrating the EP's own expertise from their experience with the research evidence (Dunsmuir and Hardy, 2016). Without knowledge from the latest research there is a risk of misuse or harm. As psychologists it is helpful to maintain an interest in why certain approaches and techniques are thought to be effective with the knowledge that as science progresses so our understandings of human processes may also change and develop.

5.5.3 Applicability of ACT

This research has shown that ACT is becoming more well-known amongst EPs although take-up of the approach in practice is low, mainly due to EP lack of knowledge and limited opportunities to use the approach and develop skills. EPs who have used ACT are positive about its potential and have found ways to use ACT flexibly and responsively to fit within their practice. The research has illuminated how ACT can be used to enhance CYP self-understanding and increase psychological flexibility. The implications for CYP of learning ACT is that they can move away from seeing themselves as ill or disordered – such as in the medical model. The ACT standpoint offers the CYP a way of seeing things differently. They can learn that painful internal events such as thoughts, feelings and memories do not have to be avoided, but can be accepted by relating to them in a different way. ACT presents psychological skills to manage internal events such as through defusion techniques. CYP can learn self-compassion instead of battling thoughts in their head. ACT invites CYP to think about what matters to them and motivates them to take meaningful actions. This can help

CYP to find purpose in different domains of their life such as relationships, education, recreation and more. This also supports the model of intrinsic and instrumental value of mental health - connection, function, cope and thrive (WHO, 2022, p11).

Evidence of effectiveness of ACT for CYP, especially in a school context, is still very limited therefore caution is needed when using ACT with CYP. As with other therapeutic approaches, ACT needs to be adapted for CYP's level of development and even then it still may not be appropriate in all situations. Using ACT for more severe mental health conditions is not advisable as there are risks associated with introspective focus. It is therefore important that EPs using ACT are trained in the approach and have a good understanding of the conceptual framework in order to know which exercises and techniques would be most appropriate for the person they are working with. Access to supervision is also recommended. However, this can be hard to find as ACT is not one of the most common therapeutic approaches. It may be useful for EPs who wish to use ACT to form interest groups and provide peer supervision for each other to develop their practice.

5.6 Strengths and Limitations

5.6.1 Strengths

The mixed methods approach has been a strength of this research and has made it possible for me to explore the area of EP therapeutic practice from different viewpoints. Through the use of a survey in the quantitative phase, I was able to broaden my understanding of current EP perspectives regarding how and why EPs use therapeutic approaches. Studying descriptive statistics of the data led to the emergence of patterns and some interesting findings within the participant sample such as the most popular approaches and what is important to EPs when selecting an approach. The ACT part of the survey and subsequent interviews enabled me to home in on a specific approach and illuminate its use in the EP context. By integrating both sets of data and considering the wider literature, it was possible to develop some noteworthy discussion points. The integration of different phases, I believe stimulates interest and provides coherence and additional weight to the thesis.

5.6.2 Limitations

There are three potential limitations concerning the results of this study. A first limitation concerns the recruitment strategy. When comparing the demographic information of the participants to the demographic information of the EP population in the UK, it is clear that this study overrepresents TEPs and Assistant EPs, whilst qualified EPs are underrepresented. Additionally, the data from this survey may be skewed towards positive EP perspectives on therapeutic approaches because EPs who have negative experiences/ perspectives may not have chosen to complete the survey.

A second potential limitation is in the instrument design, in particular the structure of the survey questions. Although the survey was piloted with 6 people, there is a possibility that

in the wider sample, elements of the questions may have been misunderstood due to unclear phrasing. For example, the category “enjoyable” in SQ22 could be interpreted as enjoyable for the EP or enjoyable for the CYP. In SQ29, differences between categories could perhaps have been clearer – “adapt approach according to individual / adapt approach according to need.” These question-related effects may have influenced the results of the survey and the subsequent conclusions which have been made.

The final limitation involves the number of EPs recruited for the interviews. I hoped to recruit between 4-6 participants for the interview, but only managed to recruit 3. Having fewer participants limited the amount of qualitative data available to analyse. For example, while two of the interviewees provided illustrations of their experiences of ACT, another interviewee talked more from a theoretical and critical perspective which led to divergence away from the interview schedule. Whilst these digressions were interesting and prompted me to consider critical implications, they also took time away from exploring the interviewee’s practical experiences of using ACT. If there had been a larger sample, deviations from the schedule may not have impacted the analysis in the same way, as there would have been a broader dataset. I believe there is much more to EP experiences of using ACT than has been illuminated through these three interviews.

5.7 Reflections on the research process

The research process has been both challenging and rewarding. It is interesting to consider how my own beliefs and biases may have influenced my interpretation of the data. For example, when something was said in the interviews that resonated with my own experience of using ACT, or which challenged or moved me in some way, I may have elevated these comments. This is the nature of qualitative research and reflexive thematic analysis embraces the interaction between researcher and participant (Braun and Clark, 2022). These biases have been countered by following a structured process and making it transparent.

Throughout this process, I learnt a great deal about ACT, about the EP profession and about myself. I have been challenged to think about the dominant narratives around mental health and the implications of these. Before starting this research, I did not know anything about ACT. Learning about ACT has given me a useful framework to understand some aspects of being human, especially when things are difficult. I experienced times of being “fused” with my own thoughts in the research process and grappling with them. There were moments where I needed to accept my situation, notice what thoughts and feelings I was having and take a step back. These steps helped me to remind myself why I was doing this, what was important to me and helped me to focus on what I could do in the situation. ACT resonates with me, and I think it will be quite influential in my practice and personal life. Learning more about the EP role has helped me to reflect on my own practice, what I value and what I believe. I believe it is important to question what motivates us, to consider very

carefully the narratives we endorse and the impact of approaches which we use in our practice and advocate to schools.

5.8 Conclusion

This thesis has used a mixed methods approach to explore EP use of therapeutic approaches in their practice and the application of the ACT model in this context. Key findings regarding EPs use of therapeutic approaches suggest:

- Many EPs see value in using therapeutic approaches – especially for addressing mental health needs, promoting wellbeing and increasing agency.
- Therapeutic approaches are applied across different levels of practice but are mainly used in individual work with CYP.
- EPs are person-centred practitioners and are responsive to the needs of the child.
- EP personal values may influence which therapeutic approaches are employed.
- EP work is often time pressured therefore drawing from a range of approaches and integrating techniques in a flexible and responsive way is common.
- Some therapeutic approaches appear to have more staying power than others and their use is maintained across time.

This research points towards ACT being a congruent model which fits within the EP context and can be usefully applied in many ways. However, the evidence-base for its effectiveness with CYP is far from conclusive and further research is needed. Themes which were illuminated within the data suggest:

- ACT offers an alternative paradigm for understanding and addressing mental health which does not medicalise or frame CYP as deficient. This was supported by the themes: Becoming unstuck – reframing the problem with ACT, Stop fighting with yourself – the freedom of acceptance.
- The processes of ACT can be applied separately to meet individual needs. This was supported by the themes: Becoming unstuck – reframing the problem with ACT, Stop fighting with yourself – the freedom of acceptance, Values as a compass.
- ACT offers a coherent model of human functioning which can be applied across life situations. This was supported by the theme: an all-encompassing approach, a toolbox of techniques, or both?
- ACT offers techniques and exercises which can be used flexibly and responsively to the specific needs and context of the CYP. This was supported by the theme: an all-encompassing approach, a toolbox of techniques, or both?
- ACT is not appropriate for all CYP. When using ACT with CYP, developmental differences should be taken into account. This was supported by the theme: Language as a barrier to ACT.

- As with all therapeutic approaches, EPs need to be mindful of the potential for iatrogenic harm. Using ACT with more complex mental health problems is not advisable in the EP context. Ensuring contracting and ethical procedures are in place is essential. This was supported by the theme Deep diving and the potential for discomfort.

5.8.1 Recommendations for further study

The outcomes of this research contribute to our understanding of how therapeutic approaches are used in EP practice with particular emphasis on EP experiences of using the ACT model. Further research collecting views of EPs, CYP, and educational staff would be beneficial and would give valuable insight into the effectiveness, appropriacy and practicality of ACT in the educational context. Special attention could be directed towards the ACT processes including how they are conveyed to and understood by CYP.

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Appendices

Appendix A: Overview of ACT

ACT belongs to the third wave of behavioural therapies. It is acknowledged that there are likely to be further developments as scientists and practitioners learn more about human interactions and behaviour (Hayes, 2004).

First Wave of behavioural therapies

Behavioural therapy first arose as an alternative to clinical traditions which were rooted in psychoanalysis. According to some critics of psychoanalysis, many of these psychoanalytic interventions lacked an empirical base or scientific principles to support the reasoning behind an intervention or the impact of the therapy on the client (Hayes, 2004). Rooted in behaviourism, behavioural therapy sought to establish basic theoretical principles that could be clearly specified and rigorously tested (Hayes, 2004). The purpose of the therapy was to modify the behaviour or emotion through conditioning. Although many of these behavioural principles are widely understood and accepted today, at the time they were quite revolutionary. Despite criticisms from the psychoanalytic camp, behaviourist researchers claimed that empirical evidence supported behavioural therapy. The movement grew and became dominant in the 1950s and 1960s, particularly in America, the UK and South Africa. However, the swing away from the psychoanalytic method led some to critique the field as having too narrow a focus and a limited view of what it means to be human as it failed to consider the importance of internal experiences (Hayes, 2004).

Second Wave of behavioural therapies

The second wave of behavioural therapies was influenced by the advancement of the cognitive revolution in the late 1950's and 1960's. In 1959, Noam Chomsky's critique of behaviourism had opened the doors for the new movement to rise up and challenge the dominant behaviourist view of human behaviour: "...the insights that have been achieved in the laboratories of the reinforcement theorist, though quite genuine, can be applied to human behavior only in the most gross and superficial way." (Chomsky, 1959, p28).

Chomsky argued that Skinner's stimulus-response theory was inadequate for explaining language acquisition. Rather, specific (but as yet unknown) cognitive processes must be responsible: '... there must be processes at work quite independently of "feedback" from the environment.' (Chomsky, 1959 p42).

Cognitive psychology provided computational metaphors which helped to explain the complex thought processes involved in behaviour. Theories such as social-learning theory (Bandura, 1969) integrated cognitive and behavioural principles to support a model of how learning takes place in a real-world context.

In clinical work, the shift in behavioural therapies towards cognitive approaches began with Albert Ellis' Rational Emotive Behavior Therapy (REBT) in the 1950s and later Aaron Beck's Cognitive Therapy (Beck, 1976). These key approaches led the way for a range of second wave therapies that are known as Cognitive Behavioural Therapies (CBT) which emphasised modifying thought patterns in order to change behaviour:

“In the second wave, irrational thoughts, pathological cognitive schemas, or faulty information-processing styles would be weakened or eliminated through their detection, correction, testing and disputation, much as anxiety was to be replaced by relaxation in the first wave.” (Hayes, 2004).

The second wave built upon the work that had been established in the first wave by assimilating many behavioural principles as well as developing new cognitive concepts and change techniques (Hayes, 2004). Cognitive Behavioural Therapy (CBT) has become very well established as an evidence-based therapy and has been found to be effective across a spectrum of needs and disorders (reference).

Third Wave of behavioural therapies

As CBT itself became the next prevailing approach, the third wave of behavioural therapies arose in part to challenge dominant assumptions within the paradigm (Hayes, 2004).

One core area that was challenged was the emphasis in CBT on directly changing negative thoughts in order to achieve an improved state or behaviour (Hayes, 2004). The rise of post-modernism and constructivism also challenged the mechanistic assumptions of CBT. Instead, newer approaches emphasised the importance of context and mindfulness. The traditional focus on problem-solving shifted in the new wave towards value-based living, and suffering was redefined as a natural part of human experience (Hayes, 2004).

Examples of third wave behavioural therapies include ACT (Hayes et al., 2004); Dialectical Behavioural Therapy (DBT) (Linehan, 1987); and Mindfulness-Based Cognitive Therapy (MBCT) (Segal et al, 2018). These approaches differ from traditional CBT as they place more emphasis on emotion, values, spirituality, mindfulness and acceptance (Hayes et al, 2004). They also incorporate experiential techniques to bring about change both directly and indirectly (Hayes et al., 2004).

Psychological underpinnings / Philosophical roots of ACT

Functional contextualism

Functional contextualism is rooted in radical behaviourism and looks at the function of a particular behaviour (external - such as actions and/or internal - such as thoughts and feelings) as it relates to a particular context (Harris, 2009, p105; Törneke 2010).

The individual circumstances of a person form their context. Their genes, personal history, cultural and social background as well as their current circumstances influence what their values may be and what solution might be right for them. Being mindful of this complexity, understanding that “one size doesn't fit all” and seeking a workable solution is at the heart

of ACT. Functional contextualism does not look at the right or wrongs of a behaviour, rather it is concerned with finding a solution which works for that particular person within their context and according to their individual values. This is also known as “workability”:

Applied Behaviour Analysis (ABA)

Behaviour analysis seeks to influence and predict behaviour (Törneke, 2010 p3). Applied behaviour analysis (ABA), applies behaviourist principles learned from experiments to real life situations and problems (Törneke, 2010 p3). Key behaviourist principles include:

- respondent conditioning - where a reflexive behaviour is triggered by a particular antecedent (Törneke 2010, p20).
- operant conditioning - where behaviour is learned and influenced by consequences to that behaviour. These consequences are known as positive or negative reinforcers, and positive or negative punishment (Törneke 2010, p14-15).

Through functional analysis the antecedents which may trigger a particular behaviour can be explored - these could be thoughts and feelings or a particular event that occurs before the behaviour. Outcomes or consequences of the behaviour are also considered as these serve to either reinforce or change the behaviour. Functional analysis can be helpful to bring understanding and awareness of why a person behaves as they do, and the workability of their behaviour. (Harris, 2019, p48).

Relational Frame Theory (RFT)

RFT underpins ACT and is central to understanding psychological flexibility (Hayes et al., 2005). RFT was developed in response to criticisms that behaviourist principles did not adequately explain the complexity of human cognition and language (Chomsky, 1969). In the 1970s, Murray Sidman conducted a series of experiments which uncovered a phenomenon where relations between stimuli can be formed without any prior learning or teaching - known as derived stimulus relations or “stimulus equivalence” (Barnes-Holmes et al., 2020). The implications of these findings formed the foundations for RFT which, through multiple studies, established conceptual links between human language and stimulus equivalence (Stewart and Roche, 2013). RFT researchers believed they were dealing with the same phenomenon as stimulus equivalence - a learned operant behaviour referred to as arbitrarily applicable relational responding (AARR). Through AARR, relationships are derived “between stimuli and events independently of their physical characteristics and in the absence of any direct training or instruction to do so”. (Hughes and Barnes-Holmes, 2016). AARR is believed to develop alongside early language acquisition (Stewart and Roche, 2013). AARR incorporates different patterns of relating which are called relational frames and are fundamental to language:

“...any objects or events that are relationally framed become verbal for us — they become part of the world as known through relational frames. As we frame objects, events and people through our interactions with the socioverbal community, we

elaborate our network of related stimuli, and through transformation of functions, the world increasingly takes on new verbally derived functions.” (Stewart and Roche, 2013).

All relational frames share three core properties:

- mutual entailment - bi-directionality between stimuli
- combinatorial entailment - combining stimulus relations brings about new relations
- transformation of stimulus functions - “the process by which stimuli and events come to acquire, change, and lose their psychological properties” (Hughes and Barnes-Holmes, 2016).

RFT holds that contextual cues in the environment regulate AARR. These can be relational or functional and can be from the past or present (Hughes and Barnes-Holmes, 2016). RFT has thus moved away from a mechanistic understanding of language and cognition towards a contextual understanding:

“According to RFT, the core of human language and cognition is the learned and contextually controlled ability to arbitrarily relate events mutually and in combination, and to change the functions of specific events based on their relations to others.” (Hayes et al., 2005).

Appendix B: Literature Search strategy

To find literature related to my objectives of learning more about the use of therapeutic approaches in EP practice with an emphasis on the use of ACT, I conducted a search on the SCOPUS database. I combined the terms “educational psychologist” and “educational psychology” with “therapeutic” “therapy,” “Acceptance and Commitment Therapy,”

The search was limited to the last 30 years (1993-2023), articles from UK and Ireland in English. A total of 70 papers were found. 14 papers were discounted due to not meeting the criteria of therapeutic approaches/therapy within EP practice. The papers were grouped into four categories: Overview of therapy/therapeutic approaches in EP practice (5 papers), discussion papers recommending the use of specific therapeutic approaches in EP practice (15 papers), one of which was discussing the use of ACT (Gillard, et al., 2018), EP views on therapeutic practice (4 papers), and case studies/evaluations of therapeutic interventions (32 papers). 23 of the papers were published in the last 20 years, 14 of which were case studies/evaluations of therapeutic interventions. There were no case studies or evaluations on the use of ACT. However, I found additional literature relating to ACT while I was reviewing the articles by using Google Scholar and Starplus (the University of Sheffield online library system) to follow up on relevant references found within the articles.

To meet my objectives of exploring how EPs use therapeutic approaches in their practice, I have focused on articles which provide an overview of EP practice and which provide EP perspectives on the use of therapeutic approaches.

Appendix C: Ethical Approval Letter



Downloaded: 05/11/2022
Approved: 20/10/2022

Hilary Menzies
Registration number: 200112611
School of Education
Programme: Doctorate of Educational and Child Psychology (DEdCPsy)

Dear Hilary

PROJECT TITLE: A mixed methods exploration of the use of therapeutic approaches within EP practice with an emphasis on the Acceptance and Commitment Therapy model.

APPLICATION: Reference Number 049800

On behalf of the University ethics reviewers who reviewed your project, I am pleased to inform you that on 20/10/2022 the above-named project was **approved** on ethics grounds, on the basis that you will adhere to the following documentation that you submitted for ethics review:

- University research ethics application form 049800 (form submission date: 19/10/2022); (expected project end date: 31/05/2023).
- Participant information sheet 1112068 version 2 (19/10/2022).
- Participant information sheet 1112066 version 1 (23/09/2022).
- Participant consent form 1112071 version 2 (19/10/2022).
- Participant consent form 1112070 version 2 (19/10/2022).
- Participant consent form 1112069 version 2 (19/10/2022).

If during the course of the project you need to [deviate significantly from the above-approved documentation](#) please inform me since written approval will be required.

Your responsibilities in delivering this research project are set out at the end of this letter.

Yours sincerely

Anna Weighall
Ethics Administrator
School of Education

Please note the following responsibilities of the researcher in delivering the research project:

- The project must abide by the University's Research Ethics Policy: <https://www.sheffield.ac.uk/research-services/ethics-integrity/policy>
- The project must abide by the University's Good Research & Innovation Practices Policy: https://www.sheffield.ac.uk/polopoly_fs/1.671066!/file/GRIPPpolicy.pdf
- The researcher must inform their supervisor (in the case of a student) or Ethics Administrator (in the case of a member of staff) of any significant changes to the project or the approved documentation.
- The researcher must comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data.
- The researcher is responsible for effectively managing the data collected both during and after the end of the project in line with best practice, and any relevant legislative, regulatory or contractual requirements.

Appendix D: Survey Questions

Part 1 – Therapeutic approaches in general

Section 1: About you

1. Email address
2. What is your current job role:
 - EP
 - Senior EP
 - Trainee EP
 - Assistant EP
 - PEP
3. How long have you been an EP?
 - I am still in training
 - 1-2 yrs
 - 3-5 yrs
 - 6-10 yrs
 - 10 yrs +
4. Where in the UK are you based?

Section 2: Your experience of using therapeutic approaches

5. How confident do you feel about using therapeutic approaches/techniques in your practice?

Scale 1-5 (1 = not at all confident, 5 = very confident)
6. How often do you use therapeutic approaches/techniques in your role?
 - every day
 - most days
 - weekly / at least once a week
 - monthly
 - 2-3 times a year
 - once a year
 - never

7. In which situations do you use therapeutic approaches? Likert scale (always, often sometimes never) or yes no

	Always	Often	Sometimes	Rarely	Never
Consultation with children and young people					
Consultation with parents					
Consultation with school staff					
Assessment work with children and young people					
Individual Interventions with children and young people					
Group Interventions with children and young people					
Interventions with school staff					
Interventions with parents					
Supervision with school staff					
Supervision with a colleague					

Section 3: Types of therapeutic approaches

8. Have you used any of the following therapeutic approaches?

	In the last week	In the last month	In the last year	At any time in my career	Never
Acceptance and Commitment Therapy (ACT)					
Arts and creative therapies (e.g. visual arts, dramatic, dance/movement, musical approaches)					
Cognitive Behavioural Therapy (CBT)					

	In the last week	In the last month	In the last year	At any time in my career	Never
Compassion Focused Therapy (CFT)					
Dialectical Behavioural Therapy (DBT)					
Eye Movement Desensitization And Reprocessing (EMDR)					
Mindfulness Based Cognitive Therapy (MBCT)					
Motivational Interviewing (MI)					
Narrative Therapy					
Personal Construct Psychology (PCP)					
Person-centred Therapy					
Play Therapy (e.g. Theraplay)					
Psychodynamic/psychoanalysis approaches					
Solution Focused Brief Therapy (SFBT)					
Systemic Family Therapy					
Other _____					

9. Please state any other therapeutic approaches that you have used in your work that are not listed above.

10. Which of the following are important to you when considering which approach to use?

	Very important	Important	Moderately Important	Slightly Important	Not at all important

It is effective					
It is a well-structured approach					
It has a strong evidence base					
It has sound theoretical underpinnings					
It is widely used in my service					
It aligns closely with my values					
I have received training on this approach					
I am confident using this approach					
I find it helpful when working with children and young people					
I find it helpful, when working with parents					
I find it helpful when working with school staff					
It is enjoyable					
Other reason.....					

11. Which approaches do you use most often in your practice? Choose up to three.

-
-
-

12. In addition to the approaches in question 8 above, are there any specific techniques, interventions and/or activities that you regularly use in a therapeutic capacity / with a therapeutic aim/purpose?

Section 4: Therapeutic Interventions

13. How confident do you feel about delivering therapeutic interventions?
Scale of 1-5 (1 = not at all confident 5 = very confident)
14. When using a therapeutic approach as part of an intervention, how important is it to you to...?

	Very important	Moderately important	Somewhat important	Not at all important
Have a therapeutic agreement/contract				
Follow a highly structured procedure (e.g. from a script or manual)				
Create your own intervention based on the approach				
Select certain techniques from within the approach				
Adapt the approach according to the individual				
Adapt the approach according to the need				
Adapt the approach according to the environment				
Combine the approach with another therapeutic approach or technique				
Monitor progress				
Evaluate the approach				
Other				

15. Is there anything else that is important to you when using a therapeutic approach as part of an intervention?

16. Would you like more opportunities to deliver therapeutic interventions within your EP practice?

- Yes
- No
- Maybe

Section 5: Your views

17. Do you see any value in EPs utilising therapeutic approaches in their practice?

- Yes
- No
- I don't know

18. Please explain why you gave this answer

19. In your own words, what do you think are or could be the main benefits of using therapeutic approaches in EP practice?

20. In your own words what do you think are or could be the main barriers/disadvantages to using therapeutic approaches in EP practice?

21. Have you heard of Acceptance and commitment therapy (ACT)?

- Yes
- No – (if participant answers no they will be directed to submit the survey)

Section 6: Focus on the ACT model

22. How did you find out about ACT?

	Yes	No
University seminar during training		
Training within my service		
From a previous job before becoming an EP		
Attended an External course or webinar		

I read a book on ACT		
From a colleague		
Other		

23. Have you used Acceptance and Commitment Therapy (ACT) in your EP practice?

- Yes
- No (Please explain why you gave this answer. – participants will be directed to submit survey).

Part 2 - Focus on the ACT model

Section 2: Your experience of using ACT

24. How confident do you feel about using ACT in your practice?

Scale 1-5 (1 = not at all confident, 5 = very confident)

25. How often do you use ACT?

	Daily	Weekly	Monthly	At least once a year	Never
Acceptance and Commitment therapy (ACT)					

26. In which situations do you use ACT?

	Always	Often	Sometimes	Rarely	Never
Consultation with children and young people					
Consultation with parents					
Consultation with school staff					
Assessment work with children and young people					

	Always	Often	Sometimes	Rarely	Never
Individual Interventions with children and young people					
Group Interventions with children and young people					
Interventions with school staff					
Interventions with parents					
Supervision with school staff					
Supervision with a colleague					

27. How important to you are the following reasons when using ACT as a therapeutic approach?

	Very important	Important	Moderately Important	Slightly Important	Not at all important
ACT is effective					
ACT is a well-structured approach					
ACT has a strong evidence base					
ACT has sound theoretical underpinnings					
ACT is widely used in my service					
ACT aligns closely with my values					
I have received training on ACT					
I feel confident using ACT					

	Very important	Important	Moderately Important	Slightly Important	Not at all important
To promote/develop psychological flexibility					
To promote self-acceptance					
To promote wellbeing					
To provide psychoeducation around a particular problem					
To suggest strategies for coping with problems and events					
To influence/change a specific behaviour					
ACT is rewarding					
Other reason.....					

28. What else is important to you when considering using ACT in your practice?

29. How useful have you found the six psychological processes when using ACT as an approach in your work as an EP?

	Very useful	Moderately useful	Somewhat useful	Not at all useful	Unsure/I don't know
Acceptance					
Self as context					
Defusion					
Being in the present moment					

Values					
Committed action					

30. How useful have you found the following ACT techniques in your practice?

	Very useful	Moderately useful	Somewhat useful	Not at all useful	Unsure/I don't know
Metaphors					
Experiential exercises					
Mindfulness exercises					
Defusion exercises					
Clarifying values					
Action planning					

31. Are there any other ACT techniques that you use in your practice?

Section 6: Your views

32. Do you think ACT is potentially a useful model for EPs to use in their therapeutic practice?

- Yes
- No
- I don't know enough about this approach

33. In your own words, what do you think are or could be the main benefits of using ACT as a therapeutic approach in EP practice?

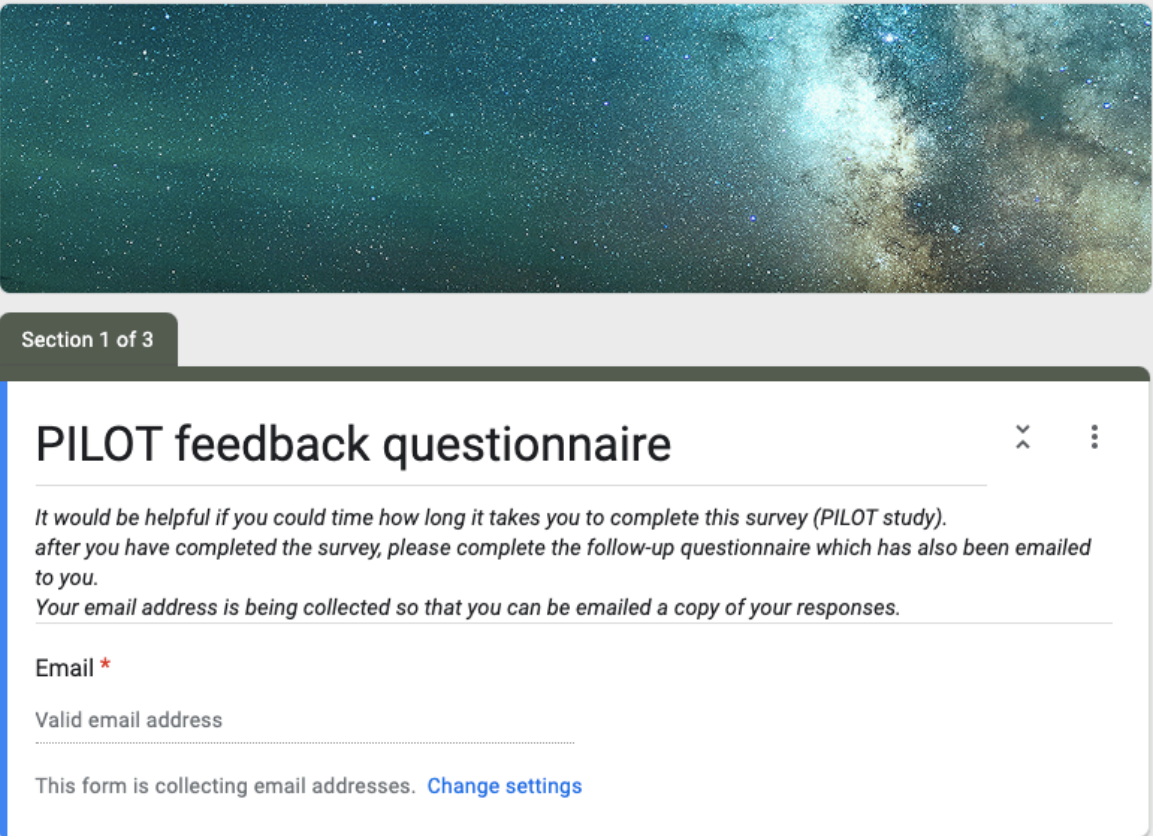
34. In your own words what do you think are or could be the main barriers/disadvantages to using ACT as a therapeutic approach in EP practice?

Follow up interview

1. Would you be willing to take part in a semi-structured interview to discuss your experience of using ACT in your practice
 - Yes
 - No

Thank you for taking the time to complete this survey

Appendix E: Feedback from the Pilot Survey via Google Forms (n=6)



Section 1 of 3

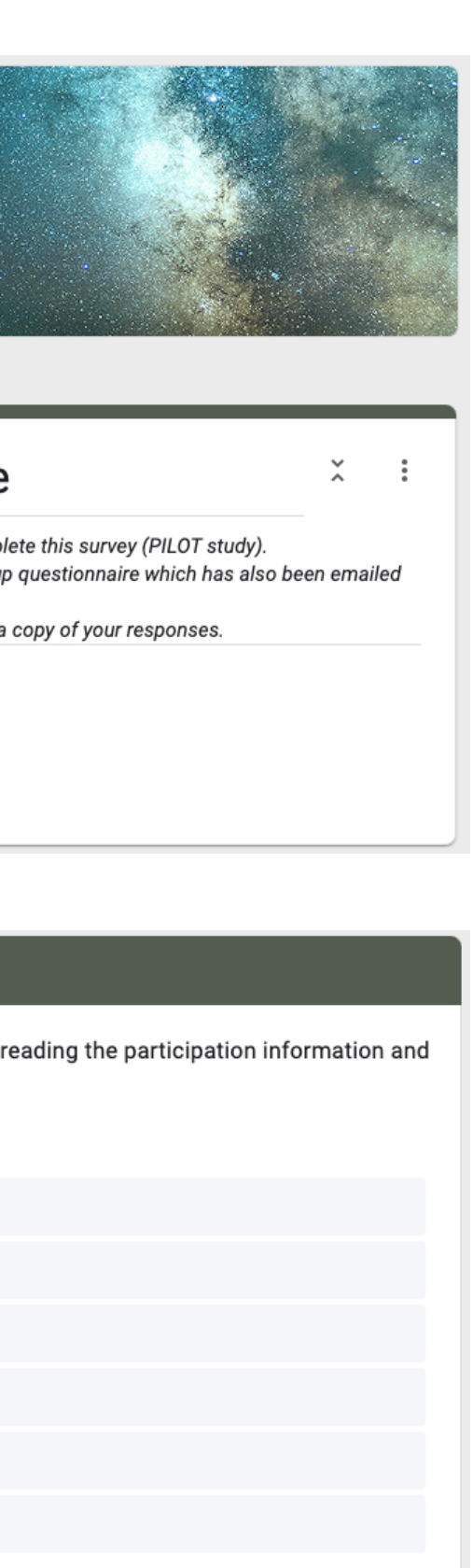
PILOT feedback questionnaire

It would be helpful if you could time how long it takes you to complete this survey (PILOT study). after you have completed the survey, please complete the follow-up questionnaire which has also been emailed to you. Your email address is being collected so that you can be emailed a copy of your responses.

Email *

Valid email address

This form is collecting email addresses. [Change settings](#)



About the Survey

How long did it take you to complete the survey (including reading the participation information and consent form)?

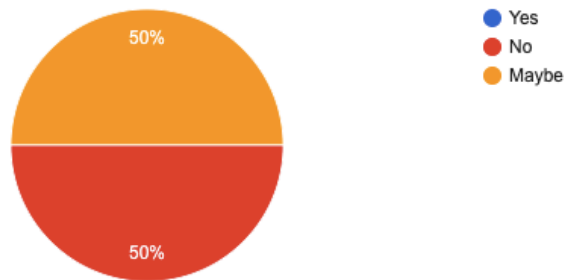
6 responses

- 10 mins
- 25 minutes
- 20 minutes
- 40 minutes
- About 45 minutes
- 30 mins

Do you think the survey was too long?

 Copy

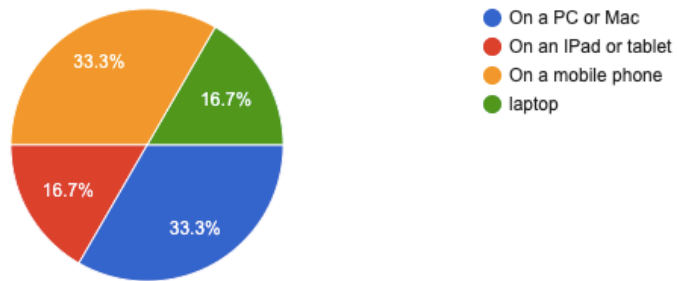
6 responses



How did you access this survey?

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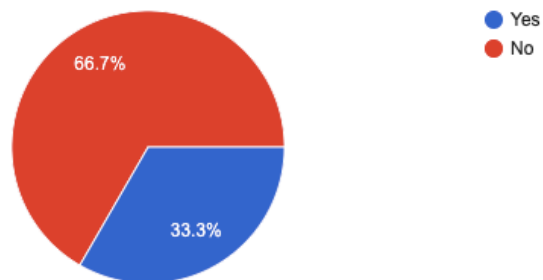
6 responses



Did you have any technical issues with the survey?

 Copy

6 responses



What technical issues did you experience?

3 responses

Not all answer options showed on my phone but I realised they were there if I swiped across

I don't think many will complete on their phone so think you'll be fine

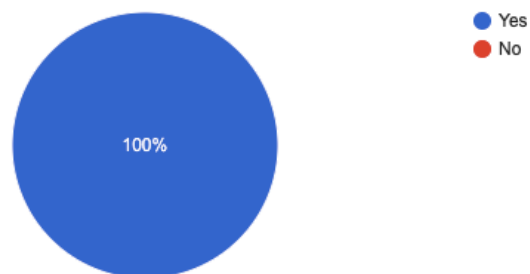
One of the questions wouldn't let me click the answer I wanted

No technical issues but the email with the links went to my junk folder!

Did you find the format of the questions accessible? (ie multi choice, check boxes etc)?

 Copy

6 responses



If no - please indicate which questions were problematic and why.

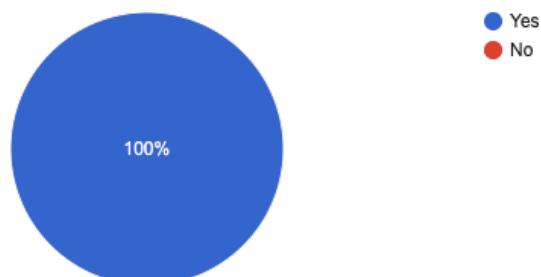
1 response

The last two questions were very similar it seemed. I had to reread them a few times to ascertain the difference.

Was the survey coherent? (ie did the sections make sense as you worked your way through)

 Copy

6 responses



Please give details of any sections which did not make sense - or where you think I need to add more detail/explanation to guide the participants.

4 responses

When you are asking about times using therapeutic approaches, if I had never done that type of work I didn't know what to put as the 'never' box to me was 'I have never used a therapeutic approach when doing this type of work'- so maybe add an option for 'never completed this type of work' or 'don't know' or 'not applicable'?

There was one question in the consent page that was repeated. There was an erroneous full stop in one of the consent questions. The dates differed in the information and consent forms 23rd and 21st.

In the intro I think rather talking about the benefits of this work you could talk about it giving psychologists an opportunity to reflect on their practice.

At the start, when asked about using therapeutic techniques... I was unsure how you were defining this. I wondered if perhaps at the start there needed to be some discussion about what makes something 'therapeutic'?

I wasn't sure if you meant with children directly or in general. For example, I ticked that I use psychodynamic approaches but I use this as a therapeutic tool for myself/in consultation to understand dynamics / interactions

Were there any questions that were vague or difficult to answer? Please explain below.

6 responses

See above

no

No

Thought the questions were clear

I struggled mostly on bits which were thinking about recent use - mainly because of the way we are currently working - SA only. Also my last job was an assessment centre for children with complex communication disorders so I had to think quite hard about what I do!

At the end, I struggled to know the difference between the 'barriers' question and disadvantages as well as the difference between usefulness in EP practice and 'benefits' question

Were there any other questions that you would have liked to see on the survey? Please give details below.

6 responses

No

No - all great!

To be asked if I used these approaches for myself as a practitioner.

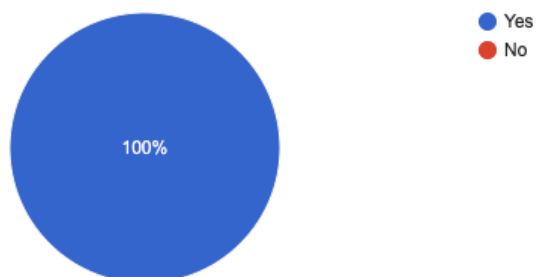
Can't think of any just now.

I think I would have liked to reflect upon how I would like my practice to be - I did like the questions about the barriers to using therapeutic interventions.

One of the aims of the survey was to collect information about EPs current use of therapeutic approaches in their practice. Do you think the questions in the survey meet this aim?

[Copy](#)

6 responses



If no - please give details and suggestions below

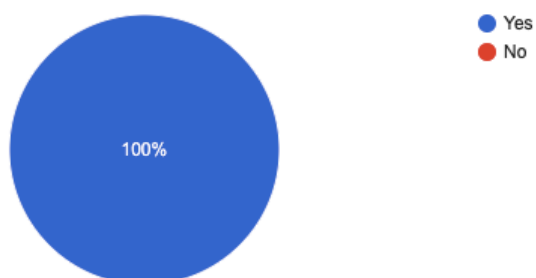
1 response

Include use of therapeutic approaches for own wellbeing and development

Another aim of the survey was to gather information about EPs current use of the ACT model and whether this approach is valued by EPs. Do you think the questions in the survey meet this aim.

[Copy](#)

6 responses



If no please give details and suggestions below.

0 responses

No responses yet for this question.

Appendix F: Social Media Recruitment Posts

1. EPNET post



Calling for Participants! – Therapeutic Approaches in EP Practice

My name is Hilary Menzies, I am a Y3 TEP at the University of Sheffield. I am conducting research into how EPs use therapeutic approaches and techniques in their practice in order to explore current practice and understand more about the facilitators and barriers that are specific to the contexts in which EPs work. I will be using a mixed-methods approach. Phase 1 involves conducting a survey. Phase 2 involves conducting online interviews and/or a focus group.

In addition to exploring current practice, I am also interested in exploring a particular therapeutic model – Acceptance and Commitment Therapy (ACT). There will be some focused questions on the ACT model at the end of the survey. **You do not have to have experience of ACT to complete the survey.**

If you are practising as an EP (including TEPs and Assistant EPs), I would love to hear your views and would be very grateful if you would complete the survey. The average time to complete the survey is 25-30 mins, however this can vary depending on the length of the answers given.

There will also be the opportunity to take part in an online interview/focus group in December. This is optional and you can choose to complete the survey only.

For more information and to access the survey, please click on the link below.

<https://forms.gle/qpyevpB1GpJSmQvu8>

Thank you for your time.

2. Twitter post

CALLING FOR RESEARCH PARTICIPANTS!

Therapeutic Approaches in EP Practice

I am conducting research into how EPs use therapeutic approaches and techniques in their practice. I am also interested in exploring a particular therapeutic model – Acceptance and Commitment Therapy (ACT). You do not have to have experience of ACT to complete the survey.

Who can take part?
EPs, Trainee EPs, Assistant EPs.

What do I have to do?
Complete an online survey about your experience of using therapeutic approaches and techniques in your EP practice.

How long will it take?
The average time to complete the survey is 20-30 mins.

How do I sign up?
Click on the link in the post above to access the survey.

Appendix G: Participant Information Sheet



Participant Information Sheet

1. Research Project Title:

How do educational psychologists use therapeutic approaches to enhance psychological wellbeing within their practice? A mixed methods study.

2. Invitation to participate in a case study

I would like to invite you to take part in a research project. Before you decide whether or not to participate, it is important for you to understand why the research is taking place and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Please contact 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.

3. What is the project's purpose?

This project will be submitted as the thesis for my doctorate in educational and child psychology (DEdCPsy) at the University of Sheffield.

Promoting psychological wellbeing is a key part of Educational Psychologists' (EPs) practice (BPS, 2019, p8). The current national climate indicates that the mental health and wellbeing of children and young people has become a major concern in the UK (Public Health England, 2021). School staff and pupils in the UK have been under tremendous strain and stress for a number of years, not least because of the COVID-19 global pandemic which resulted in school closures and major disruption to schools (Education Support, 2021; Samuel, et al., 2021). Within this context EPs can play an important role (Atkinson and Keneally, 2021). Using their specialist psychological training and knowledge EPs can offer therapeutic interventions at a number of levels.

Evidence-based therapeutic interventions can fluctuate in effectiveness in real world contexts such as schools (Simpson and Atkinson, 2021). Additionally, the nature of EP work is often complex and "messy", as EPs consider both individual and systemic interacting factors (Dunsmuir and Hardy, 2016 p7). Adhering to the procedure of a particular intervention/approach can be difficult in the contexts in which EPs work. EPs often need to adapt approaches to be tailored to the specific needs of the individual or groups they are working with, as well as considering the strengths/limitations of particular settings (Dunsmuir and Hardy, 2016 p25).

The purpose of this research is to explore how EPs utilise therapeutic approaches and techniques in their practice and to understand more about the facilitators and barriers that are specific to the contexts in which EPs work. The research will use mixed methods to collect data. Findings from the research will be disseminated within the field of educational psychology and may also contribute to the current research on therapeutic practice.

Disclaimer:

Whilst I am interested in gaining a broad picture of EP therapeutic practice, I also intend to explore in more depth the ACT model - an approach I have come across during my training. The ACT

approach is new to me and interests me. The reason for choosing this model is to illuminate and explore its use in EP practice. By selecting this model to research, it is not my intention to make any statement or judgement about which theoretical and/or therapeutic approaches EPs should choose for their own practice.

4. Why have I been chosen?

You have been chosen as you are a practising Educational Psychologist within the UK.

5. Do I have to take part?

This research is entirely voluntary. 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 keep and asked to sign a consent form. For phase 1 (survey), you can still withdraw at any time before 25th November 2022 without giving a reason. For phase 2 you can withdraw at any time before the 31st December without giving a reason. If you wish to withdraw from the research, please contact Hilary Menzies (hmenzies1@sheffield.ac.uk). Please note that after 25th November 2022 (for phase 1) and 31st December (for phase 2), all data will have been anonymised and included within the data set, therefore your data cannot be removed from the study beyond this point. Please note that by choosing to participate in this research, this will not create a legally binding agreement, nor is it intended to create an employment relationship between you and the University of Sheffield.

6. What will happen to me if I take part? What do I have to do?

The research will take place over two phases. The first phase will take place between 21st October and 25th November and involves completing an online survey about your experience of using therapeutic approaches and techniques within your practice. The first part of the survey involves answering questions about your experience of using therapeutic approaches and techniques within your practice. This will take approximately 10 minutes. The second part of the survey will ask about your experience of using a specific evidence-based model – Acceptance and Commitment Therapy (ACT). You do not need to have experience of ACT to complete the survey.

Phase 2 of the research is optional and will take place in December 2022. Phase 2 involves participating in an online interview or focus group to discuss your experiences of using a therapeutic approach within your EP practice. The interviews/focus group will last for 45-60 mins. and will be analysed using thematic analysis. The interviews/focus group will take place at an agreed time between 1st December and 31st December. The topics included in the interviews/focus group will be generated from results of phase 1 (survey) and will invite you to share your experiences and views of using therapeutic approaches in your EP practice.

7. What are the possible disadvantages and risks of taking part?

There are no major disadvantages or risks in taking part in this research. However, it is acknowledged that some discomfort and distress may arise when discussing personal experiences. You do not have to answer any questions or share information which you are not comfortable with. If you wish to discuss further any of the topics which arise in the survey my contact details are provided at the bottom of this form. If you take part in the interview and feel distressed at any time, the interview will be terminated, and you will be given the opportunity to speak to myself or be signposted to appropriate support.

8. What are the possible benefits of taking part?

Whilst there are no immediate benefits for you in participating in the project, it is hoped that this work will be enjoyable and of value to you as you reflect on your practice. It is hoped that this work will be of interest to the wider education community and will inform educational psychology practice through the dissemination of the findings.

9. Will my taking part in this project be kept confidential?

All the information that is collected about you during the course of the research will be kept strictly confidential and will only be accessible to myself and my university research supervisor. You will not be identified in any reports or publications unless you have given your explicit consent for this. If you agree to us sharing the information you provide with other researchers (e.g. by making it available in a data archive) then your personal details will not be included unless you explicitly request this.

10. Will I be recorded, and how will the recorded media be used?

If you agree to take part in the interview/focus group and are selected, audio and/or video recordings will be made using Google Meet. These will be transcribed, anonymised and used only for analysis. No other use will be made of them without your written permission, and no one outside the project will be allowed access to the original recordings. The recordings will be temporarily stored on a secure University of Sheffield student drive until they are transcribed. After transcription they will be deleted.

11. What is the legal basis for processing my personal data?

According to data protection legislation, we are required to inform you that the legal basis we are applying in order to process your personal data is that 'processing is necessary for the performance of a task carried out in the public interest' (Article 6(1)(e)). Further information can be found in the University's Privacy Notice <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

12. What will happen to the data collected, and the results of the research project?

All raw data that is collected for the research project (e.g. audio/video files, questionnaires) will be temporarily stored on a secure University of Sheffield student drive and will not be shared with anyone else other than my supervisor. Audio/video files will be deleted immediately after they have been transcribed. Pseudonyms will be applied to data as soon as reasonably possible and used when referring to you and quoting from you within the thesis and in wider dissemination. Identifiable personal data such as consent forms will be destroyed after I have completed the doctorate programme and passed the VIVA process (estimated in July 2023). The results of this project will be shared with all the participants after completion and publication of the thesis (estimated in September 2023). I will provide a summary of the results for all participants, and you will be able to access the thesis at <https://etheses.whiterose.ac.uk>. Due to the nature of this research, it is very likely that other researchers may find the data collected to be useful in answering future research questions. We will ask for your explicit consent for your data to be shared in this way.

13. Who is organising and funding the research?

This research has been organised by Hilary Menzies, (Trainee Educational Psychologist, University of Sheffield) under the supervision of Dr Lorraine Campbell. (Professional and Academic Tutor, University of Sheffield).

Who is the Data Controller?

The **University of Sheffield** will act as the Data Controller for this study. This means that **the University** is responsible for looking after your information and using it properly.

14. Who has ethically reviewed the project?

This project has been ethically approved via the University of Sheffield's Ethics Review Procedure, as administered by the School of Education. The University's Research Ethics Committee monitors the application and delivery of the University's Ethics Review Procedure across the University.

15. What if something goes wrong and I wish to complain about the research or report a concern or incident?

If you are dissatisfied with any aspect of the research and wish to make a complaint, please contact Dr Lorraine Campbell (Professional and Academic Tutor, University of Sheffield) in the first instance, who is supervising this project. Dr Campbell can be contacted at l.n.campbell@sheffield.ac.uk. If you feel your complaint has not been handled in a satisfactory way you can contact Dr Antony Williams (Academic Director of the Doctorate in Educational and Child Psychology, University of Sheffield). Dr Williams can be contacted at anthony.williams@sheffield.ac.uk. If the complaint relates to how your personal data has been handled, you can find information about how to raise a complaint in the University's Privacy Notice: <https://www.sheffield.ac.uk/govern/data-protection/privacy/general>.

If you wish to make a report of a concern or incident relating to potential exploitation, abuse or harm resulting from your involvement in this project, please contact the project's Designated Safeguarding Contact (Dr Lorraine Campbell; l.n.campbell@sheffield.ac.uk). If the concern or incident relates to the Designated Safeguarding Contact, or if you feel a report you have made to this Contact has not been handled in a satisfactory way, please contact the Head of Department (Dr Antony Williams; anthony.williams@sheffield.ac.uk) and/or the University's Research Ethics and Integrity Manager (Lindsay Unwin; l.v.unwin@sheffield.ac.uk).

16. Contact for further information

If you wish to obtain further information or ask any questions about this project please feel free to contact:

Hilary Menzies, Trainee educational Psychologist, University of Sheffield

hmenzies1@sheffield.ac.uk / Tel: 07827811158

or

Dr Lorraine Campbell (Professional and Academic Tutor, University of Sheffield)

l.n.campbell@sheffield.ac.uk.

If you would like to participate, you will be given a copy of this information sheet and your signed consent form to keep for your own records. I would like to thank you for reading this information sheet and for considering taking part in my research project.

If you wish to take part in the survey please click on the link below:

<https://forms.gle/qpyevpB1GpJSmQvu8>

Appendix H: Consent forms

Survey consent form



<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated 23/09/2022 or the project has been fully explained to me. (If you answer No to this question, please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the opportunity to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the project. I understand that taking part in the project will include completing a survey about my experience of using therapeutic techniques and approaches within my practice as an educational psychologist. I understand that I will be given the opportunity to sign up to participate in a semi-structured interview or focus group but that this is optional.	<input type="checkbox"/>	<input type="checkbox"/>
I agree that I will not share any details of individuals or institutions (schools) that would make them identifiable.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my taking part is voluntary and that I can withdraw from the study at any time before 30/11/2022, after which point the dataset will have been anonymised. I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw.	<input type="checkbox"/>	<input type="checkbox"/>
How my information will be used during and after the project		
I understand my personal details such as name and email address etc. will not be revealed to people outside the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that my words may be quoted in publications, reports, presentations, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>
I give permission for the data that I provide to be stored in a secure University Google drive until the end of September 2023 upon which it will be deleted.	<input type="checkbox"/>	<input type="checkbox"/>
So that the information you provide can be used legally by the researchers		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant [printed]

Signature

Date

Name of researcher [printed]

Signature

Date

Project contact details for further information:

Hilary Menzies, Trainee Educational Psychologist, University of Sheffield
Tel: 07827811158

hmenzies1@sheffield.ac.uk /

Dr Lorraine Campbell, Research Supervisor, University of Sheffield

l.n.campbell@sheffield.ac.uk

Dr Antony Williams, DEdCPsy Programme Director, University of Sheffield

anthony.williams@sheffield.ac.uk

Interview Consent Form



<i>Please tick the appropriate boxes</i>	Yes	No
Taking Part in the Project		
I have read and understood the project information sheet dated 23/09/2022 or the project has been fully explained to me. (If you answer No to this question, please do not proceed with this consent form until you are fully aware of what your participation in the project will mean.)	<input type="checkbox"/>	<input type="checkbox"/>
I have been given the opportunity to ask questions about the project.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to take part in the project. I understand that taking part in the project will include participating in an interview or focus group to discuss my experience of using therapeutic approaches in my practice as an educational psychologist and may also include questions about a specific therapeutic model that I have used (e.g., ACT, CBT etc.).	<input type="checkbox"/>	<input type="checkbox"/>
I agree that I will not share any details of individuals or institutions (schools) that would make them identifiable.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that taking part in the project will include participating in an online interview or focus group and that audio and/or video recordings will be made.	<input type="checkbox"/>	<input type="checkbox"/>
I agree to being video and/or audio recorded and for anonymised transcripts of the audio/video recordings to be used in the research.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that the interview/focus group will be held at a mutually convenient time online through Google Meet.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that by choosing to participate as a volunteer in this research, this does not create a legally binding agreement nor is it intended to create an employment relationship with the University of Sheffield.	<input type="checkbox"/>	<input type="checkbox"/>
I understand that my taking part is voluntary and that I can withdraw from the study at any time before 31/12/2022, after which point the dataset will have been anonymised. I do not have to give any reasons for why I no longer want to take part and there will be no adverse consequences if I choose to withdraw.	<input type="checkbox"/>	<input type="checkbox"/>
How my information will be used during and after the project		
I understand my personal details such as name and email address etc. will not be revealed to people outside the project.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that my words may be quoted in publications, reports, presentations, web pages, and other research outputs. I understand that I will not be named in these outputs unless I specifically request this.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that other authorised researchers will have access to this data only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>
I understand and agree that other authorised researchers may use my data in publications, reports, web pages, and other research outputs, only if they agree to preserve the confidentiality of the information as requested in this form.	<input type="checkbox"/>	<input type="checkbox"/>

I give permission for the data that I provide to be stored in a secure University Google drive until the end of September 2023 upon which it will be deleted.	<input type="checkbox"/>	<input type="checkbox"/>
So that the information you provide can be used legally by the researchers		
I agree to assign the copyright I hold in any materials generated as part of this project to The University of Sheffield.	<input type="checkbox"/>	<input type="checkbox"/>

Name of participant [printed]

Signature

Date

Name of researcher [printed]

Signature

Date

Project contact details for further information:

Hilary Menzies, Trainee Educational Psychologist, University of Sheffield
Tel: 07827811158

hmenzies1@sheffield.ac.uk /

Dr Lorraine Campbell, Research Supervisor, University of Sheffield

l.n.campbell@sheffield.ac.uk

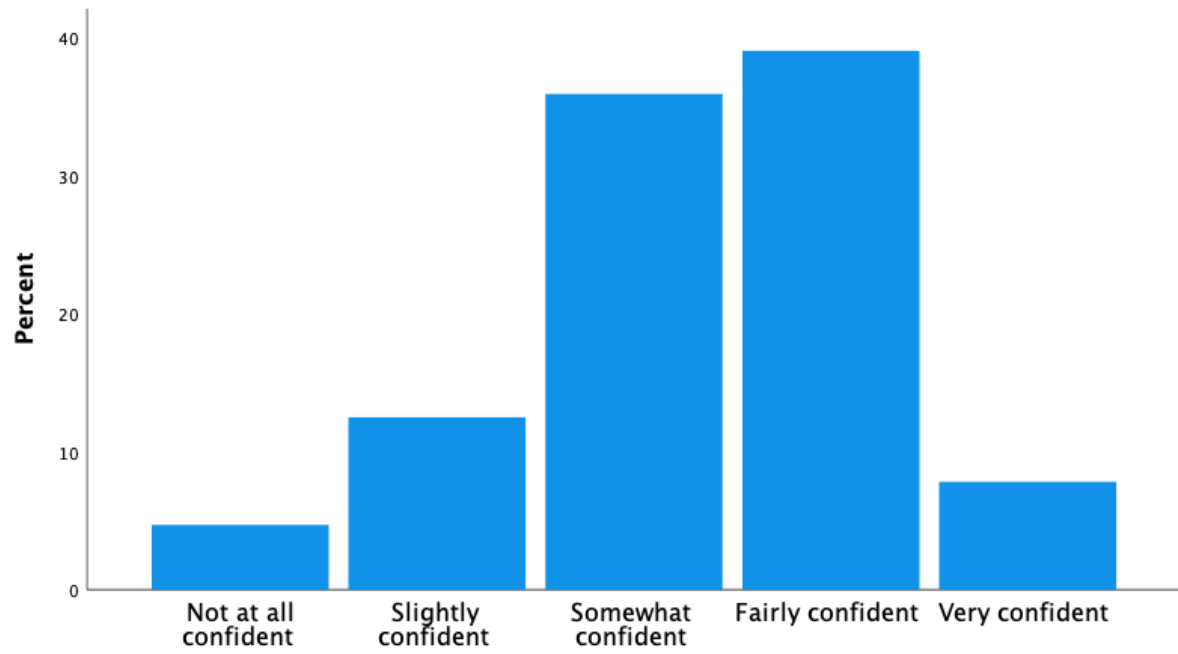
Dr Antony Williams, DEdCPsy Programme Director, University of Sheffield
anthony.williams@sheffield.ac.uk

Appendix I: Interview schedule

1. What drew you to using ACT in your practice?
2. What have been your hopes and fears about using ACT in your work?
 - In what ways have these hopes been fulfilled?
 - How have you managed your concerns about the approach?
3. Tell me about areas of your work where you have been able to apply specific ACT principles/strategies?
 - What outcomes/changes did you notice after this application?
4. In your experience, what benefits has the ACT model brought to your work as an EP?
5. What have been the challenges of applying ACT within the EP role?
6. In your view, how does the ACT model fit within the EP role?

Appendix J: Surplus survey results

SQ28 How confident do you feel about delivering therapeutic interventions?



SQ30 Is there anything else that is important to you when using a therapeutic approach as part of an intervention?

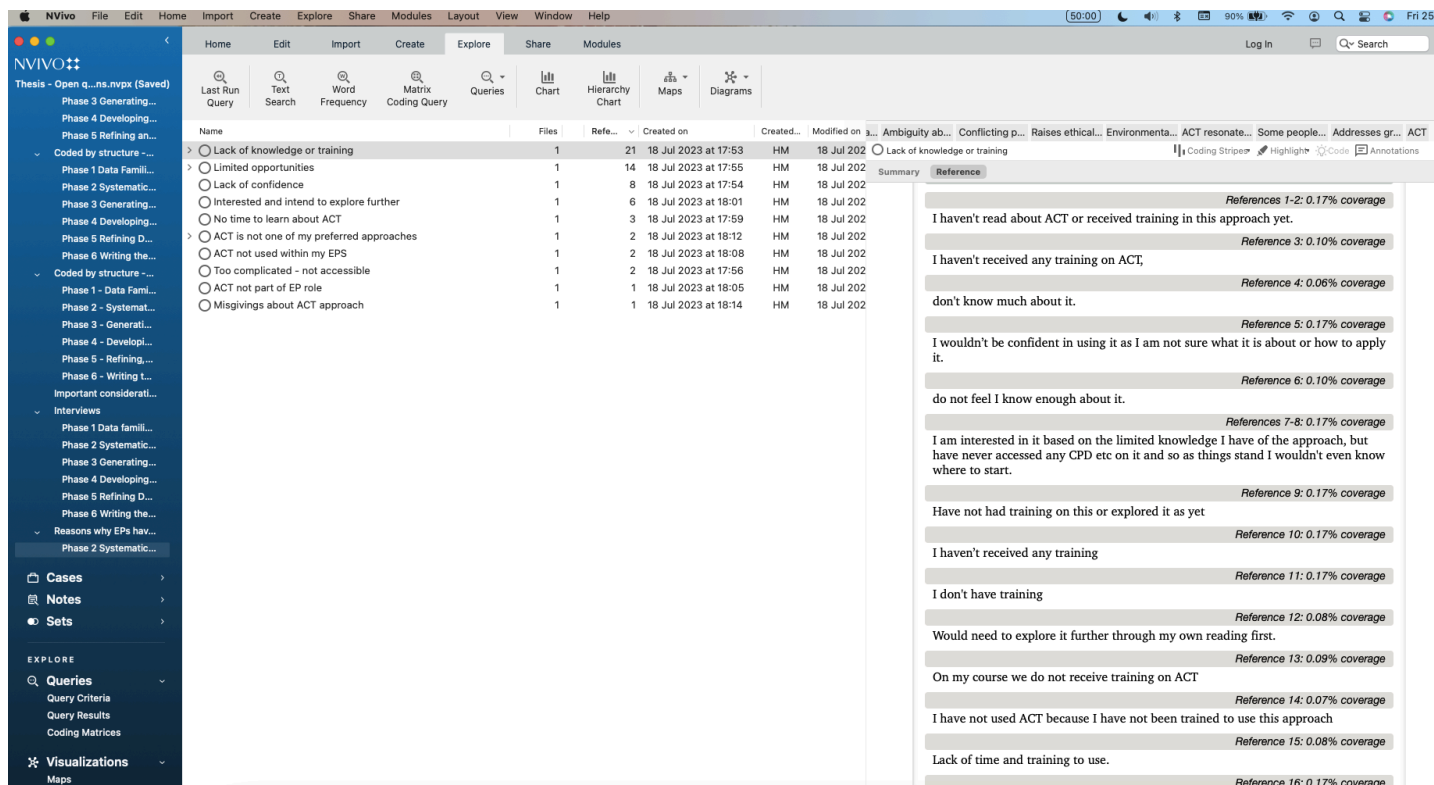
Table 15: Additional important factors for EPs when using therapeutic approaches

Additional factors (EP responses)	Theme
The ability to gather children's views and have them inform the intervention	CYP ability to understand and participate
So rarely get the chance as work is focused on statutory- hence my responses to intervention (rarely) q's in previous few answers	Lack of time and resources
Ensuring that there is a set pattern or routine to sessions, space used and timing.	Ensuring consistency
That it feels right and can be stopped if it is causing distress	Importance of therapeutic relationship
I would say the therapeutic relationship is generally more important than the approach.	Gaining CYP consent/agreement Importance of therapeutic relationship
Traded service-school have to ask for it, rarely do.	School request it
That the child/young person is able and willing to engage in working in that way.	Gaining CYP consent/agreement
Enough time, opportunity to develop rapport, opportunity to feedback, as part of a whole school approach	Importance of therapeutic relationship
It's also important to have regular supervision alongside using these approaches, to help reflect and keep focussed on the goals.	Need for regular supervision/support
The young person needs to know the why, have fully informed consent and want to work towards goals they have been involved in making.	Gaining CYP consent/agreement

Do I have resources available or time to create resources	Lack of time and resources
That the approach allows for relationship building between the child and carer or member of school staff.	Importance of therapeutic relationship
Most effective way to build therapeutic alliance	Importance of therapeutic relationship
I'm finding it difficult to answer as I rarely deliver 'an intervention' but would be engaged in relational dialogue with individuals and groups within the system creating the issue	Working systemically
Understanding of the system around the young person/adults in considering how useful the approach would be	Working systemically
The CYP's views about the intervention or approach, how they are responding to it and applying it	CYP ability to understand and participate
whether it suits the individual child	CYP ability to understand and participate
child's level of understanding and how well they respond to it	CYP ability to understand and participate
Non-judgmental approach	Importance of therapeutic relationship
Consent of C/YP, shared understanding of objectives/outcomes	Gaining CYP consent/agreement
that the CYP is in agreement and understands why they are accessing the intervention, and that they are ready to	Gaining CYP consent/agreement
Ongoing access to support or training as new issues emerge, particularly when getting used to using a new approach. This might be from colleagues familiar with the approach but can be external.	Need for regular supervision/support/training
That there is a plan on how to maintain intervention progress	Plan in place for after the intervention
Being able to deliver at the child's pace and level	CYP ability to understand and participate

SQ37 Have you used Acceptance and Commitment Therapy (ACT) in your EP practice?

Sample of NVIVO Thematic analysis for SQ37



SQ40 How confident do you feel about using ACT in your practice?

SQ41 How often do you use ACT in your role?

Sample of SPSS output showing non-significant Spearman's rank correlations of SQ40 and 41:

Correlations

			How confident do you feel about using ACT in your EP practice?	How often do you use ACT in your role?
Spearman's rho	How confident do you feel about using ACT in your EP practice?	Correlation Coefficient	1.000	.278
		Sig. (2-tailed)	.	.265
		N	18	18
	How often do you use ACT in your role?	Correlation Coefficient	.278	1.000
		Sig. (2-tailed)	.265	.
		N	18	18

SQ44 What else is important to you when considering using ACT in your practice?

Table 16: Additional factors that are important to respondents when using ACT

Additional factors
Positive, universal, self-use
How I can communicate the idea to schools so they see it as a good use of their limited EP time. Also, I prefer the DNA model, it's simpler and my training has been on that specifically.
its flexibility as an approach. I can see that I use some parts of it sometimes and I don't feel constrained by a specific process
Practice and refine skills
That I use it regularly so that it becomes embedded and feels natural. I think this will help increase my confidence. Also, it is important to have regular and ongoing opportunities to deliver and use this in my practice for my own skills development. While I feel that it is important for ACT to be enjoyable as much as possible, I think that it is more important that it increases our self-awareness.
It uses language and ideas which often haven't been tried before for teens I work with but seem to quickly make sense for them and help them engage in the process more willingly.
readily understandable by the "client"

SQ47 Are there any other ACT techniques that you use in your practice?

Table 17: Additional ACT techniques mentioned by respondents

Additional ACT techniques
DNA-V
DNA model
Not at present, but it's still quite early on for me in terms of using this approach.
I have been using DNA-V approaches in my work such as game of life
Accepting feelings (not sure which of the above categories that fits into)

Appendix K: Interview transcript samples

EP1 transcript sample:

Attendees

Interviewer: HM

Interviewee: EP1

Date: 19/12/2022

Place: Google Meet

HM: So that kind of leads us on quite nicely to the next question actually which is and so what kind of situation would make you think that ACT would be an appropriate approach to use

EP1: um, I think I'm thinking of one particular child that I've been working with who's already done CBT somewhere and didn't like it and...

HM: Yeah.

EP1: is sort of fairly disaffected. Doesn't like school. Doesn't see any reason. Has difficulties with learning, not terrible difficulties, but, you know, finds the whole thing, a real slog and what's the point

HM: Hmm.

EP1: and gets himself into difficulties and I think ACT can be quite useful in just taking a step away from that situation and looking at it slightly differently.

EP1: So that actually it becomes possible to then, perhaps move on

HM: Mmm. Yeah.

EP1: from that stuck position.

HM: Yeah. so and what would make you choose ACT over another approach for example,

EP1: I think, as I said, before, I think something like CBT is really useful, you know, in tackling a specific problem and learning new strategies, learning techniques to use to

EP1: to deal with whatever it is that the situation is and I don't know, I think ACT for me it's just it's more freeing. I think CBT is quite rigid. sometimes, and ACT just seems to free things up better

00:10:00

EP1: I guess that's around defusion, maybe.

HM: Yes, yeah, yeah. That's really interesting. So how would you communicate the approach that you're like, the ACT approach to stakeholders or to children and young people that you work with?

EP1: I haven't done any really with stakeholders yet so I would just say to the children

HM: Yeah.

EP1: you know, I'm thinking about, you know, trying a few ideas, and if you're happy with me doing that, then we'll have a try at it together and if at any point you know, you're not comfortable with it we'll stop really and you know I wouldn't go massively into the theory behind it.

HM: Yeah. Yeah.

EP1: I would obviously introduce the fact that I was going to be trying some techniques with them and just see...

HM: Yes.

EP1: how they want to proceed. I usually start off probably the first session that I would do with the child.

HM: Yeah. Yeah.

EP1: I would probably start off with CBT and I would just explore the idea of thoughts and emotions and I might do the hot cross bun and you know get them used to thinking in those kind of ways and see how they get on with that and then make a decision whether or not to introduce a bit of ACT

HM: Yeah.

EP1: depending on how they responded initially.

HM: Yeah okay. So I know that you've said that you have kind of you've just started, you're kind of just starting with it. But are you able to tell me about an area of your work where you have been able to apply the approach or particular principles or strategies?

EP1: Um, yes. And if I go back to the child, I was just mentioning. He was very stuck.

HM: Yeah.

EP1: He was stuck with the way he was reacting with people at school both adults and his peers.

EP1: he was stuck at home in a cycle of getting really frustrated because parents were pressuring him about school work and things like that.

EP1: He just he needed something to move on from. He'd already done some CBT with somebody else beforehand and was quite resistant to it. So it just seemed an ideal opportunity to just

EP1: try something. He was constantly fighting against his thoughts. And the idea that his thoughts were wrong. And people said that you shouldn't think that way and,...

HM: Hmm.

EP1: you know, all of that sort of thing and so we tried a little bit of ACT just just starting off I guess with acceptance. You know, and it's okay - Notice the thoughts, but don't get bogged down in them but everybody has them and that's okay. And I think that was initially quite a relief

HM: Yeah.

EP1: That he didn't have to always be fighting with what's going on his own head. And he liked that, which then meant that he was more open to trying some other things. And as I mentioned, he was very resistant to school. And why he was there and what the whole point of it was. So what we did once he kind of felt that he was happy to work in that way and he liked the acceptance aspect of it. What we really mainly did was look at his core values. And work out, you know what Okay, school at the moment wasn't what he wanted to be doing. What did he want to be doing and why did he want to be doing it. And what was it that he wanted to bring to life

EP1: And get from it as well. And so we use the ACT acceptance cards, values cards rather and went through all of those

EP1: and worked out which were important for him now and which and which were important for him for the future and which were irrelevant to him and that sort of thing and sorted all of those out and we grouped them

EP1: Into the main areas I guess around I can't remember exactly what it was but around what did he want

EP1: In his relationships. What did he want to be doing in terms of a job that kind of thing, and then we talked about how things at school could help him move towards those values and I introduced the choice point for him at that point,

HM: Yeah.

EP1: and we did quite a lot around the choice point, I guess in which were the things that he wanted to be moving towards and which of the things that he was doing and thinking were helping moving him towards or away from his values.

EP1: And that seemed to be really helpful for him. And it just lets you to allow him to unhook from where he was and...

00:15:00

EP1: this kind of stuck position that he was in and just view school, a little bit differently. I mean it wasn't a magic wand that suddenly dealt with all his problems but I think we could come back to it

HM: Yeah.

EP1: you know so the next session say this went well but actually this I really struggled with and we could then think about it in those terms and unpick what was it how congruent was it with his values and what were the choices he made

HM: Yeah.

HM: Yeah.

EP1: He provided a different framework to look at it. And I think he liked it because it felt as though he was getting something out of it, and he could see perhaps why school was more relevant.

HM: Yes. Yeah. Right.

EP1: It wasn't perfect but it helped shift something I guess.

HM: Yeah. So you said that he particularly responded quite well to the acceptance and the values parts of ACT?

EP1: Yes. with the children I have used with those seem to be the main bits that I've been doing with them.

HM: Right right, yeah, okay. And how long I mean it's just like it's an ongoing piece of work. How long do you usually spend with children? Doing.

EP1: I've probably had about six sessions with him.

HM: Yeah, and and not all of those sessions would have been ACT some of them might have been CBT towards the beginning.

EP1: Started off more with CBT and...

EP1: then realized that.

HM: Yeah. Yeah.

EP1: Actually he wasn't going to want part of that

HM: Yeah, but then Right. So

EP1: So, And and then his his mum joined us towards the end and we kind of went through what we've been doing with her as well, so that he could then use

her to think through those things if he wanted to once he stopped coming to see me.

HM: yeah.

HM: Yeah. So, how did his mum respond to this kind of approach and sort of the idea of acceptance and values?

EP1: I think she found the idea of acceptance quite difficult. Because there's quite a thing in

HM: Yeah.

EP1: Society, you know, pushing away all the bad

HM: Yeah.

EP1: And you don't want the child to have feelings that and thoughts that, you know are traditionally seen as negative and...

HM: Yes.

EP1: I think she found that quite difficult but she did say that over a few weeks she did say that she'd noticed a difference in him and I think

HM: Okay. Yeah.

EP1: That helped her feel actually you know there must be something to it.

EP2 transcript sample

Attendees

Interviewer: HM

Interviewee: EP2

Date: 19/12/2022

Place: Google Meet

HM: Mmm. Yeah. That's great. Em So the next question is, so in your experience, how has using the ACT model affected your practice as an EP?

EP2 : Ooh that's kind of that is quite tricky in a way cos these things sort of kind of grow on you and then you learn a bit more and you learn a bit more and so on, em but I suppose it's offered another approach in the way of looking at things and I see it as being very much complementary with narrative even though I know they come from very different routes em but there's a lot of practices in common actually between the two approaches. em I think on the whole, I tend to use narrative a lot more.

EP2 : But I do like to draw on ACT now and again.

EP2 : I think probably ACT is a little bit more concrete in offering examples and metaphors that are, you know, not necessarily produced... that are there to kind of utilise rather than in narrative, it's often getting the young person to sort of generate some of that those externalisations which can be tricky for some

EP2 : so I think, you know it does provide a way of being able to use those metaphors quite successfully for externalising purposes.

HM: Yeah, so it sounds like the metaphors in particular have been a real benefit for you and your work and complemented the other approaches that you use as well in your work.

EP2 : Hmm, I would say so yeah, yeah.

HM: Yeah. And em have have any concerns been raised by using ACT in your practice?

EP2 : um, not not by any of the young people that I've worked with em There was an incident of using it in terms of staff well-being whereby the staff felt it was quite intrusive in some of the questions that we were utilising, it was some using the mindful and effective employee.

HM: Really.

EP2 : UM protocol. and, they found that they weren't really ready for that and the level of I suppose intimacy that that em was necessary in sharing with the sort of the teaching staff were.

EP2 : Very unused to sharing on that level with one another.

HM: Mmm.

EP2 : And they found it, very, very difficult to do so. So, I guess from that point perspective, it's to be aware of when there are particular protocols that have that level of deep dive into their thoughts feelings. that that it's not necessarily going to be appropriate in a group situation. It depends on the group dynamics.

HM: Mm-hmm. Yeah.

EP2 : That was a good learning curve.

HM: Yeah. Something to bear in mind, isn't it? And yeah about the groups and how it? Yeah. It had. Like it can generate uncomfortable feelings I suppose and in that situation when you're when you're next to your it's colleagues who you work with. It's not always easy.

EP2 : Mmm

HM: Em so how have you managed these sorts of concerns that were raised from that particular situation? Or how would you manage them?

EP2 : I think it's really about em making sure that people know what the intervention is going to contain before they embark on it really and, and the level of sharing that might be expected and whether they would feel comfortable with that before starting an intervention of that type.

00:25:00

HM: So that's almost like the preparation and the communication beforehand and yeah.

EP2 : Yeah. Yeah, absolutely. And then consenting and signing up for that and kind of that whole being aware of, what something's gonna encompass.

HM: Yeah. Yeah, definitely em that sounds really important actually and, Okay. Em

HM: Thinking back to the hopes when you were talking about the hopes earlier that you had, when you first started using ACT and I know that you've you kind of have talked about how it's changed as you've kind of em learned about it read a bit more and your practice. But em do you feel like any of your hopes have been fulfilled or do you still feel like there's, you know, you have more hopes for this kind of work in your practice?

EP2 : That's a good question, really? I feel more kind of hopeful about narrative than about ACT really?

HM: Do you? Yeah. Okay.

EP2 : It's not that. I don't I enjoy, you know, I think ACT is useful but em I guess I sort of find more utility within narrative and...

HM: Yeah.

EP2 : use it more often. So I I guess em that's sort of where I'm at with that, really. and,

HM: Yeah. Is there something in particular around ACT that you feel just doesn't fit with the type of work that you do that would you know feel that you don't can't see yourself using it as much.

EP2 : um, hmm.

EP2 : Yeah, I'm not sure really on answer to that one. And it's not that it, I think again, it just comes back to therapeutic aims and you know what what you think's going to be work, best for each young person that you work with, and being sensitive to that really, it's not anything per se, that's wrong with ACT.

EP2 : um, but just that, you know, It's being guided by your own professional judgment, in many respects.

HM: Yeah. Yeah. So it's kind of like you've got that awareness of the of the approach and and some knowledge of the techniques and you might still use those but not necessarily feel. It's going to be a main approach that you might use within your EP practice because you're quite happy with using the narrative approach.

EP2 : Yes. Yeah.

HM: Okay. And

EP2 : I'm sorry that makes me feel like I'm probably the wrong person to interview if this is all about ACT..

HM: Not at all. No, because I think it's important. It's interesting to know what EPs' experiences are having used it and then why they might feel they don't want that, that it's not a main approach or it might, it might be approach to just dip into, so it's it's worth having those views. I think it is.

EP2 : Yeah. Yeah. Okay. All right,...

HM: You can't just Yeah.

EP2 : then. I feel a sort of like, and well, see. in terms of,

EP2 : different approaches, feeding into your practice that you know, it's a little bit like streams flowing into a reservoir. And that certain streams at certain times become stronger. And

HM: Yeah.

EP2 : You know, you maybe go on a training course or you know, and you're full of enthusiasm or you read something that's really relevant and you think yes. And that really has an impact on your practice and then perhaps something else comes along and supplants it for a little while or complements it and

EP2 : So yeah, I feel as though it still has an influence on my practice and it's still there as being Important. And

EP2 : But it's maybe not as big a tributary as narrative is at the moment, okay?

HM: Yeah, that's a really nice metaphor actually. Yeah it's a nice visual idea for how different approaches do we do learn about them and become interested and try out and yeah, that's quite nice. I like that.

EP3 transcript sample

Attendees

Interviewer: HM

Interviewee: EP3

Date: 20/01/2023

Place: Google Meet

HM: So we'll move on to talking about ACT and so what drew you to sort of learning about ACT in the first place and using it in your practice?

EP3 : Not sure when I came across it actually when I look at..., I always name and date my books and when I when I looked at it I I think I came across it must have been like 2014 or something. So I've been kind of really exploring it for about eight years I feel like dynamic assessment,...You know, because there's high interest, but sometimes practical utility can sometimes go missing unless you really structure it so I think...

HM: Yeah.

EP3 : What really attracted me in terms of ACT was the fact that it was Transdiagnostic. So the fact that actually, it didn't matter what cluster of behaviours and what category you could put that into That named, you know, a certain mental health difficulty or psychological well-being difficulty. It just felt as if it was a lot more dimensional. So there's someone who maybe finds themselves struggling with a situation and actually, some of the ACT processes. Could really help that person in the situation that they're in.

EP3 : and it just felt really functional and felt really kind of almost universal. And it felt like it could transcend. Across different. cultures or ethnicities or belief systems whilst not

EP3 : Not imposing yourself as a professional on certain people or certain kind of groups of people, it just felt if it felt more universal I think and, you know, they you know that isn't without criticality by the way, you know,...

HM: Yeah. Oh yeah.

EP3 : maybe maybe we could get on to that but that isn't without criticality especially around you know, what are values, you know, are values amoral? You know values have a moral aspect to them. And in certain situations someone's values might be completely at odds with societal norms, you know and we say It's okay, you know, just pursue those values, no matter what. You know. There's always a balance to be had really when it comes to ACT. I think. Be mindful of that,...

HM: Yeah.

EP3 : you know, there was a really good critique actually paper out. Just before this summer.

EP3 : Which kind of talks a bit about some of those things. And also, how do we measure values or value clarity in a big part of ACT,...

HM: Okay. Yeah.

EP3 : really? And how do we mention, how do we how do we talk about these processes? You know, the six psychological flexibility processes. Yeah.

HM: Yeah. they're not easy to sort of translate into everyday language, particularly are they

EP3 : These. Yeah, these authors argue, they're actually some of some of the explanatory power could be could be given by personality traits such as neuroticism instead of some of those six processes.

HM: Okay. That sounds like an interesting paper.

EP3 : Yeah, I'll send you it.

HM: If you yeah, send me the link that, right?

EP3 : Basically it hasn't... it hasn't..., it's an ongoing thing, isn't it?

HM: Yeah.

EP3 : That's how our work really. It hasn't put me off doing ACT It's just made me... You can become really zealous about these kind of things.

HM: Mmm.

EP3 : So sometimes it's good to read something that is completely at odds with what you've been working on.

HM: Yeah, absolutely. Yeah. Yeah.

EP3 : It kind of grounds you doesn't it? I think, you know, well I like that, anyways.

HM: Yeah, so it sounds like in the first place you were kind of drawn to ACT because it did seem something universal about it. It could be used for various different issues.

00:05:00

EP3 : And also there's some practical help in it,...

HM: yeah, some practical

EP3 : you know, as EPs, we can... there's always a fine line with kids who present or find themselves with presenting with kind of socially emotional kind

of psychological well-being needs that if you individualize or psychologize or pathologize that person you attribute kind of more within child or in-person factors. but, on the other end of the scale,...

HM: Hmm.

EP3 : if you make all your hypotheses and narratives and formulations which are systemic or cultural or historical or political, you can easily make people hopeless in their situation and there's no practical utility. Whereas, I find with ACT it gives me a good balance of listening to someone's story like in a narrative kind of way. but also,

EP3 : it allows me to come or think about behavioral changes or increasing the repertoire of responses. To engage much more flexibly with your thoughts and...

HM: Hmm.

EP3 : feelings whilst appreciating that the situation you find yourself in might not be your doing. I'd say it gives you that practical help.

HM: Yeah. Yeah.

EP3 : Whereas I think sometimes as EPs we can suffer from being almost...

EP3 : getting carried away with more systemic and narrative or cultural hypotheses which makes us feel good and might make us feel virtuous. But it doesn't really help the people that we work with who actually find themselves in those very situations a lot more than we would. Because we have more agency and...

HM: Yeah. Yes.

EP3 : power. So, I think it just gave me, you know, that's why it's called the third wave therapy around. It gave me a good balance between some strong behavioural principles and...

HM: Yeah.

EP3 : I'm not ashamed to say that. Some good behavioural principles mixed with

HM: Yeah.

EP3 : Cognitive... kind of the good things about cognitive behavioural therapy but also being mindful of mindfulness techniques, meditation and acceptance. Living consistent with your values. I just think it just... I also was actually interestingly you just reminded. I don't know why you reminded me just well, you just reminded me that I was also interested in

EP3 : Engleman's direct instruction. Teaching method, which in some way,...

HM: Right.

EP3 : in a weird way, relates to some of the ACT stuff around the relational frame theory. Contextualism. Because things can be associated with something else.

HM: Okay. Yeah.

EP3 : very rapidly. And part of that is kind of appreciating that your thoughts and...

HM: Yeah.

EP3 : feelings can just become attached to things. Or a feeling or...

HM: Hmm.

EP3 : a situation really quickly can fuse together. And actually,...

HM: Yeah.

EP3 : And direct instruction is a very scripted way of instructional sequence. Where you look at the core features of an object or a concept and you try to teach someone examples and non-examples of the said concept. So the whole aim is to teach someone the minimum number of examples for the greatest generalizability.

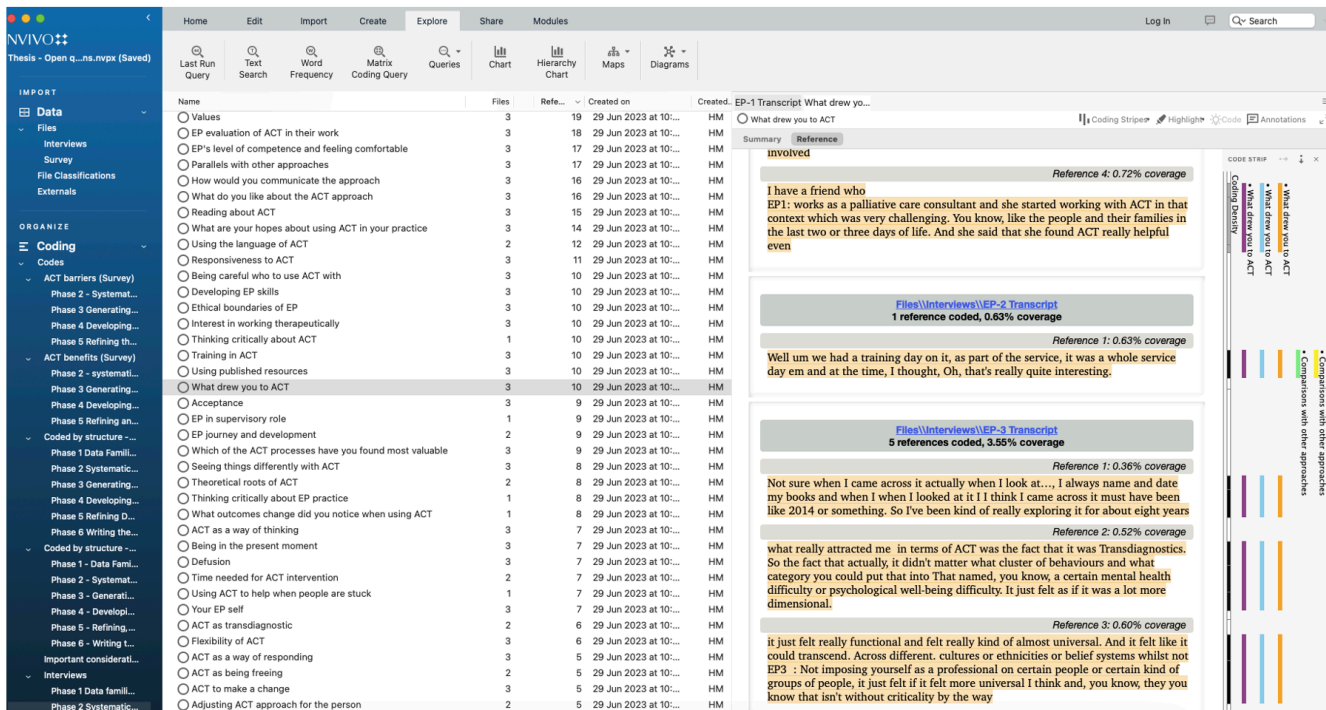
HM: Mm-hmm.

EP3 : some of that actually links with some of the kind of functional contextualism and relational frame theory of ACT, Again, all these kind of interests kind of converged.

HM: Mmm. Yeah.

Appendix L: Example of Thematic analysis of interviews

Screenshot from NVIVO showing phase 2 of thematic analysis – Systematic data coding



Numerous codes generated at this stage across the data

Number of references

References from transcripts for "What drew you to ACT" code

Screenshot from NVivo showing “values as a compass” themes in EP1 transcript

The screenshot displays the NVivo interface with a transcript titled "EP-1 Transcript" open. The left sidebar shows a project structure with various phases and sections. The main window shows the transcript text with several lines highlighted in yellow, indicating they have been coded. A vertical coding density bar on the right side of the transcript shows a purple bar labeled "Values as a compass" corresponding to the highlighted text.

Left Sidebar (Project Structure):

- Thesis - Open q...ns.nvpx (Saved)
 - Phase 1 Data Familia...
 - Phase 2 Systematic...
 - Phase 3 Generating...
 - Phase 4 Developing...
 - Phase 5 Refining De...
 - Phase 6 Writing the...
 - Coded by structure - ...
 - Phase 1 - Data Famil...
 - Phase 2 - Systemati...
 - Phase 3 - Generatin...
 - Phase 4 - Developin...
 - Phase 5 - Refining...
 - Phase 6 - Writing th...
 - Important considerati...
 - Interviews
 - Phase 1 Data familia...
 - Phase 2 Systematic...
 - Phase 3 Generating...
 - Phase 4 Developing...
 - Phase 5 Refining De...
 - Phase 6 Writing the...
 - Reasons why EPs hav...
 - Phase 2 Systematic...
- Cases
- Notes
 - Memos
 - Annotations
 - Memo Links
- Sets
- EXPLORE
 - Queries
 - Query Criteria
 - Query Results
 - Coding Matrices

Top Toolbar: Last Run Query, Text Search, Word Frequency, Matrix Coding Query, Queries, Chart, Hierarchy Chart, Maps, Diagrams.

Transcript Content:

EP1: you know, all of that sort of thing and so we tried a little bit of ACT just just starting off I guess with acceptance. You know, and it's okay - Notice the thoughts, but don't get bogged down in them but everybody has them and that's okay. And I think that was initially quite a relief

HM: Yeah.

EP1: That he didn't have to always be fighting with what's going on his own head. And he liked that, which then meant that he was more open to trying some other things. And as I mentioned, he was very resistant to school. And why he was there and what the whole point of it was. So what we did once he kind of felt that he was happy to work in that way and he liked the acceptance aspect of it. **What we really mainly did was look at his core values. And work out, you know what Okay, school at the moment wasn't what he wanted to be doing. What did he want to be doing and why did he want to be doing it. And what was it that he wanted to bring to life**

EP1: And get from it as well. And so we use the ACT acceptance cards, values cards rather and went through all of those

EP1: and worked out which were important for him now and which and which were important for him for the future and which were irrelevant to him and that sort of thing and sorted all of those out and we grouped them

EP1: Into the main areas I guess around I can't remember exactly what it was but around what did he want

EP1: In his relationships. What did he want to be doing in terms of a job that kind of thing, and then we talked about how things at school could help him move towards those values and I introduced the choice point for him at that point.

HM: Yeah.

EP1: and we did quite a lot around the choice point, I guess in which were the things that he wanted to be moving towards and which of the things that he was doing and thinking were helping moving him towards or away from his values.

EP1: And that seemed to be really helpful for him. And it just lets you to allow him to unhook from where he was and...

00:15:00

EP1: this kind of stuck position that he was in and just view school, a little bit differently. I mean it wasn't a magic wand that suddenly dealt with all his problems but I think we could come back to it

HM: Yeah.

EP1: you know so the next session say this went well but actually this I really struggled with and we could then think about it in those terms and unpick what was it how congruent was it with his values and what were the choices he made

HM: Yeah.

Coding Stripes: Values as a compass

Appendix M: Examples of Reflexive memos

Screenshot from NVivo showing example of memo documenting my reflections during initial coding

The screenshot shows the NVivo interface with a memo titled "Reflections whilst coding" open. The memo text is as follows:

Just thinking that there is an interaction between the EP - their knowledge, their judgement, their experience and how they use ACT - so it is always going to be unique. The EP themselves is a part of the intervention

Of course this is the same with any therapeutic approach
Does ACT lend itself well to this as EPs may feel drawn to different parts of ACT and incorporate in their practice or their way of being an EP?

The 3 EPs are very different. They are all experienced but they have focused on different things.

The first 2 interviews I was able to ask my questions and the interview felt within my control. The last interview, I felt less in control and looking at the data it feels a bit all over the place.

I hope that i can bring it together to get some common themes. It may mean letting go of some of the codes and comments that I have coded.

I also feel daunted by the task of making sense of all these codes and narrowing them down. I will take a break and read some Braun and Clarke. I have to remind myself not to overthink things and not to get distracted.

It will be useful to look at my research questions as I continue with coding to ensure that I am staying on track. However, i need to hold these loosely at the same time.

My EP self

Communicating ACT

Usefulness

Psychological flexibility

Differing views on things / different ways of practising

all EPs experienced - EP 1 very experienced working therapeutically - Early stages of ACT

EP 2: has found benefits of ACT personally / overlaps with narrative - her preferred technique -

EP3 - interested in the theory / the whole model

I'm reflecting on the parallels of doing this qual part and how EPs use ACT - that there is always something of yourself in how you do things and see things

Screenshot from NVivo showing example of memo documenting my reflections during phase 3 – Generating themes

The screenshot shows the NVivo interface with a memo titled "Reflections on phase 3 - generating initial themes" open. The memo text is as follows:

For this part of the process, I found it helpful to take time away from the computer to reflect on the coding and ideas that I had done. During this time I went for walks outside and listened to a podcast about thematic analysis. I then went back through my codes - looking at the data that I had assigned to the code to check my coding on NVIVO - there were a couple of references that hadn't copied across completely so I found them in the dataset and recoded them. This return to the familiarisation phase allowed me to revisit the data but in a different way as it had been selected and coded alongside other references. some references had been coded against multiple codes as they had different layers of meaning.

When I came to developing the themes, I felt quite daunted. I looked at all the codes on the computer it felt overwhelming and I didn't really know where to start. I felt nervous about moving things around. So I printed off the codes and cut them out. Then I manually sorted them on a table and used post its to write down themes that came to mind. I found this process to be helpful and I enjoyed the physicality and visual aspect of it - as well as being away from my computer.

Some of the thoughts I had did not become themes.