

A Discourse Analytical study that explores the discursive constructions of therapeutic practice within educational psychology

Charlotte Stiff

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Department of Educational Studies

Abstract

This Discourse Analytical (DA) study explores the discursive constructions of therapeutic practice within educational psychology. These constructions are taken from the perspective of fifteen Educational Psychologists (EPs) who are new to the profession. Drawing on data from four focus groups, comprising of three to four participants, I used Discursive Psychology (DP) to analyse the psychological themes emerging from participant talk.

My analysis indicated that five interpretative repertoires were used to talk about therapeutic EP work. These included: 'therapeutic-as-skilled', 'therapeutic-as-eclectic', 'therapeutic-as-threatening', 'therapeutic-as-limited' and 'therapeutic-as-emerging'. A number of discursive devices such as disclaiming, excusing and blaming were also used. Participants were able to take up varying subject positions in relation to therapeutic practice, presenting themselves as both passive and active agents. When talking about therapeutic work participants positioned themselves as confused, reluctant and unconfident; as well as valuable, skilled and motivated practitioners.

I concluded that the relational aspects of therapeutic EP practice are as important as the technical aids or tools used to facilitate this type of work. I have suggested that the uncertainty that exists around therapeutic work might reflect the uncertainty of participants' emerging EP identity. My research indicates that EPs, who are new to profession, have the sufficient agency to negotiate therapeutic practices with educational psychology. However, this will require further investment from leaders within the profession.

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Chapter One

The beginning

'When I use the word' Humpty Dumpty said... 'it means just what I choose it to mean-neither more or less'. 'The question is', said Alice, 'whether you can make words mean so many different things'. 'The question is' said Humpty Dumpty 'which is to be the master that's all'.

-Lewis Carroll, 1871, through the looking glass

This Discourse Analytical (DA) study seeks to explore the discursive constructions of therapeutic practice from the perspective of Educational Psychologists (EPs) new to the profession.

Introduction

The beginnings of this research lie in my experiences as a secondary school teacher and a teacher for children in Local Authority (LA) care. These experiences made me more aware of the difficulties many children face as they progress through the education system and how 'therapy' was perceived as a solution to these difficulties. I became frustrated and disheartened by what difference I could make without formal training in 'therapy'. After a particularly painful incident whereby a young person made a harrowing and unexpected disclosure of abuse in her childhood, I felt 'captured by the emotions of the experience' (Water, 2010, p.3). It is difficult to articulate such experiences, but I think Flickinger (1992) helps me to explain my initial construction of a therapeutic encounter when he states: 'when people are hurting emotionally, there is a fundamental need for someone to hear them, to listen to the pain within the words' (p.3). Thus, this research stems from an interest in how we might listen to people in need, the relationships we have with those to whom we are

listening, and how we might attribute meaning to the language that is spoken.

As a Trainee Educational Psychologist (TEP) I more aware of the power of language and active listening to evoke the humanistic principles of empathy, respect and unconditional positive regard (Carl Rogers, 1951). I am also keen to use a range of psychological techniques, underpinned by theory from traditional therapies. These techniques allow me to engage and work with young people on a number of levels without the need for extensive training (Pomerantz, 2007). Billington (2009) would argue that any meeting with a child has the potential to be 'therapeutic' for either party. Lambert (1992) claims the 'therapeutic' relationship and the building of trust between two individuals are more important than the tools that are used. I have tried to make sense of the discourse on 'therapeutic practice' and the realities of EP practice. I have also considered the questions and issues arising from such practice and the implications for my future work as a qualified EP. Van Manen (1990) says:

human science research is concerned with meaning - to be human is to be concerned with meaning, to desire meaning. Desire is not just a psychological state; it is a state of being, desire refers to a certain attentiveness and deep interest in an aspect of life (p. 79).

A desire to illuminate the more complex aspects of my role as a TEP led me to the belief there was something left to be uncovered about the notion of therapeutic practice within Education Psychology.

The purpose of this study?

The final report by the Department for Education (2011), commissioned with developing suitable arrangements for

educational psychology training states: 'academic curriculum needs widening to keep in line with new research and should include a focus on early education, child development, therapeutic and systemic approaches' (p.9). This echoes an earlier review of educational psychology practice in England and Wales by Farrell et al (2006) that reported: 'most respondents valued highly the contact they had [with EPs], but would have welcomed more, particularly in the area of therapy and intervention' (p.9).

Increasingly societal concerns regarding the mental health of young people might be seen to position EPs as best placed to work therapeutically in educational and community settings (Squires, 2010). Yet MacKay (2007) states: 'there has been no clear attempt to locate this area coherently within educational psychology' (p.4). Also, there is still wide variation in EP practice and it should not be assumed that all EPs want to work therapeutically (Greig, 2007). However, it seems increasing concerns and focus on the mental ill health of young people has created a demand for a practitioner who can address these concerns. Many EPs recognise that school professionals value a therapeutic service that can meet the needs of the most vulnerable children (Farrell et al, 2006). MacKay (2007) proposes that 'the time has come for therapy to be rehabilitated in EP practice' (p.13). As a result, I believe EPs are increasingly being positioned as professionals who can plug the gap between education and health.

The changes to educational psychology training in England (from a one year Masters to a three year doctorate) means it is likely that newly qualified EPs have been introduced to the principles of different theoretical approaches to therapy. These approaches might include Narrative Therapy, Cognitive Behavioural Therapy and psychodynamic approaches to name but a few. Leadbetter (2002)

believes that professional training courses in educational psychology have always played an important part in shaping the profession. Therefore, the inclusion of therapeutic approaches during EP training might reflect a growing consensus that this is an important aspect of the EP role. The degree and level of competence achieved in these approaches is likely to vary between training courses, the experiences of the trainee EP and whether this type of work is promoted within EP services. As a result, I believe therapeutic practice is currently a hotly debated subject within the profession.

At a time when it seems that the future aspirations of the EP are under scrutiny I think it is important that EP voices are heard and can contribute to co-constructing a positive future for the profession (Grandison, 2007). The purpose of this study is to explore the discursive constructions of therapeutic practice within educational psychology. These constructions are from the perspective of EPs who have completed, or are about to complete, their Doctoral training in educational psychology. This is because I am assuming that the changes to the professional training (from the one year Master's to the three year Doctorate) are likely to have impacted on the emerging practice and identity of EPs who are new to the profession. As a trainee EP myself, I acknowledge I bring my own constructions of therapeutic practice to the research which have formed my emerging identity as a trainee EP. This research focuses on the use of language and discursive strategies in relation to working therapeutically, it is hoped this enabled EPs to reflect and consider their own therapeutic identity, now and in the future.

What's in a word?

I believe a large part of the EP role is facilitating discussion and focusing on the language used by teachers, parents and carers and other professionals. Wittgenstein (1953) also proposes that our

descriptions and explanations of the world are created within linguistic exchanges or what he calls 'language games' (p.7). These language games are posited as being embedded in the forms of life, the patterns of relationships and the world we inhabit. He said:

think of the tools in a tool-box: there is a hammer, pliers, a saw, a screw-driver, a ruler, a glue-pot, glue, nails and screws - the functions of words are as diverse as the functions of these objects [...]
(Wittgenstein, 1953, p.11).

This analogy might be applied to the terms 'therapeutic' and 'therapy'. The use of words as tools prompted me to choose Discourse Analysis (DA) as my chosen methodology to explore therapeutic practice within educational psychology. My research might be seen to take an alternative theoretical stance in comparison to traditional qualitative research methods. Instead of seeing these words as categories of behaviour that remain constant over time, I consider them to be used as tools to achieve certain functions within talk. This means their meanings might change over time or be used differently depending on what functions the speaker hopes to achieve. This is in direct contrast to traditional methods that assume talk is transparent and a direct reflection of an underlying reality.

I acknowledge there is a difficulty in defining what it means to work 'therapeutically' and how this might be differentiated from 'therapy' in its purest sense. Interestingly, it seems the meaning of these words can provoke intense debate and attempting to define such words can be difficult. However, in the next section I will attempt to provide a description of what I perceive 'therapy' and 'therapeutic' to mean. It is acknowledged these perceptions and meanings might

change as new constructions and categories emerged through my participants' talk.

Definitions

Therapy or therapeutic?

The word 'therapy' in this study is taken from the Greek verb 'therapeuo' meaning 'to cure' (Indoe, 1995, p.4). It might also be defined as: 'the treatment of physical, mental, or social disorders or diseases'. This definition is not specific to psychology or mental health, but it might be seen as synonymous with medical categories of 'treatment', 'cure' and 'healing' (www.oxforddictionaries.com). I will assume that when we talk about therapy in psychology, we might be referring to specific psychological therapies associated with use in a clinical setting, illustrated in box one. These therapies usually have a specific theoretical base and they might be seen to have very different applications and their own terms of language use.

'Therapeutic' might be defined as: 'having a good effect on the body and mind and contributing to a sense of well being' (www.oxforddictionaries.com). This term might be associated with an action or belief that induces a positive state of being. In using the prefix 'psycho' to form 'psychotherapeutic' we now have a term more associated with mental health, however it seems this term is seldom used in the educational psychology literature. This might be because the term without its prefix, 'therapeutic', seems to be used more frequently in mainstream media, television and advertising. It might be argued that 'therapeutic' rather than 'psycho-therapeutic' has a more enhanced status and is a more universally understood term within psychology and culture (MacKay, 2007).

Box one

Psychological Therapies might include:

Psychodynamic Therapy

Narrative Therapy

Cognitive Behavioural Therapy (CBT)

Solution Focused Brief Therapy (SFBT)

Person Centred Counselling

Personal Construct Psychology (PCP)

(Royal College of General Practitioners Report, 2008)

Mental Health

The language used to describe children experiencing difficulties is not universally agreed across the multi-agency context (DfES, 2001). The four statutory systems (health, social care, youth justice and education) all have different theoretical perspectives and legal frameworks. This is because language is open to many interpretations, usually dependent upon individual, socially constructed meanings and theoretical frameworks or paradigms that guide the different professionals that work with young people (Burr, 1995).

I have used the term 'mental health' as defined by the World Health Organisation (2010) as 'a state of wellbeing in which the individual can cope with the normal stresses of life and can work proactively and fruitfully and is able to make a contribution to society' (p.1). 'Mental ill health' or 'mental illness' might be described as the opposite of this definition. Since everybody reacts differently to the stresses of everyday life 'mental ill health' or 'mental health problems' cover a very wide spectrum of difficulties. These might include anxiety and low mood to suicidal thoughts and depression.

Additionally, it seems there is often a distinction made between the terms 'mental ill health' and 'Social, Emotional and Behavioural Difficulties' or 'SEBD' (Atkinson and Hornby, 2002).

The term 'SEBD' describes the difficulties young people experience as being: 'emotional and behavioural difficulties that range from social maladaptation to emotional stresses [...]. They may become apparent through withdrawn, passive aggressive or self-injurious tendencies' (DfEE, 1994, p.7). The Elton report (1989) also stressed that behavioural difficulties described as being present in some young people are largely the product of environmental influences. The report suggested that solutions could be found through classroom management and communication skills.

I acknowledge that trying to form distinctions between the two terminologies can be confusing; the different words can affect how the difficulty is perceived and how it might be tackled. However I feel the EP has a role in being able to use and understand both clinical and educational language to describe behaviour. In this sense I believe working therapeutically as an EP is likely to encompass both mental ill health and SEBD categories. As do MacKay and Greig (2007) when they state that 'the two concepts have considerable overlap, but neither term encompasses all of the territory implied by the other' (p.5). With this in mind both concepts are used freely throughout this study.

Other descriptions

In this study multi-agency professionals, who commonly work alongside EPs, are described as 'partners'. These partners might include psychotherapists, clinical psychologists and other professionals working within the Child and Adolescent Mental Health Service (CAMHS). School professionals are described as

'stakeholders'. 'Family' might be defined as parents, carers or other relatives that have parental responsibility to care for the young person. I have used the term 'young people' to refer to children and adolescents. I have also used the word 'client' to refer to either a 'young person' or to describe someone who might be engaged in a therapeutic relationship with an EP.

Overview

This introduction has set the scene for my research and conveys my interest in therapeutic practice within educational psychology. In chapter two I provide an overview of the historical and social context of therapeutic practice within educational psychology, followed by a review of the literature related to therapeutic practice. In chapter three I provide an overview of my epistemological position, methodology and the procedures used. I also discuss the importance of reflexivity and any ethical considerations. In chapter four I provide an analysis of participant discourse, followed by a discussion of this analysis in chapter five. Chapter five also includes my concluding reflections, an evaluation of my research, suggestions for future research and the practical implications of my study.

This research attempts to offer EPs the opportunity to contribute to the debates regarding therapeutic practice. It is hoped this research will focus on the use of language and discursive strategies in relation to working therapeutically and enable EPs to reflect and consider their own therapeutic identity, now and in the future.

These aims will be explored through the following research questions:

RQ1: How do EPs new to the profession construe therapeutic EP practice?

RQ2: How do EPs new to the profession position themselves in relation to therapeutic practice?

RQ3: What constructions exist around EPs as therapeutic practitioners in the future?

Chapter Two

The historical and social context of therapeutic practice within education psychology

'Begin at the beginning,' the King said, very gravely,
'and go on till you come to the end: then stop'.
- Lewis Carroll, 1865, *Alice's Adventures in
Wonderland, Mad Hatter's Tea Party*

Introduction

In seeking to understand where therapeutic practice might sit within the systems of educational psychology, it might be useful to look at the evolution of the current practices and beliefs within the profession. Dessent (1978) has stated that:

.....the value of a historical perspective on the development of a professional group lies in the extent to which it reveals how carefully aligned the thinking and practice within a profession is with the requirements of the social, institutional world of which it is part (p.33).

Therefore, this chapter will seek to understand the key activities that EPs have undertaken at different times throughout the profession's history that might have led to current debates. These actions might be seen to position EPs in particular ways, creating certain tensions and contradictions within their practice. Engestrom (1999) claims these tensions are crucial as sources of change and development and so this is where I begin my focus.

The beginnings of education psychology

It is believed that the history of child psychology goes back to ancient times (Wardle, 1991). However, the late nineteenth century and early twentieth century is largely thought to mark the beginnings of modern psychology as a discipline (Wardle, 1991). The

appointment of Cyril Burt, the first EP in the United Kingdom (UK), in 1913 might be seen as the start of education psychology as a profession. Hilgard (1996) suggests that around this time education was becoming more and more accessible; however it seemed there were still many young people who continued to be forced to leave school due to difficulties with learning.

Increasing numbers of young people in education seemed to lead to an interest in the measurement, and categorisation, of learning difficulties (Hilgard, 1996). It appears that EPs were seen as the practitioners who could provide these objective measures of learning. Through the application of Binet's (1916) test of intelligence and Thorndike's (1913) reading assessments, it seems EPs were being positioned as 'testers' and 'assessors' by political and social forces (Leadbetter, 2002). Hilgard (1996) argues that these practices were born out of a desire for social justice and equality, the aim being to protect young people rather than exclude them. However, in spite of these generous ideals it seems that social and political forces were already pushing in the opposite direction. As a result, I believe early tensions appear to be emerging from attempts to apply psychological measures to educational processes.

Child guidance movement

It seems that children who presented as deviant, poorly adjusted or badly behaved became a social and psychological concern once education was free to all. In 1933 the Tavistock Clinic founded its department for young people and parents, identifying family influences on child psychopathology and had aspirations to treat the whole family (Hersov, 1986). When the National Health Service (NHS) came into being in 1948, there were child guidance clinics in almost all Local Authority (LA) districts. This movement assumed psychodynamic theories of development and it attempted to

address disturbances in early childhood (Bowlby, 1953). These early psychodynamic approaches might be seen to have had a lasting impact on our notion of therapeutic work even today (Mackay, 2007).

It appears that the EPs working within the child guidance clinics adhered to, and were positioned within the medical model of practice. However, it is suggested they lacked a 'therapeutic' role in the treatment of child psychopathology and the diagnosis of problem behaviour. These difficulties were seen as separate to learning and education, and the EPs occupied the role of 'psychometric athlete' (Leadbetter, 2002, p.69). Maliphant (1997) argues that EPs did not tend to use their knowledge of psychology to comment or give advice with regards to parent-child relationships.

Leadbetter (2002) suggests that after the Education Act of 1944 the categorisation of disabling mental disorders gathered pace. It also appears that psychologists began to work in schools to facilitate the identification of these emerging mental disabilities, working in a similar way as they did in clinics (MacKay, 2007). As more children with such difficulties were included within education, so did the number of EPs. However, it was still a small profession and it seems that EPs were not positioned within clear and recognised systems within either education or medical clinics. Instead they appear to be stranded somewhere between the two. Leadbetter (2002) suggests that this small group of EPs did not have the breadth of knowledge, formal training or self-confidence to advocate different ways of working.

Increasing knowledge and widening role

The first training provider for EPs was introduced in 1945 in London. Leadbetter (2002) believes this is important because training courses for the profession have always seemed played an important part in shaping the profession. The qualifications that have enabled individuals to work as EPs have also evolved over time; I believe this has led to an increase in the skills and practices of the profession.

By the 1950s it appears that EPs were working in the emerging school psychological services, alongside child guidance clinics. It has been suggested that EPs felt restrictions were being placed upon their work within the medical child guidance clinics (MacKay, 2007). It seems there was also a desire from EPs to develop a role within education settings.

Increasingly, it appears that EPs were starting to occupy a dual position within clinical and educational settings. EPs were using their psychological skills and knowledge to treat children with difficulties within the child guidance clinics. The categorisation of children in order to facilitate this treatment broadened the role, seemingly positioning EPs as therapists (Leadbetter, 2002). At the same time there were also EPs working in educational settings whose role was predominantly about facilitating the learning of the less able.

In 1968 the Summerfield report considered the future of the profession and what seemed like the increasing demand for school psychological services rather than child guidance clinics. The report focused on the ratio of EPs to children, as well as the qualifications and the training needed to practice as an EP. Most respondents

were under 40 years old and male, two thirds were qualified teachers.

It feels like many EPs had started to question, and felt constrained by, the dominant medical paradigm of professional practice and had started to look for a wider role. Systemic and preventative approaches were being introduced and this re-conceptualisation is what Reid (1976) has coined the 'great debate'. Leadbetter (2002) suggests that the main activities carried out by the two roles at this time were: 'psychological assessments and 'treating children'.

Reconstruction of education psychology

In 1977 Topping stated that:

The practice of educational psychology has become an increasingly insecure occupation as many of its buttresses have been demolished. Several sacred cows have emerged badly from both conceptual and empirical scrutinies of their effectiveness (p.20).

This statement referred to psychometrics, child guidance and special schooling as EPs sought to shed themselves of roles they felt were inappropriate. Dessent (1978) added to the debate when he stated that:

...the work analysis showed a preponderance of individual clinical, diagnostic and therapeutic work with little indication of involvement in advisory, preventative or in service training work (p.31).

In the seminal text 'Reconstructing Education Psychology' Gillham (1978) also seems to have brought together a number of writers expressing frustration with the EP role. Gillham's text (1978) included alternative modes of professional practice and seemed to question the future and contribution of the profession. The

reconstruction of educational psychology was a 'move away from the psychologist as an individual caseworker to being an agent for systemic change in schools and systems' (MacKay, 2007, p.9). It seems that the tools and skills of EPs began to broaden and EP training appeared to shift in order to embrace new areas of psychology such as project work and evaluation. However, the core requisite still appeared to focus on the assessment and measurement of individual differences. Farrell (2010) suggests that like today, the EP role was still set by other peoples' expectations.

Statutory Assessment

The Warnock report (1978) and the resulting Education Act (1981) seemingly made attempts to deconstruct the categorisation of young people, introduced the term SEN and suggested inclusion into mainstream settings. At the same time the 1981 Children Act gave EPs the statutory duty of supporting children with special educational needs, this might be seen as an early attempt to define the EP profession as a school psychology service.

Gillham (1999) believed this new legislation was cumbersome, damaging and unrealistic to the EP profession. MacKay (2007) also argues that the impact of this legislation 'depleted resources and narrowed and distorted the contribution EPs could make' (p.12). Boxer et al (1998) believed the balance had started to shift towards statutory assessment and away from other areas of EP practice.

Leadbetter (2002) talks about how at this time there was also a 'long standing rivalry' between EPs and psychologists working within the National Health Service (NHS). She suggests that the statutory assessment process gave EPs some 'supremacy', creating an important shift in the status and position of EPs and provided job security. However, Sutton (1997) suggests that the statutory

assessment process changed educational psychology as a profession. Sutton (1997) writes about the statutory process being another straitjacket that did little to further the cause of applied psychology in education (Sutton, 1997). Despite these reservations, it seems that statutory duties remain a dominating and influential force that shapes current EP practice.

Within the literature there is a sense that EPs might have contributed more to social and educational reform. Pearson (1989) summarises this when she quotes the introduction of George Miller's presidential address to the American Psychological Society (1969):

As a science directly concerned with behavioral and social processes, psychology might be expected to provide intellectual leadership in the search for new and better personal and social arrangements. In fact, we psychologists have contributed little of real importance – even less than our rather modest understanding of behaviour might justify. We should have contributed more (p. 1063).

The focus on mental health

It seems that in recent years there has been a high and sustained interest in issues concerned with therapeutic education, emotional well-being and positive mental health within society. As well as television programmes, magazines and educational initiatives such as the Social and Emotional Aspects of Learning (SEAL, 2005). Greig (2007) suggests there is an increased awareness of mental health difficulties amongst children within educational settings. MacKay (2007) also posits that the recent emergence of interest in therapeutic practice in educational psychology is a 'historical inevitability'.

Meltzer, Gatward, Goodman and Ford (2000) cite that 20 percent of children in the UK have some sort of mental health difficulty. Additionally, Davis, Day, Cox and Cutter (2000) have said that 10-21 percent of children did not receive help for these difficulties. It seems there has also been a steady increase in parents and school professionals seeking clinical diagnoses that attempt to classify similar difficulties (Weare and Markham, 2005). For example, Attention Deficit Hyperactivity Disorder (ADHD), Conduct Disorder (CD) and Oppositional Defiant Disorder (ODD) are all frequently used categories to describe young people who are displaying difficult behaviour.

In recent years it seems that supporting and recognising such difficulties has been a key role for EPs. Greig (2007) states that the 'ability to recognise and support the mental health needs of the nation's children is therefore, potentially, an important task for educational psychologists' (p.19). It appears that traditionally terms such as mental health and therapy have been associated with Clinical Psychologists (CP), not EPs. However increasingly, EPs seem to be 'well placed' to deliver more therapeutic interventions, alongside traditional practices designed to support children with their learning (Squires, 2010).

The therapeutic turn in education

Ecclestone and Hayes (2009) argue that current institutional arrangements put children's health and wellbeing as paramount at the expense of human potential and academic achievement. They argue such arrangements overlook evidence that suggests assumed emotional problems have led to narcissism, depression and lower educational standards. Fruredi (2004) also states that a therapeutic culture has begun to 'influence and arguably dominate the public system of meaning and has emerged as a serious cultural force'

(p.17). Shore and Wright (2005) believe that this therapeutic revolution 'shapes the way individuals construct themselves as citizens by attributing various roles and categories to people. Yet people have little awareness of how this happens, nor little control over it' (Shore and Wright, 2005, p.4). These assigned roles and categories might be seen to diminish human resilience and potential. This might lead to a sense of learned helplessness and a self-fulfilling prophecy brought about by an external locus of control. Prilleltensky and Nelson (2000) believe these categories lay the emphasis on the individual rather than society. Therefore, attempts to address such categories therapeutically might disempower young people further. Therapeutic interventions by association might assume the individual is to blame for their difficulties in some way.

Smith (2009) has responded to such arguments by arguing that 'our sense of what education can be, stands to be enriched not diminished by a sufficiently nuanced appreciation of its connections with therapy' (p.95). Hyland (2009) also states that the affective dimension of educational activity, such as human values and emotions, cannot be completely separated from an individual's interest and motivation to learn new knowledge and skills. Hyland (2009) suggests the proliferation of 'therapeutic culture' has been brought about by social and economic uncertainty. However, Hyland argues this merely anesthetises rather than limits the possibility of human potential.

Hyland (2009) advocates the intrinsic and pragmatic value of mindfulness as a therapeutic tool to 'nurture greater awareness, clarity and acceptance of present moment reality' (Thich Nhat Hahn, 1999, p.64). These processes might be seen to value the 'development of knowledge, understanding, reason, skill,

experience and insight' that enables young people to 'access work, social relationships and wider communities of practice that constitute the good life' (Hyland, 2009, p.125).

A role for the EP?

A report on educational psychology services in England based on a survey taken in 1988-9 supported a wider role for EPs (DfES, 1990). It stressed a need for a 'reasonable balance between reactive and preventative work' (p.26). A report by the Scottish Executive (2002) also defined the EP role as involving five key areas, these being: consultation, training, assessment, intervention and research. The report posited that these key activities should aim to be delivered at the family, the child and the school establishment.

The extensive review of EP practice by Farrell et al (2006) reported that parents valued the contribution of EPs in a variety of tasks. Most respondents identified that 1:1 therapeutic work accounted for 'only 1 percent of the EP's time' (p.26), but respondents identified this was an area where they would like further expansion (p.29). Over half the respondents, including EPs, felt that much of the work currently carried out by EPs could be offered by other professionals. This might be due to the roles that have been assigned rather than a failure to deliver.

If EPs decide to carry out more therapeutic work there is likely to be a cross over of roles with other professionals. This might cause confusion not only within the child psychology professionals, but also within the wider professional community from which many therapeutic referrals might be made (Jennings, 1995). A recent warning from MacKay (2007) indicated that if schools were asking

for therapeutic interventions and EPs did not provide such support, then the schools would go elsewhere to other providers.

Greater integrated practice with clinical psychologists might enable EPs to carry out more of therapeutic work, with greater confidence. This is especially pertinent as increasingly there are signs the two roles are overlapping. However, it will be necessary to look at how traditional clinical based approaches can be applied to educational processes and settings. Jennings (1995) has stated that:

Since therapeutic activities take place in different institutional contexts and interpersonal settings, different terminology, conceptual frameworks and applications are involved (p.11).

Also, some schools might not want therapeutic practice. MacKay and Boyle (1994) suggest that although schools appear to show an interest in EPs working therapeutically, they might continue to request cognitive assessments and individual casework. Therefore, it might be difficult to promote a therapeutic approach if stakeholders do not value it.

Individual casework based on 'within child' difficulties continues to be highly prized by both schools and EPs themselves. Boyle and Lauchlan (2009) has argued that 'the move away from individual casework had resulted in an underachieving and under confident profession in danger of becoming obsolete' (p.72). They posit that many stakeholders still value individual casework and suggested it was 'wrong to move away from something valued and recognised as EP work to something less tangible and respected' (p.76). MacKay (1990) also engages in this debate in his article titled 'Individuals or systems: Have EPs sold their birthright?' He describes how EPs may have become de-skilled in individual assessment methods and

therapeutic techniques. He argues that educational psychology has been built on a three tier foundation of individual, systemic and academic psychology which he believes should be maintained within the profession.

However, Prilleltensky and Nelson (2000) suggest that individual interventions are less effective than systemic applications in the longer term. They argue there is more value in tackling wider social issues than individual difficulties. Pellegrini (2009) also advocates a more systemic approach that is aimed at social and organisational change, rather than the narrow focus of only advocating for the individual.

The application of therapeutic models

In order to evaluate and measure the impact of their work it seems EPs are increasingly turning to evidence based practice to demonstrate and evaluate the effectiveness of their work (Fox, 2011). Therefore any therapeutic intervention might be judged by its ability to show favourable outcomes for young people, whilst being able to measure the extent of these outcomes. A review of the literature suggests there are many different methods of working therapeutically with children (Kazdin, 2000). Kazdin (2000) has identified more than 550 child and adolescent therapies and Weisz and Jensen (2001) claim that most have never been subject to empirical study. Therefore, EPs might question which therapeutic technique they should use and the basis on which their choice is justified. It has been suggested that in everyday practice EPs tend to use the approach they know the best, regardless of its usefulness or efficacy (Lipsey and Wilson, 1993).

The literature indicates there is a lack of consistency across the findings of evaluation studies (Renwick, 2005). This might be seen

to hamper the development of sound research methodology and the identification of relevant variables. It is also increasingly acknowledged that it is extremely difficult to measure complex patterns of human behaviour and experience. The vast majority of research concerning therapeutic interventions has been carried out using quantitative or experimental methods. This research usually involves Randomised Controlled Trials (RCTs) (Pugh, 2010). Fox (2011) argues that RCTs and other experiential methods do not emphasise the interactional nature of therapeutic approaches. Instead it might be more useful to look at evidence based practice through action research. This ensures the EP is given the opportunity to learn and act by experiencing and reflecting on these experiences (Fox, 2011).

Atkinson et al (2011) investigated what therapeutic interventions are currently being used by EPs across the UK using an online survey. They found that 92 percent of respondents (455 in total) indicated that they used therapeutic interventions in their work. Of these therapeutic interventions Solution Focused Brief Therapy (SFBT) (De Shazer, 1985), Cognitive Behaviour Therapy (CBT) and Personal Construct Psychology (PCP) (Kelly, 1955) were the most frequently reported interventions used by EPs. This is probably due to their flexible application across the different areas of EP practice. The study indicated that 'EPs are already engaging in a wide range of therapeutic interventions across a range of contexts with a variety of clients' (Atkinson et al, 2011, p.11). The barriers preventing more therapeutic work were cited as: a heavy workload, the time-allocation model and lack of adequate supervision. The key factors said to facilitate therapeutic practice included a supportive service and opportunities for training (Atkinson et al, 2011). There was also a widely held view that EPs should be prioritising therapeutic intervention as part of their workload.

However, those most likely to respond to the survey were probably EPs with an interest in therapeutic practice. Therefore, the results are likely to favour this kind of this work.

Ajmal and Rhodes (1995) investigated the use of SFBT as part of EP practice. They found the approach feasible, creative and extremely relevant to all aspects of the EP role. They concluded that SFBT should be worth considering as part of the working repertoire of the EP given its simplicity and encouragement of strengths. However SFBT in its purist form can be difficult to implement, this is because it can take time to learn how to see potential solution clues. Despite this, Ajmal and Rhodes (1995) supported the use of SFBT as part of the EPs skill set and thinking, rather than being always used in its purist form.

Cognitive Behavioural Therapy (CBT) is another therapeutic intervention that is increasingly being considered and utilised by EPs (Greig, 2007). It has a large evidence base in the adult population and a well developed case formulation framework (Hawton et al, 1989). According to Greig (2007), the core principles of CBT are that 'people are not disturbed by things, but the views they take on them' (p.20). This can create 'a maladaptive and erroneous thinking style that affects emotional and behavioural adjustment' (p.20). Research indicates that CBT has been used successfully with children with a diagnosis of Autism Spectrum Condition (ASC) (Sofronoff et al, 2005). However, CBT can be mechanistic and assumes a linear process whereby feelings and action are directly preceded by thoughts (Greig, 2007). Yet, emotions such as anxiety might trigger a more circular route of behaviour, feeling and thought. In some responses like the fight or flight response, it is likely the thought is eliminated altogether through an automatic response to danger or threat. Furthermore,

although the efficacy of CBT in adults is robust, the efficacy in young people is less so. There are also questions about the appropriateness and suitability of such an approach with young people (Greig, 2007).

Other commonly used approaches utilised by EPs seem to include PCP, Narrative Therapy (NT) (White and Epton, 1990) and Rogerian principles of empathy, respect and positive regard (Rogers, 1980). These techniques can all be used as much or as little as the EP desires. PCP was designed as a non-invasive alternative to psychotherapy and is based on humanistic and cognitive principles. Its tool is the repertory grid, a simple device, designed to elicit a dimension of thinking or a personal construct. Each construct is designed to indicate how an individual might see their world and it helps to encourage positive changes to these constructs over time (Bannister and Fransella, 1986). NT might be applied to problem saturated narratives that are used to describe young people's identities. It focuses on changing such narratives by looking at the problem and not the person. I believe that when these approaches are easily incorporated into practice they become appealing tools for EPs to utilise.

The therapeutic relationship

Assay and Lambert (1999) propose there are four main factors that are responsible for achieving positive change across all therapeutic models. These involve the client's strengths and weaknesses, the quality of the therapeutic alliance, the therapeutic model or technique, expectance, hope and placebo effects. Selekman (1997) also suggests a collaborative, eclectic mix of therapeutic techniques, with elements of Rogerian principles to support the therapeutic relationship (Rogers, 1980). This might enable practitioners to

engage in more low level therapeutic conversations (Selekman, 1997). These conversations might also benefit from utilising and being aware of psychodynamic principles such as projection, transference and counter-transference (Freud, 1926).

Anderson's (2012) findings suggest that at the heart of therapeutic work are good relationships with children and adults. Furthermore, EPs reported that they found this kind of work the most rewarding. Therefore, it might be seen as imperative that EPs can establish and maintain close relationships with young people and stakeholders. There are however, challenges to building and sustaining therapeutic relationships (Anderson, 2012). A lack of time might mean EPs do not have the capacity to build up strong relationships with children. School professionals might also feel it is better for EPs to use their time working with as many children as possible, rather than intensive work with one child (Anderson, 2012). Additionally, if the therapeutic relationship or a sound theoretical model is missing, the therapeutic intervention is likely to be less successful (Assay and Lambert, 1999).

Conclusion

O'Dowd and Ryan (2007) conclude that the EP has an important part to play in therapeutic practice within schools. This is echoed by MacKay (2007) who posits a more 'holistic psychological service that provides as part of a broad vision, EPs as generic child psychologists' (p.15). Jones (2003) also recognises that teachers would welcome EP involvement in therapeutic techniques in schools and that 'some children are troubled, not merely troublesome' (p.152).

Pugh (2010), posits that a 'failure to embrace a wider therapeutic role will increasingly result in limited commissioning of only

statutory assessment services'. Pugh added that: EPs need to consider how to 'add value in existing systems...as highly skilled generalists, capable of applying therapeutic skills to a wider variety of situations and contexts' (2010, p.397).

The British Psychological Society (BPS) policy document in 1990 seems to have provided a springboard for clinical psychologists to adopt a formal role as therapeutic practitioners within the NHS. It also specifically mentions that EPs should be involved in therapeutic interventions. It was recommended this should be delivered through learning, psychoanalytical, and systems theories. However, these recommendations seem relatively vague and they give no clear indication of how such interventions should, or could, be incorporated into practice.

A recent challenge to the delivery of therapeutic practice has been the delegation of funding and budgets from LAs to schools. In 1990 Gersch et al stated that:

this delegation of budgets would: 'compromise the position of EPs attempting to assert the best interests of individual children that may not fit easily with the immediate interests of those managing schools' (p.123).

Recent literature by Fallon, Woods and Rooney (2010) have argued that more studies are needed that look at a 'more detailed understanding of EP role development'. Also, Sarah Teather, the former Minister for Education, is quoted in Maddern, (2010) as stating that she would like 'educational psychologists to play a greater role in offering therapeutic advice rather than just being used by local authorities as gatekeepers to services' (p.13).

It appears there have been repeated arguments referring to organisational change within the profession (MacKay, 2007). This seems to happen when original modes of working are re-introduced and their worth gains popularity within wider societal concerns (MacKay, 2007). It seems like the on-going debates that have engulfed the profession throughout its history show no sign of waning (Fallon et al, 2010, p.1). Gillham's seminal text (1978), 'reconstructing educational psychology' and Burden's (1999) article 'we're on the road to no-where: twenty-one years of reconstructing educational psychology' illustrate the crisis in EP identity and the search for their distinctive contribution. I feel that at a time when EP work is under scrutiny, this research explores whether therapeutic practice might be seen as a tantalising way forward.

Chapter Three

The turn to language

I'm not strange, weird, nor crazy, my reality is just different to yours

- *Lewis Carroll (1865), Alice's Adventures in Wonderland*

Introduction

This chapter will describe the theoretical framework that guided my research and my decision to use Discursive Psychology (DP) as my methodological approach. I will also explain why it is important to be reflexive when carrying out DP. Following this I will outline the procedures I used to gather my data and I will discuss my reasons for choosing focus groups as my method of data collection. Finally, I will outline how I carried out my data analysis and the ethical considerations of my research.

Theoretical assumptions

My research stemmed from a wish to understand how participants constructed their versions of therapeutic practice. Therefore, the ontological assumption taken in this research is that knowledge is socially constructed (Burr, 1995). This challenges the traditional scientific notion of one objective reality or one straightforward representation of the world 'out there' (Burr, 1995). Instead, I believe that words such as 'therapeutic' and 'mental health' are co-created, and are likely to change, through our interactions with others. In this sense my perception of 'reality' is likely to have changed as I completed this research study. Schwandt (1994) describes this constructionist thinking as: 'human beings do not find and discover knowledge so much as construct it' (p.25).

My epistemological position assumes that language plays a central role in constructing versions of reality. I believe language is more than just a tool to describe our social world. Instead language allows individual values, meanings and motivations to be produced through our interactions with others (Burr, 1995). This means my own personal constructions and experiences of therapeutic practice will be entwined within this study. This challenges traditional experimental research that assumes the researcher is impartial, objective and separate from the research process.

Social Constructionism

I decided that since this research is of an exploratory and interpretive nature. It uses subjective rather than objective measures that allow the complexity of human interaction to be accessed and assessed. Therefore, I chose the social constructionist paradigm as a framework for my research because it suggests knowledge rather than truth and my aim was to understand the 'complex world of lived experience from the point of view of those who live it' (Schwandt, 1994, p.118). Therefore the construction of the term therapeutic might provide insights into how an individual might view their world.

I am assuming multiple constructions can co-exist, some of which may be in direct conflict with one another (Mertens, 1998). In this research I am positioning myself as an interpretive practitioner interested in the social use of language and how individuals construct reality through talk. This involved looking closely at my own knowledge of the world, immersing myself in the research context and acknowledging that as a Trainee Educational Psychologist (TEP) I had my own constructions and ideas about therapeutic practice within this context. I was always aware that my own social background, interests, understandings and personal

experiences were constantly entwined within this process of discovery.

Moore (2005) posits that social constructionism as a paradigm is a reaction to traditional science and is embraced by groups within society who have been marginalised as it calls for an alternative understanding of the world. This alternative position elevates relationships as being paramount to the process of a social reality. As an EP in training I believe social relationships and interactions are paramount in defining and understanding my practice and a social constructionist paradigm helps to provide a meta-theory for conducting practice (Moore, 2005). I believe for my research to be meaningful it must be effectively linked to practice and forged from the needs of practitioners who can work as partners in the research process. I think that the use of language and how it affects relationships allows me, as a TEP practitioner, to constantly take a step back and question my practice; I feel this is most readily apparent in therapeutic relationships and alliances.

Social constructionism assumes language provides subject positions for speakers to occupy rather than perspectives (Burr, 1995). Therefore, I am assuming that as we speak we position ourselves in particular ways and these positions serve certain functions. I believe that in different contexts people occupy different subject positions. Therefore I am assuming that the same person might be positioned differently at different times. I think this challenges the idea that the subject is static and consistent in their attitudes and beliefs. I believe that declarations of absolute truth act as conversation stoppers, limiting debate and what other people can say. In a sense this might be seen to silence alternative and often marginalised voices and I think this might blind us to the complexity of human beings and social life (Burr, 1995).

I am conscious that a social constructionist framework means my research will not be a rigid process. I acknowledge that my research will be open to multiple interpretations that might change if the study was repeated. I feel that this acknowledges the 'intricacies, complexities and sheer contingency of the social world' and the 'unpredictability this brings' (Thomas, 2000, p.142).

There are many different versions of social constructionism and it has been criticised for presenting 'disparate and sometimes conflicting ideas' (Cromby and Nightingale, 1999 p.3) and failing to acknowledge a material reality (Parker, 1997a). I believe I have used the term generally to describe a historically, culturally and linguistically mediated human experience. In this sense I do not deny a material reality. Instead I am assuming our perceptions of the world are merely our constructed interpretations of it and not a direct reflection. The social constructionist paradigm places relationships as paramount in the construction of social reality. In this study this allowed alternative perspectives of therapeutic practice to be presented through interactions with others. For these reasons, I am comfortable working within the social constructionist framework for this research.

Language as data

Wittgenstein (1953) argues that language cannot be separated from the context of what we say. Willig (1999) suggests it is a complex, cultural and psychological product that is used to order perceptions, construct social interactions and make things happen. 'Discourse' is a term that is often used to describe how language can be utilised to accomplish objectives for the language user (Gee, 2005). As well as the words that are chosen we must also consider what is not said

when a speaker attempts to convey meaning. Gergen (1994) illustrates this point when he says:

A myriad of possibilities are abandoned, meanings suppressed and life forms threatened. We are compelled to make meaning together but each movement in meaning is a potential death to the alternatives. Some might even be moved to withdraw from all discursive comments...only to find that withdrawal itself is but another form of commitment (p.221).

The availability of different discourses within society seem to reflect the different kinds of language that are 'in use' at a given time. In this sense constructions of therapeutic practice are also likely to be influenced by wider social and professional discourses. It is likely that speakers may draw upon dominant discourses within society to position themselves in positive ways (Harre and Moghaddon, 2003) and project specific identities (Gee, 2005).

Harre (1983) argues there is not one self, but a multitude of selves waiting to be revealed. In addition to this Burr has stated that:

If we take ourselves to be constructions and not objective descriptions, then it is (at least in principle) possible to re-construct ourselves in ways that might be facilitating for us (1995, p.13).

This perspective is known as the linguistic turn in social psychology and it is thought to challenge the dominance of the cognitive psychology paradigm (Taylor, 2001). Cognitive psychology seems to assume that language is merely a tool for obtaining access to mental representations (attitudes, views, thoughts) held within abstract structures inside our heads. One of the criticisms of this paradigm might be the assumption that these mental representations are fixed, difficult to change and remain consistent

over time. However, it is likely that attitudes can change over time as well as across contexts (Potter and Wetherell, 1987). Also, since we cannot see these cognitive structures, we have no reason to assume they even exist (Harre and Gillertt, 1994).

I explored and rejected a number of cognitive methodologies in the early stages of planning my research. Interpretative Phenomenological Analysis (IPA) assumes language is merely a tool to access experiences, it does not consider why the experience is described in one form as opposed to another (Parker, 1992). I also rejected Q methodology; this is another approach that only uses language as a vehicle to access something hidden and out of sight. Q methodology uses pre-determined statements that participants are asked to sort in order to access their views. I felt this method might be too restrictive by focusing on what participants have said rather than how language is used (Edwards, 1997). Also, Q methodology uses participant views as the focus of inquiry. I hoped to move away from seeing the participant as the focus, to seeing interaction as the primary site where psychological themes are constructed (Edwards, 1997).

Discourse Analysis

I believe that the central feature distinguishing Discourse Analysis (DA) from previous approaches is its emphasis on how language is used in communication. If we assume that discourse is 'language in use' DA is the study of this 'language in use' (Wetherell, Taylor and Yates, 2001). Billington (1995) argues that DA allows researchers to attend to 'human concerns from a different theoretical and philosophical perspective and can expose expert knowledge to scrutiny' (Billington, 1995, p.38).

In addition Phillips and Hardy (2002) have stated:

Whereas other qualitative methodologies work to understand or interpret social reality, as it exists, discursive analysis endeavours to uncover the way in which it is produced (p.6)

Discourse Analysis (DA) might be seen as a term that encompasses various disciplines 'concerned with the way language constructs objects, subjects and experiences within a given context, society or culture' (Willig, 1999, p.2). As a result, DA seems to cover a wide range of related and sometimes contrasting types of work. Therefore, DA might be seen as an umbrella term for a variety of analytical principles and practices (Hepburn and Potter, 2003). These bodies of work have been referred to as the 'DA community' (Potter and Wetherell, 1987, p.784).

DA has been criticised for its failure to consider the motivational aspects of discursive practices (Willig, 2001) and a further critique is that 'anything goes' when it comes to analysis (Hepburn and Potter, 2003). Although I acknowledge these criticisms, the research literature highlights the flexibility of DA and its potential for identifying alternative discourses to those we find dominant in society (Foucault, 1980). I think that this can lead to a better understanding of how people take up different subject positions, or are constructed by others, in ways that might be oppressive or emancipatory. I feel these points are of particular relevance to this study.

Discursive Psychology

Discursive Psychology (DP) is an approach within the 'DA community' that I believe allows me to fulfil the aims of my research (Potter and Wetherell, 1987). In using DP I feel I have

been able to focus on the psychological themes and discursive resources participants use, enabling them to achieve interpersonal objectives during their discussions about therapeutic practice (Potter and Wetherell, 1987). These discursive resources might include: disclaiming, whereby a speaker might convey a negative attitude whilst claiming not to have a negative view; extreme case formulations, whereby claims are taken to the extreme to provide justification (Pomerantz, 1986); stake inoculation, a device used to manage interests and create a factual account (Wetherell et al 2001); and contrasting, whereby two clauses are separated by markers such as 'but' or 'however'.

Wetherell et al (2001) suggests that the primary aim of DP is to understand the action and subjectivity that arises through language, rather than just the psychology of language. Therefore, I chose DP for its methodological significance; previous research on therapeutic practices within educational psychology has, in contrast, used predominantly cognitive methodologies. Instead I think that DP allows me to consider the discursive resources participants use, rather than focusing solely on the meaning behind the words.

DP assumes that interactions are the primary site for the co-construction of knowledge, action and identity (Potter and Wetherell, 1987). It is thought these interactions offer a version of reality, even if there are likely to be more infinite and potential versions (Edwards and Potter, 1992). Therefore it is likely if this research was repeated it would yield different results. This study does not set out to provide a factual representation of therapeutic practice. Instead, my aim is to gain a better understanding of the differing discourses used to talk about this type of work within educational psychology. It is hoped this will help to understand the

emerging identity of EPs who are new to the profession and how this positions them in relation to working therapeutically.

Critics of DP claim it lacks coherence and merely acts as a supplementary and inferior method to other approaches (Hammersley, 2003). Other critiques include its failure to fully accommodate the complexity of human conduct (Woolfilitt, 2005), being solely concerned with public discourses (Phillips and Jorgenson, 2002) and failing to account for internal discourses (Pomerantz, 2008). In the seminal text 'changing the subject' Henriques et al (1984) also considered whether we have thoughts and activities within ourselves of which we are not aware. In this sense it might be useful to ask why we choose some linguistic devices and not others?

Parker (1997b) argues that DP usually discourages speculation about inner, internal processes. Instead it emphasises the function of language within interaction, rather than an expression of something unconscious. However, Parker (1997b) argues that the rejection of any internal states in DP is untenable. He uses the term 'blank subjectivity' to propose how the history of the discourse user and what is going on inside their heads is deliberately ignored. Parker (1997b) states that the tendency to treat the self as 'a blank theoretical space waiting to be filled by subject positions' (p.3) means questions about the 'self' or 'subject' within DP continue to be a source of criticism.

Psychoanalysis as a form of self-reference

Parker (1997b) advocates that psychoanalytical theory might be used as a system of self-reference. This might be seen as a way of overcoming criticisms concerning the concept of the 'self' or 'subject' within DP. He argues that psychoanalytical terms and

words permeate Western culture and are frequently used to facilitate self-understanding in the West (Parker, 1997b). As a result of this, psychoanalytical discourses are 'one of the many ways people refer to, and understand, themselves' (Parker, 1997b, p.1). Parker proposes this concept might be called 'complex subjectivity' (p.1). 'Complex subjectivity' considers how an individual's sense of self is entangled in complex cultural forms of self-knowledge that circulate in society.

This account fits social constructionist thinking whereby psychological knowledge is culturally transmitted from the social to the interior of the subject (Parker, 1997b). This also assumes that the formation of the self and inner emotional life takes place through the internalisations of shared representations of individuality. Parker (1997) is more sceptical of seeing psychoanalysis as a 'key to unlock the secrets of the subject' (p.5). He also notes that psychoanalysis might not be an appropriate way of understanding discourse in every culture. However, the use of psychoanalytical concepts might offer me the opportunity to consider how characteristics inherent to each individual might be connected to their social context (Branney, 2008).

Applications of psychoanalysis

It has been possible for researchers to combine psychoanalysis and discursive methodologies in different ways. Therefore, it can be difficult to find a term that encompasses all of them. Hollway and Jefferson (2000) have developed what they call a 'Free Association Narrative Interview Method' as part of their 'psycho-social' research. Analysis is then developed using Klein's 'object relations theory' (1988). This theory focuses on how subjectivity is formed within primary relations in infancy and how anxiety is created interrelationally. This anxiety, and the defences it produces, is assumed

to belong to the interviewee. However, this method has the danger of leaving the interviewee unaware of their anxiety and unconscious defences.

Lacan (1977) emphasises the processes occurring within language that are inspired by psychoanalysis. He has stated that 'the unconscious is structured like language' (Lacan, 1988, p.48) and we are all symbolic beings, drawing upon language to understand the world and ourselves. Lacan (1977) argues that any self-knowledge is always a socially mediated construction, but there will be always parts of us that remain unsaid, locked away in our unconscious. In this sense we will always be barred from knowing ourselves and full self-consciousness is always impossible. Nasio (1992) states that 'rather than revealing a hidden unconscious that is already there...this act produces the unconscious to exist' (p.46). Lacan's work is interesting but I found it difficult to apply his principles to my research, probably because it derives from psychoanalytical practices usually performed in clinical settings.

Billig (1997) explores possible links between psychology and psychoanalytical theory in his paper, 'the dialogic unconscious'. He re-examines how Freud's work on repression can be achieved through discursive interaction. He has called this approach 'Psychoanalytical Discursive Psychology' (PDP) (Billig, 2006). Further to this, Billig (2006) focuses on the notion that one function of an interaction could be to avoid saying something else. This might be thought of as active repression, focusing on how things are not said and the implications of not saying them. However, Frosh (2001) has argued that Billig's (2006) approach fails to account for when words fail to do justice to an experience. It also does not explain why, in some instances, remaining silent seems preferable to attempting to express an experience (Frosh, 2001).

I believe I can utilise some of Billig's (1997, 2006) principles in this study, by combining psychoanalytical concepts with my discursive approach. I feel this will enable me to articulate the interesting inconsistencies in participant discourse that speak of something else going on. In particular, I hope to tentatively draw on Freud's (1926) concepts such as 'projection' and 'defensiveness' to help me to discuss my research from a different perspective.

Projection

Projection is thought to be a common concept used in every day Western language. Freud's notion of projection is that 'unconscious material is kept unconscious by experiencing it as if it belongs to another' (Frosh, 2002, p.33). Therefore, Freud would posit that uncomfortable feelings like anxiety are denied and attributed to others. The origin of the misplaced feeling is assumed to come from oneself, but is attributed to others. This unconscious feeling is not recognised in oneself and neither is the projective process. Frosh (2002) suggests this allows unwanted feelings to be expelled and wished for material to be 'interjected' and taken in to 'become part of the self'.

Defensiveness

Defensiveness is another common concept that is often used in Western language. It can be defined in psychoanalytical language as 'an attempt to stave off attack to the self' (Frosh, 2002, p.26). This often leads to arguments, as defensiveness is a process of denial about uncomfortable emotional truths. Defensiveness might be used against others to preserve 'face' and rebut any threats to the self. This might be done through the action of excusing, disclaiming and contradicting what others are saying. These actions, produced through language, might be seen to avoid or

repress unwanted inner dialogue that an individual does not want to acknowledge.

A note of caution

The combination of psychoanalysis and DP is a controversial area that can arouse strong feelings in many researchers (Frosh, 2008, Hollway, 2008). Parker states that there is an 'underlying suspicion' of psychoanalytical explanations in discourse analytical studies (1997b, p.3). This is because it can be seen as having a dubious history within psychology as a fixed interpretative system and an oppressive regime of truth (Parker, 1997b).

Branney (2008) argues that central to psychoanalysis is the idea that we communicate affectively as well as discursively, due to the inherent limitations of language in expressing experience. Branney (2008) believes this is why psychologists continue to draw upon psychoanalysis to understand why we act the way we do (Branney, 2008). Hoggett (2008) argues that concepts such as projection and defensiveness can be found across cultures and societies and these concepts constitute what it is to be human. For these reasons, I wanted psychoanalytical concepts to form part of my study, however this is done cautiously.

I think it is important to acknowledge and recognise the differences between discursive methodologies and psychoanalysis. Billig (1997) illustrates these differences when he states:

DP...argues that phenomena which traditionally psychological theories have treated as 'inner processes' are in fact constituted through social discursive activity. Accordingly, discursive psychologists argue that psychology should be based on the study of this outward activity rather than hypothetical, and essentially unobservable inner

states. In this respect, DP is inimical with psychoanalytical theory, which presumes that hidden unconscious motives lie behind the surface of social life. Psychoanalytic theorists often treat outward social activity as a cipher for unobservable, inner motivational processes (p.139-140).

Despite these differences it seems there is also a degree of congruence derived from a shared interest in meaning and the constructive role of language (Hollway, 2008). I agree with Jefferson (2008) when he states that psychoanalysis does not always get it right. Instead I think it is an attempt to move from a lesser, to a more complex, understanding of social phenomena. In considering the psychological and social worlds of my participants I feel I was able to occupy a transitional space, an overlap, which allowed me to consider their discourses in an alternative way. Winnicott (1991) states this 'connotes the link that both joins and separates, the place where things do not fit but should fit? It is this 'not fittingness' that indicates the impossibility of closure' (p.103).

Discourse in society

As well as the inner processes that might influence participant talk, it was important to consider my data within the immediate context of each focus group, as well as the wider discourses within educational psychology research and practice (Potter and Wetherell, 1995). I think this addresses the criticism that DP focuses only on the 'texts that constitute its data' (Willig, 2001, p.102) and acknowledges the impact of long running debates within the educational psychology literature (Gee, 2005). Gee calls this a 'societal conversation' because it illuminates the social and shared nature of the discourses we draw upon from those circulating in society (Gee, 2005).

It is likely participants will have used clusters of terms or metaphors to 'characterise' and 'evaluate' therapeutic practice (Potter and Wetherell, 1987). Gilbert and Mulkay (1984) called these devices 'interpretative repertoires', or the 'building blocks' of shared conversation and understanding within a community (p.40). It is thought that interpretative repertoires are composed of a patchwork of quotations from various repertoires throughout history and they can be used to perform different actions for the speaker. Interpretative repertoires can enable the speaker to position themselves, and others, in different ways. They are also thought to be connected to the wider societal discourses that are available at any given time (Gee, 2005). For the purposes of this study I considered the dominance of particular interpretative repertoires within (interdiscursivity), and across (intertextuality), each focus group conversation. I feel this enabled me to reflect on both the context of each group and to what extent wider discourses were impacting on participants as a whole.

Foucault (1980) was particularly interested in how everyday talk and conversations feed into wider power relations that maintain institutions and common sense in society (Willig, 2001). The categories that describe Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Conditions (ASC) seem to show how stable concepts emerge from dominant discourses within society. These concepts can last for long periods of time and can assume a human passivity that assigns us to certain roles or categories within society that might be difficult to de-construct.

I believe that therapeutic practice within educational psychology has been a recurring and dominant debate within the literature. This seems to be reflected in previous studies that have focused mainly on the types of therapeutic work undertaken by EPs (Atkinson et al,

2011, Atkinson and Bragg, 2012). However, these studies do not appear to consider how EPs discursively construct their experiences of therapeutic practice. In particular, they do not seem to consider the constructions of EPs new to the profession. In this sense this study aims to question prevailing 'ideologies' within the educational psychology profession with regards to working therapeutically (Billig et al, 1988). Prevailing ideologies have been described as the 'integrated and coherent set of ideas that serve to represent the domination of the ruling sections of society as natural or inevitable' (Edley, 2001, p.202).

I seek to question prevailing 'theoretical' ideologies such as the current concern for the mental health of young people in education. Additionally, I seek to question the positioning of EPs as 'well placed' to address this concern through the application of therapeutic practice. Billig et al (1988) has claimed that 'lived' ideologies are incoherent, fragmented, inconsistent and contradictory. This ensures that common sense does not hang together to give EPs a clear indication of how to act, particularly in response to the current concerns regarding the mental health of young people in education. Instead, this common sense might be seen to be constructed through a series of competing arguments that generates tensions, deliberation and arguments within the EP profession. I hoped my research would allow these ideological dilemmas to emerge and alternative less dominant discourses of therapeutic EP practice to be rhetorically constructed. I also hoped to empower EPs, new to the profession, by providing a platform for them to co-construct and position themselves with regards to working therapeutically. Etherington (2004) believes that once we acknowledge that the dominant discourses within society are only one of many possible stories we can 'deconstruct fixed beliefs about

their power and invite new ways of thinking' (Etherington, 2004, p.21).

Reflexivity

Reflexivity according to Etherington (2004) is 'a skill that develops our ability to notice our response to the world around us, other people and events and to use that knowledge to inform our actions, communications and understanding' (Etherington, 2004, p.19). In addition Hardy, Phillips and Clegg, (2001) have stated that reflexivity in research 'involves reflecting on the way in which research is carried out and understanding how the process of doing research shapes its outcomes' (Hardy et al, 2001, p.533).

I think that reflexivity is especially important when using DP since it is a highly subjective methodology. However it also has the advantage of being extremely flexible and it did not impose any watertight templates on how I might carry out my research. Reflexivity enabled me to ensure, as much as possible, that my findings were grounded in my data. However, there was always a possibility I may have brought my own pre-conceived assumptions and ideas to the study. This can be difficult to fully avoid, but I like to think I was aware of this, and it is recognised throughout my study.

As part of this my reflective stance I acknowledged that my own background, interests, and personal experiences were constantly entwined within the process of discovery. This required me to consider the personal and professional motivations that facilitated my research. In doing so, I recalled that as long as I can remember I have been motivated by a desire to make people feel better. I have also always been interested in the construct of mental illness and what this means. My undergraduate dissertation investigated

the stigma and attitudes associated with mental illness. I have also felt a sense of powerlessness in seeing someone I care about being captured by this construct. I believe this has led me on a journey into caring professions, first as a teacher and now as a trainee EP. My training in educational psychology has allowed me to challenge my notion of truth within society and even the construct 'mental health'. It has made me consider how meanings and identities are created through the language that we use and how these identities can be re-constructed through talk. I think this made DP an appropriate choice for my exploration of therapeutic practice within this study.

Procedures

Focus Groups

I decided to use focus groups as the data collection method for my research (Mertens, 1998). This was based on my epistemological position, research questions and a qualitative research design. Oates (2000) describes how focus groups are used frequently in qualitative research since they produce data in participants 'own words' (Oates, 2000, p.187). They are often used interchangeably with 'group discussions', 'group interviews' and 'in depth interviews' (Oates, 2000). However, Kitzinger and Barbour (1999) have stated that: 'any group discussion may only be called a focus group as long as the researcher is actively encouraging of, and attentive to the group interaction' (p.1-20).

The credibility of my research might be limited by using only one data collection method. Also, focus groups might be seen as an artificial site for generating discussion and separated from the context of everyday life (Schegloff, 1997). However, I believe one advantage of using this method is that participants can react and

build on the responses of other group members. This means members not only construct their views and experiences of therapeutic practice, but they can also give weight to these constructions within the discourse (Kruger and Casey, 2000). I think this is what makes focus groups such an insightful technique, participants are able to challenge each other and change the way they talk about therapeutic practice. This allows them to reconstruct their identity within the context of the group and enables me to observe the 'juxtaposition of conflicting ideas, forcing reconsideration of previous positions' (Guba and Lincoln, 1989, p.90).

Participant selection

Participant recruitment was achieved through purposeful sampling. I think this allowed me to build on pre-existing links and relationships to choose specific participants for my study. My participants were chosen using either of the following parameters:

- EPs in year three of their training and about to qualify,
- EPs who had completed the three year doctorate in educational psychology, since 2006

The doctoral training for education psychology has only existed since 2006, so this immediately limited the number of potential participants. In addition, these participants were spread across a number of Local Authorities (LAs) and University training providers. The geographical location of each participant had to be taken into consideration to ensure that distance was not a barrier for inclusion.

Once I had identified my participants I emailed the Principal Education Psychologist (PEP) of each service (see appendices one to three). This email outlined the aims and objectives of my study and requested their permission to contact potential participants. This

email (with its attachments) was then forwarded by the PEPs to relevant people in their services. I managed to recruit a total of fifteen participants and I was able to facilitate four mini focus groups composed of three or four people. My participants represented eight different university training courses and six different LAs. Participants also varied from year three Trainee EPs who were about to qualify, to those who had been qualified since 2009 (see appendix four). I felt this enabled participants to share their training experiences and service practices, encouraging discussion.

Equipment

I prepared three prompts to stimulate discussion about therapeutic practice and these were linked to my research questions (see appendix five and six). I wanted each prompt to facilitate approximately twenty minutes of discussion; in the end each focus group only lasted a total of around forty minutes. My prompts were synthesised from a pilot study whereby I facilitated a focus group with eight, year two, trainee EPs. During this pilot I realised I needed prompts rather than questions to stimulate discussion, rather than eliciting short responses or answers.

I used a digital sound recorder to record each session rather than taking written notes, as this would have been too distracting for participants and myself. Also, written notes would not have been suitable for the detailed verbatim transcripts required prior to DP analysis. The recording device was placed on a table in the centre of the room and in most cases its presence didn't hinder discussion. However, I noticed that some participants were conscious of the recording device right up until the end of the session. They showed me this by looking at the device, putting their hand over their mouths and pointing at the device and verbally proclaiming 'I better

not say'. This might indicate they were conscious of what they were saying. Clearly, this will have impacted on the openness of the discussion and what participants were willing to discuss.

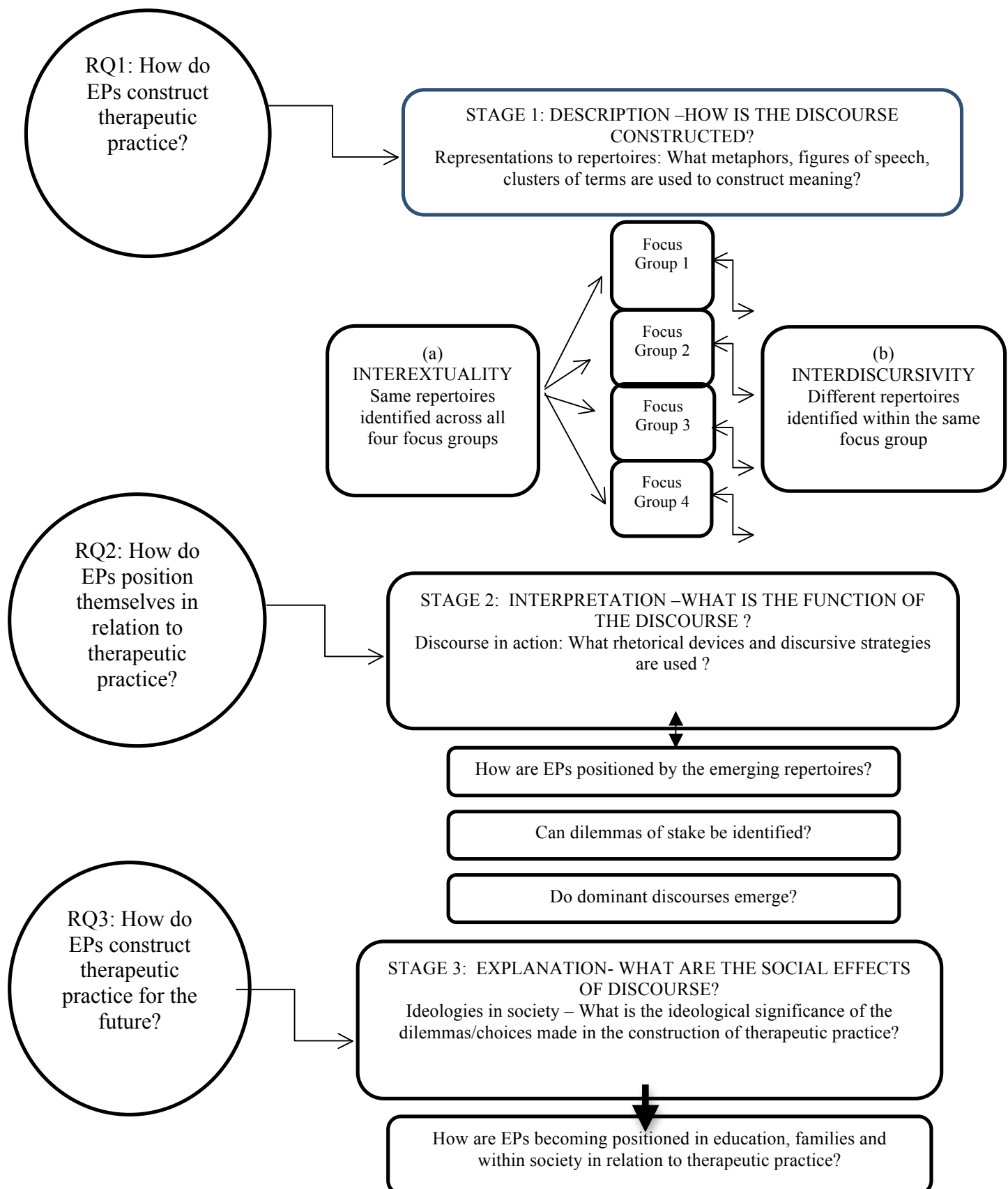
Group dynamics

Each focus group had different dynamics and it was difficult to predict how participants would interact with each other. In the focus groups where the participants knew each other well, they required fewer directives. When participants knew each other less well they required much more direction and the discussions were slightly shorter in length. When the discussion was lively and rhetorical I found dominant voices emerged and it was difficult to keep track of comments and explore interesting points (Oates, 2000). There were also times when two or more people would talk over one another, interrupt or talk at the same time (Oates, 2000). This made transcription very time consuming and at times very difficult to carry out. When the discussion was slower there tended to be more gaps between speakers. I felt uncomfortable in the silences so I tended to work harder and impose more of my agenda on the discussion. However, for the most part I learned to tolerate the silences and allow discussion to emerge naturally.

Throughout each focus group I found it easy to join in with discussions, but I was also conscious about how much I influenced participant talk. I acknowledged I was not separate from the discussion and the resulting data. I felt I strengthened the credibility of my research through 'multi-vocality' where there was a 'shift from studying them to studying us' (Lindlof and Taylor, 2002, p.242).

Data analysis

Diagram one: Tool for analysis



Steps of Analysis (mostly adapted from Wiggins and Potter, 2008)

The stages of my analysis are outlined in the analytical tool in diagram one and in steps 1-14 below:

1. My first step in the analysis process was to listen to each focus group recording until I became familiar with the data.

2. The next step was to transcribe the data based on Jefferson's (1984) transcription key (see appendix seven). I typed every pause, intonation and overlap of talk. If someone was mentioned by name during a discussion, but they were not part of the study, then I simply anonymised their names within the transcript. This was done for ethical and confidentiality reasons.

3. I listened to the focus recordings again and re-read the transcripts, making notes as I went along. I did this several times throughout the analysis stage and it involved simultaneously moving from the descriptive to the analytical. I was particularly interested in differences and similarities in the data, standard patterns and exceptional sections of discourse that were relevant to my research questions.

4. I then started to work through the data with a specific focus. I highlighted in bold all the key words and phrases used by participants that related to working as therapeutic practitioners. An example of how I did this is shown in the extract below:

161	Sarah	= and I set myself the target of doing it I was forced into some
162		traded work and I set myself the target of some Narrative therapy
163		work with erm (.) a seventeen year old looked after pupil and (.) it
164		was a <u>real</u> stress for me =
165	Susan	↓yeah
166	Sarah	= trying to find the time to read around it =
167	Nina	mmm

168	Sarah	= actually having the space to think about it what I was <u>doing</u> and actually making sure I had the chance to talk it through and in the <u>end</u> she got quite poorly and the sessions were <u>cancelled</u> but in a way I felt quite [relieved] =
169		
170		
171		
172		
173	Susan	[mmm]
174	Sarah	= because I thought I've signed up for something that I just don't have the <u>ability</u> or the <u>space to do</u> and (.) I agree that we are very [well placed to do it] =
175		
176		
177	Susan	[mmm mmm mmm]
178	Sarah	= but unless there's massive changes to the [job] =
179	Susan	[mmm]
180	Sarah	= I mean you can't work therapeutically I think in an <u>under staffed service</u> where (.) cause there's some days where you're dashing around [day to day] =
181		
182		
183	Susan	[mmm]

5. The key words and phrases that I identified in focus groups one, two, three and four can be found in appendix eight.

5. The next step was to identify how these words and phrases clustered together to construct different versions of therapeutic practice (appendix nine).

6. By looking at how therapeutic practice was being constructed in each focus group, I was then able to identify five different interpretative repertoires being used by my participants (appendix nine).

7. Different constructions of key therapeutic words and phrases were then colour coded as shown below:

Green = Therapeutic-as-skilled repertoire

Blue = Therapeutic-as-eclectic repertoire

Red = Therapeutic-as-threatening repertoire

Pink = Therapeutic-as-limited repertoire

Yellow = Therapeutic-as-emerging repertoire

Reflection: These colours have are likely to have meaning to me and that is why I assigned each colour to each interpretative repertoire. For example I associated the red colour with danger and

threat, whilst I associated yellow with being more uplifting and bright. On reflection I probably chose each colour to represent the connotations or meaning I chose to place on each repertoire.

8. This enabled different interpretative repertoires to be identified in each transcript. The extract below is used below to show how clusters of words and phrases were colour coded throughout each transcript to identify different interpretative repertoires:

161	Sarah	= and I set myself the target of doing it I was forced into some
162		traded work and I set myself the target of some Narrative
163		therapy work with erm (.) a seventeen year old looked after pupil
164		and (.) it was a real stress for me =
165	Susan	↓yeah
166	Sarah	= trying to find the time to read around it =
167	Nina	mmm
168	Sarah	= actually having the space to think about it what I was doing
169		and actually making sure I had the chance to talk it through
170		and in the end she got quite poorly and the sessions were cancelled
171		but in a way I felt quite [relieved] =
172		
173	Susan	[mmm]
174	Sarah	= because I thought I've signed up for something that I just don't
175		have the ability or the space to do and (.) I agree that we are
176		very [well placed to do it] =
177	Susan	[mmm mmm mmm]
178	Sarah	= but unless there's massive changes to the [job] =
179	Susan	[mmm]
180	Sarah	= I mean you can't work therapeutically I think in an under
181		staffed service where (.) cause there's some days where you're
182		dashing around [day to day] =
183	Susan	[mmm]

9. I then went back to my data set and highlighted the different discursive devices used by my participants to manage their stake and establish their accounts as factual (see appendix ten for a list of these devices).

10. Two examples of these discursive devices are highlighted in italics, and are larger than the rest of the text, in the extract below:

161	Sarah	= and I set myself the target of doing it I was forced into some traded
162		work and <u>I</u> set myself the target of some Narrative therapy work with erm
163		(.) a seventeen year old looked after pupil and (.) <i>it was a <u>real</u> stress</i>
164		<i>for me</i> =
165	Susan	↓yeah
166	Sarah	= trying to find the time to read around it =
167	Nina	mmm
168	Sarah	= actually having the space to think about it what I was <u>doing</u> and actually
169		making sure I had the chance to talk it through and in the <u>end</u> she got
170		quite poorly and the sessions were <u>cancelled</u> but in a way I felt quite
171		[relieved] =
172		
173	Susan	[mmm]
174	Sarah	= because I thought I've signed up for something that I just don't have the
175		<u>ability</u> or the <u>space</u> to do and (.) <i>I agree that we are very [well</i>
176		<i>placed to do it]</i> =
177	Susan	[mmm mmm mmm]
178	Sarah	= <i>but unless there's massive changes to the [job]</i> =
179	Susan	[mmm]
180	Sarah	= I mean you can't work therapeutically I think in an <u>under staffed</u> service
181		where (.) cause there's some days where you're dashing around [day to
182		day] =
183	Susan	[mmm]

In the first example, '*it was a real stress for me*' (line 163), Sarah uses emotive language to arouse strong feelings in the other participants and make her argument more persuasive. In the second example, '*I agree that we are very well placed to do it [mmm mmm mmm] but unless there's massive changes to the job*' (line 175-178), Sarah uses contrasting to imply a contradiction between two related situations.

11. Next I identified how participants were using talk to position themselves in relation to therapeutic practice (see appendix eleven).

12. I also considered the ideological dilemmas participants presented in their talk.

13. This was a complex process and required me to work across (intertextuality), and within (interdiscursivity), each focus group.

Intertextuality involves identifying the same interpretative repertoires across all four focus groups and interdiscursivity focuses on different interpretative repertoires within the same focus group (see diagram one).

14. Finally, I considered the practical applications of my research. A practical application of using DP might be that other EPs gain insight into how therapeutic practice is constructed by EPs who are new to the profession. This may have implications for future EP practice and identity with regards to working therapeutically. Furthermore, the methodological significance of using DP illuminates an alternative way of viewing therapeutic practice within educational psychology. This may contribute to, and build on, existing knowledge of therapeutic practice in the scholarly community.

***Reflection:** the process of analysis was extremely time consuming and involved a cyclic process whereby I had to revisit the data many times. I realised that I wanted to collate my data into neat little boxes or categories; however after a while I came to the conclusion that this was not possible. I had to learn to be comfortable with being uncomfortable. Once I did this I was able to relax and allow my interpretations of the data to come together.*

Ethical considerations

We must consider the rightness or wrongness of our actions as qualitative researchers in relation to the people whose lives we are studying, to our colleagues, and to those who sponsor our work...Naivete [about ethics] itself is unethical (Miles and Huberman, 1994 p.288).

Therapeutic practice as a topic could have been an emotive and frightening subject area. This may have left individual's feeling

vulnerable particularly if anyone had any unresolved and unaddressed needs. Therefore, I aimed to reduce the potential for psychological harm by ensuring participants had access to an information sheet prior to the focus group sessions (see appendix two). I also asked participants to consider whether taking part in the research may pose a risk to their well-being.

The focus group discussions may have evoked some strong emotions in participants, emotions that they may have been previously unaware of. Therefore, I reminded participants they were free to drop out of the research at any point at the start of each session. I said this might take the form of remaining silent during sensitive discussions or removing themselves from the session altogether. I was also willing to talk to participants after each focus group to discuss in confidence any issues that might have arisen during the session (The British Psychological Society, 2009).

Each focus group was kept as short as possible to reduce the demands placed on participants (up to one hour). I sought supervision, peer review and engaged in self-reflection to ensure my personal safety was maintained throughout my study. As a result, I believe I was aware of my strengths and limitations as a researcher (please see appendix twelve for further information about the ethical considerations of my study).

Conclusion

This chapter has outlined the theoretical assumptions I have made in my research and why I chose DP as my research methodology. I have described the procedures I used to carry out my research, in particular I have tried to gain transparency by outlining the steps taken to analyse my data. It should be emphasised that although

these steps are written in a linear form, my analysis was actually a cyclic process. This meant I was able to work with the different levels of analysis in a parallel way. The full transcripts can be found in appendix thirteen, as is typical in discursive studies. This allows the reader to engage in their own reading of how I arrived at my interpretations and constructions of my data, this is outlined in the next chapter.

Chapter Four

Making sense of the discourse

Take care of the sense, and the sounds will take care of themselves.

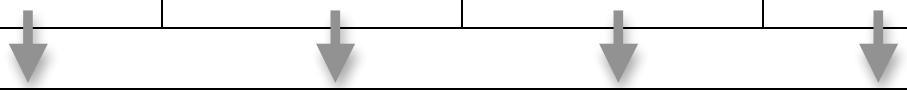
- *Lewis Carroll, (1865) Alice's in Wonderland, the Duchess to Alice*

Introduction

This chapter describes the range of discursive devices and strategies participants used to describe therapeutic EP practice. My analysis indicated that participants seem to draw on five different interpretative repertoires to portray plausible, but differing, interpretations of therapeutic work within educational psychology. These repertoires are illustrated in table one and include: 'therapeutic-as-skilled', 'therapeutic-as-eclectic', 'therapeutic-as-threatening', 'therapeutic-as-limited' and 'therapeutic-as-emerging'. Table one illustrates how participants used each interpretative repertoire both within (interdiscursivity), and across (intertextuality), all four focus groups.

Table one Intertextuality and Interdiscursivity: Summary analysis within, and across, all four focus groups

Therapeutic Practice				
	<i>Focus Group 1</i>	<i>Focus Group 2</i>	<i>Focus Group 3</i>	<i>Focus Group 4</i>
<i>Interpretative Repertoires: Therapeutic as...</i>	Skilled Eclectic Threatening Limited Emerging	Skilled Eclectic Threatening Limited Emerging	Skilled Eclectic Threatening Limited Emerging	Skilled Eclectic Threatening Limited Emerging
<i>EPs new to the profession become positioned as:</i>	Unconfident Lacking in skills Confused Passive Reluctant Competent Independent Responsible Valued Reluctant Anxious Restricted Pressured Optimistic Willing	Motivated to learn more Lacking in skills Passive Reluctant Competent Valued Vulnerable Cautious Positive Restricted Responsible Dependant Willing to learn more Valuable	Motivated to learn more Lacking in skills Passive Reluctant Resilient Positive Competent Adaptable Cautious Frightened Uncomfortable Passive Dependant Willing to learn more Positive	Unconfident Lacking in skills Passive Competent Positive Independent Vulnerable Emotionally unsafe Restricted Dependent Positive Active Adaptable



<i>How this might impact on therapeutic EP identity in the future...</i>	Active agents capable of constructing and negotiating a positive future and EP identity	A sense of worth as a professional about the type of therapeutic work EPs can offer to stakeholders	A profession that is willing to learn more therapeutic skills that will enable them to feel more confident in their application	A more confident and positive profession capable of working therapeutically
--	---	---	---	---

* Type in **bold** indicates dominant repertoires and positions

Analysis

Diagram one (p.55 of this thesis) illustrates the three stages of my data analysis and how I was able to fulfil the aims of my three research questions (RQ1, RQ2 and RQ3). The first four interpretative repertoires shown in table one ('skilled', 'eclectic', 'threatening' and 'limited') predominantly address RQ1. The fifth repertoire (emerging) also addresses RQ1, but predominantly addresses RQ3. In presenting all five interpretative repertoires and showing how they position participants in relation to therapeutic practice I am addressing RQ2.

'Therapeutic- as- skilled' repertoire

The 'therapeutic-as-skilled' repertoire might be seen to allow the participants to construct therapeutic practice as a specific approach, following a particular theoretical model. The participants all refer to Cognitive Behaviour Therapy (CBT), Narrative Therapy (NT) and Solution Focused Brief Therapy (SFBT) models as examples of therapeutic working. All the participants, across each focus group, seemed to agree that these techniques require specific training, usually achieved whilst completing their doctorate. I believe an example of the 'therapeutic-as-skilled' repertoire can be seen in the extract below:

121	Jenny	I think for me because (.) I'm (.) I'm in my third year
122		currently at ***** (.) working in down the road
123		(.) I better not say the name (.) erm (.) one of the
124		expectations for us during year two is we would do
125		<u>CBT</u> (.) with (.) you know (.) real integrity to the
126		model (.) so we had to actually carry out (.) I think I
127		did six therapeutic sessions with a [young person] =
128	Lucy	[really?]
129	Jenny	= yeah
130	Lucy	wow
131	Jenny	= that was the expectation (.) you could <u>select</u> which
132		ever therapeutic (.) you know(.) paradigm you
133		[wanted to] =

134	Lucy	[yeah]
135	Researcher	[mmm]
136 137	Jenny	= but most people chose CBT because there are lots of books to give you guidance [I guess (hhhh)] =
138	Lucy	[(hhhh)]
139 140 141 142 143 144	Jenny	= but in my previous role as an assistant EP we got the three day training so I sort of felt a little more comfortable (.) but certainly a lot of people on the course found it really quite challenging (1) to have to do that and position themselves (.) as a (.) therapist [I guess] =

In lines 123-125 Jenny talks about the expectations of her University course to carry out a therapeutic intervention ‘with real integrity to the model’ (line 125). Jenny repeats the word ‘expectation’ to reinforce her doctoral training experiences of therapeutic models and approaches. It seems like Jenny is constructing therapeutic practice as a discrete piece of focused work. She states that this takes place with one young person over a period of ‘six therapeutic sessions’ (lines 126-127). This appears as though Jenny is constructing therapeutic work as being a specific skill, or set of skills, that requires a theoretical approach. This discrete set of skills seem to be constructed as being similar to those of a ‘therapist’ (line 143) and this position is described as ‘quite challenging’ (line 142). Jenny also appears to be positioning herself as being more competent and comfortable in this type of work than others on her course. It seems this is partly due to previous training she received as an assistant EP.

EPs talked about having different levels of training in different therapeutic approaches:

39 40 41 42 43	Susan	= in terms of doing it I haven’t done <u>loads</u> but I’ve tried to keep <u>in it</u> (.) keep my finger in it in terms of our training we have a (.) <u>big big</u> focus on it so we had to do like family (.) erm therapy as separate (.) to our doctorate like as additional training (.) in our
----------------------------	-------	---

44		second and third year (.) and then we were given
45		training on VIG and <u>psychodynamic</u> approaches as
46		well which Nina has mentioned (.) so they really
47		<u>went</u> for it on our course in our second and third
48		year and really kind of ingrained <u>it</u> (.) which is why I
49		then I wanted to keep [<u>↑it up</u>] =
50	All	[mmm]
51	Susan	= do you know what I mean? (.) so I'm not losing it
52		but I think I would agree with you in terms of
53		service unless you make it a proper focus and a
54		proper personal and [professional target]

In this account Susan seems to be positioning herself as an EP who has received lots of specialist training in therapeutic models whilst studying for her doctorate in education psychology. She talks about these separate skills as being a 'big big focus' (line 41) and how the family therapy sessions she completed were 'separate' (line 42) to her EP doctoral training. Susan emphasises and uses repetition when saying the word 'big' and I think this builds a more factual account of her training and builds a report that is full of description. She also lists the different models of therapeutic training she received during her second and third year of her doctorate; this appears to provide further evidence of her enhanced abilities and expertise in this area. Susan talks about these therapeutic models being 'ingrained' (line 48) and reports that she does not want to lose these skills. She uses repetition and emphasises the word 'proper' (line 53). This might be seen to perform the action of persuading others in the group that there is a right and correct way to carry out therapeutic practice. I believe these discursive techniques also add weight to Susan's account, positioning her as a practitioner who is competent and confident in working therapeutically using specialist skills.

The 'therapeutic-as-skilled' repertoire seems to be used by EPs to construct therapeutic competence as dependent on training:

983	Nina	= you know (.) <u>I really</u> like the sound of your
984		[training (hhhh)] =
985	Susan	[(hhhh)]
986	Nina	= [<u>I wish I trained in ***** (hhhh)</u>] =
987	Susan	[(hhhh)]
988	Nina	= that [<u>sounds amazing</u>] =
989	Becky	[yeah]
990	Researcher	[yeah]
991	Sarah	[yeah]
992	Nina	= cause I think that actually you would be saying (.)
993		ok (.) we are gonna give you (.) these skills (.) we're
994		gonna (.) you know (.) train you (.) and then you
995		know (.) you make the choices as a psychologist once
996		you're out there [and practising] =
997	Susan	[mmm]
998	Nina	= as to whether or not you continue with those things
999		(.) cause I kinda feel like it would be more difficult for
1000		me <u>now</u> to =
1001	Sarah	mmm
1002	Nina	= I'd have to look up the [courses] =
1003	Susan	[yeah]
1004	Nina	= and <u>I'd</u> have to go to [<u>my PEP</u>] =
1005	Researcher	[right ok]
1006	Nina	= and say (.) <u>could you</u> fund (.) or could you (.) or I'd
1007		have to do it [myself] =
1008	Susan	[yes]
1009	Nina	= whereas (.) if I'd <u>had that</u> (.) throughout
1010		[my training] =
1011	Susan	[mmm yeah]
1012	Nina	= then I would (.) just be making the decision (.) as
1013		to (.) how <u>much</u> I wanted to incorporate that (.)
1014		[in my work]
1015	Susan	[mmm yeah]
1016	Researcher	[yeah]
1017	Nina	I really like the idea of doing [more] =
1018	Susan	[mmm]
1019	Nina	= during training

Nina uses a lot of the first person pronoun 'I' and this appears to position her as a strong, autonomous character who likes the freedom to decide how she works as a practitioner. This seems to be positioned against a practitioner who is dependent upon someone else to help her gain therapeutic skills. Nina gives the feeling she is excusing her lack of competence in therapeutic

practice by stating, 'it would be more difficult for me now' (lines 999-1000), and 'I'd have to look up courses' (line 1002) and 'I'd have to go to my PEP' (line 1004). She also seems to be blaming her lack of knowledge on the failure of her doctoral training to provide her with the skills to work therapeutically. I think she does this by saying, 'I wish I was trained in *****' (line 986). In this sense, Nina appears to be positioning herself as someone who wants to learn more skills to achieve therapeutic competence, 'I really like the idea of doing more' (line 1017), but is dependent upon others for help in achieving this.

The 'therapeutic-as-skilled' repertoire also seems to be used to position EPs as lacking therapeutic skills and knowledge. It is suggested this prevents them from conforming rigidly to a strict theoretical therapeutic model:

88	Becky	= yeah er:m (1+) but I think I've been able to use
89		therapeutic approaches in my high school (.) where
90		I've had a high number of allocations with similar (.)
91		in that there's the time allocation model (.) cause my
92		high school's got 22 <u>sessions</u> (.) if I'm in for a whole
93		morning (.) I've been able to maybe see a child (.)
94		for consequent weeks but for part of that <u>morning</u> (1)
95		but again I wouldn't really say that was a (.) strict
96		<u>therapeutic</u> =
97	Sarah	yea:h
98	Susan	mmm
99	Becky	= model it's more like (.) I know I've been drawing
100		on [CBT] =
101	All	[mmm]
102	Becky	= <u>techniques</u> (.) solution focused approaches (.)
103		person centred (hhhh) [↓approaches] =
104	Nina	[mmm]
105	Becky	= and combining all that in some sessions with an
106		individual pupil to try and (.) support her [but (.) its
107		so]
108	Researcher	[mmm]
109	Susan	how do you know that's not [working
110		therapeutically?]

111	Nina	[I was
112		just about to say] yeah

In lines 95-96 Becky uses the words 'strict therapeutic' to suggest therapeutic practice as a discrete, rigid and separate piece of work. It feels as though Becky is positioning this 'strict' approach against a more 'eclectic' approach to therapeutic practice, where she talks about 'combining' (line 105) a range of different theoretical models to 'support' (line 106) the young person. Initially Becky does not appear to consider this eclectic combination of skills as therapeutic practice. This might serve to disclaim any responsibility or intention of a 'therapeutic effect' occurring between herself and the young person. Instead Becky gives the impression these techniques were used to 'support' the young person rather than performing an intervention that would create a measureable effect. However, this account seems to lose its credibility when Becky is challenged by Susan who asks 'how do you know that's not working therapeutically?' (lines 109-110). This questioning might achieve the goal of persuading Becky that she was in fact working therapeutically. This question seems to be corroborated by Nina, 'I was just about to say, yeah' (lines 111-112), and this appears to reinforce Susan's question. Nina's corroboration immediately gives the impression of a solid and factual tone to Susan's question and it immediately appears to carry more weight than when it was used on its own. It then seems like Becky forced to justify her construction of therapeutic work. This appears to be illustrated in the extract below:

113	Becky	oh ok yeah it is <u>therapeutically</u> (.) but (.) I would say
114		it's (.) what I <u>mean is</u> that (.) I've not <u>stuck</u> to a
115		<u>certain</u> [approach]
116	Nina	[yea:h]
117	Becky	[and strictly followed the <u>CBI</u> model]=
118	Susan	[mmm mmm mmm]

119	Becky	= <u>probably</u> because I feel I've not (.) got the depth (.)
120		of knowledge so I've done some CBT (.) but I draw on
121		solution focused (1) which (.) is ↓ <u>fine</u> (.) which is
122		↑ <u>good</u> (.) but I (1) I would like to be able to:: (1)
123		develop those areas [more]
124	Susan	[cause yea:h]
125	Becky	cause <u>that's</u> the bottom <u>line</u>

Becky's justification seems to acknowledge her account has been discredited and she is forced to agree that the work she carried out was therapeutic. She makes the admission loudly and this suggests she is trying to maximise her claim being heard. She then appears to use contrasting to contradict this admission 'but what I mean is I've not stuck to a certain approach' (lines 114-115). Becky's emphasis on the word therapeutically (line 113) suggests she is showing her agitation at having to change her position by conceding to Susan's challenge. It seems that Becky is attempting to manage her stake and justify why her previous version of therapeutic practice was misinterpreted. Becky then appears to offer an alternative account that constructs therapeutic practice as adhering to one specific model. I think she does this by reporting that she does not have the 'depth of knowledge' (lines 119-120) to perform CBT according to the model. I believe this defence re-establishes Becky's construction of therapeutic practice as a 'skilled' technique. This seems to be managed by her admission that this is a technique which she does not yet have the knowledge or the expertise to enable her to work in this way as an EP. This appears to construct Becky as an ethical EP practitioner who is unwilling to carry out therapeutic work without adequate training and knowledge. This might help to add weight to her account and establish it as factual. This seems to be further reinforced when Becky ends her report by stating 'that's the bottom line' (line 125). This might help to establish that her last account was indeed fact and there can be no

more challenges to what she has said. However, Susan appears to follow this with a further challenge illustrated in the extract below:

126	Susan	cause Tommy MacKay has written (.) quite a bit
127		hasn't he about working therapeutically? =
128	Sarah	yeah
129	Susan	= involving the EP in it and stuff like that =
130	Sarah	yeah
131	Susan	= and he would <u>promote</u> that way of <u>working</u> in that
132		<u>supposedly</u> (.) by the end of our training we're the
133		most qualified with working with children and
134		adolescents and [therefore] =
135	Researcher	[mmm]
136	Susan	= the most able to [draw eclectically]
137	Sarah	[mm:m yea:h]
138	Susan	= to draw on approaches and work in [that way] =
139	Sarah	[↑mm:m]
140	Susan	= and he sees that as a strength (.) ↓I don't know

In this report Susan gives the impression she is building catalogue of evidence to dismiss Becky's construction that therapeutic practice requires the EP to work to a specific and strict theoretical model. Susan also appears to use the psychologist Tommy McKay to back up and corroborate her alternative account. This is often seen as a common discursive device that attends to the notion that the voice of a prominent psychologist such as Tommy McKay will add weight to Susan's opposing account, rather than an assertion on her own behalf. Susan seems to establish Tommy McKay's credentials for opposing Becky's position that therapeutic practice is a specific technique by stating that he 'has written quite a bit hasn't he about working therapeutically?' (lines 126-127). This appears to be a rhetorical question and seems to make a statement that prevents others from treating Susan's account as motivated by self interest. It makes Susan's account seem more factual, solid and less likely to be discounted. This is often seen as a form of stake inoculation and this might help Susan counter arguments that might discredit her account. In the exchange between Susan and Becky, Tommy

McKay appears to be positioned as a practitioner who is knowledgeable in therapeutic work within educational psychology. It seems that Susan seeks to use this expertise to persuade others, notably Becky, that eclectic therapeutic practice is a viable and useful way of working. Susan places emphasis on the words 'promote' and 'working' when she states that 'he would promote that way of working' (line 131). Susan also uses the pronoun 'he' which appears to reduce the sense of agency in the persuasion. She uses the word 'supposedly' (line 132) and this makes it feel like she has not yet made her mind up on this argument and is only repeating what someone else has already said. This reduced sense of agency might be seen again in the last sentence when she states 'and he sees that as a strength I don't know' (line 140). Susan seems to have used Tommy McKay and his written work on therapeutic practice to accomplish a solid factual tone to her story and the claims made in her account appear to be expressed using Tommy McKay's voice rather than her own.

Susan now seems to be positioning herself as a practitioner who is competent in working therapeutically both in its pure form and also in a looser, more eclectic way. The 'therapeutic-as-skilled' and the 'therapeutic-as-eclectic' appear to be used to portray therapeutic practice as hierarchical. This seems to give it a tiered effect, whereby the different tiers can be accessed through additional training and experience. I think this causes some EPs to question their expertise in this area, especially compared to other psychology practitioners such as clinical psychologists. I believe the hierarchical nature of knowledge also serves to keep therapeutic practice as separate to the ingrained and inherent practices of the EP. This might serve to give 'skilled' approaches a higher status when compared to more 'eclectic' versions of therapeutic practice:

5	Carla	I think it's an interesting <u>debate</u> erm (.) a lady that I
---	-------	---

6		work with (.) in <u>her</u> interview for the post at an un-
7		named authority .hhh erm (clears throat) was told we
8		didn't do that because we're not clinical psychologists
9	Researcher	right
10	Carla	but the way that she <u>talks about</u> therapeutic
11		approaches is very much in that (1) <u>boundaried</u> erm
12		(.) you implement it <u>fully</u> (.) you work in a certain <u>way</u>
13		for a certain time period (.) using a certain approach
14		(.) so her (.) concept of therapeutics is perhaps less
15		(.) <u>flexible</u> =
16	Researcher	mmm
17	Carla	= than we've covered =
18	Researcher	right
19	Carla	= erm I very much feel that I <u>dabble</u> in therapeutics
20		rather than ↓practicing therapeutically

Carla refers to an assumption that only 'clinical psychologists' (line 8) might use therapeutic approaches in their work. Carla appears to use a colleague's description of therapeutic practice to describe a 'boundaried' (line 11) approach over a 'certain time period' (line 13). This seems to be rhetorically constructed to enable Carla to then assert her own position within the debate, 'I very much feel that I dabble in therapeutics rather than practicing therapeutically' (lines 19-20). The emphasis on the word 'dabble' implies she dips in and out of this type of work, positioning her as more flexible but also more amateur in this way of working. This appears to be positioned against her colleague's more 'skilled' approach, which Carla suggests might be 'less flexible'. The emphasis on the word 'flexible' implies that Carla is seeking to persuade others that a 'skilled' approach might not be the most appropriate way of practising therapeutically as an EP.

'Therapeutic-as-eclectic' repertoire

This repertoire is apparent throughout all four focus groups and it might be seen to position EPs positively with regards to working therapeutically. I think this is illustrated in the following extract:

19	Peter	= I agree I think (.) we're always engaged
20		therapeutically =
21	Jenny	yeah
22	Peter	= anyway (.) through our discussions the way
23		we listen (.) the way we speak (.) the models of
24		psychology that are in the back of our
25		[minds] =
26	Jenny	[mmm]
27	Lucy	[mmm]
28	Peter	= communicating with people =
29	Researcher	yeah
30	Peter	= and I don't see it as either working
31		therapeutically [or not] =
32	Jenny	[mmm]
33	Peter	= there's just a continuum to (.) traditionally
34		what people might see of you engaging one to
35		one with a child for a [few sessions] =
36	Jenny	[mmm]
37	Peter	= or even just for one [session] =

This extract seems to construct a positive EP identity that is always 'engaged therapeutically' (lines 19-20). Peter talks about how through 'listening', 'speaking' (line 23) and 'communicating' (line 28) EPs might work therapeutically. Peter appears to use the third person 'we're' to corroborate his account and establish a solid, factual tone. This repertoire implies that therapeutic practice as much more interactional and much less prescriptive than the 'therapeutic-as-skilled' repertoire. The 'therapeutic-as-eclectic' repertoire appears to construct therapeutic practice as being more about the therapeutic alliance between the EP and another, than the strict adherence to a specific model. In this sense, therapeutic practice might be seen as a direct consequence of the EP being available both intellectually and affectively, the whole self, to the other person. This ability is essentially not dependent on what we have learned, but on whom we are and how we listen to people (Flickinger, 1992). I think this is illustrated in the next extract:

590	Sarah	= I remember doing a statutory assessment erm (.)
591		but you just think right (.) standard piece of work
592		not really very (.) you know you just sometimes
593		wonder particularly if you've got lots of them (.) <u>I</u>
594		<u>remember</u> meeting a <u>parent</u> and just talking through
595		(.) erm the child's difficulties just in quite a detailed
596		developmental history and dad actually said oh <u>wow</u>
597		<u>when you look at it like that</u> (.) he sort of said
598		something like (.) you don't often (.) you don't often
599		talk about your child so thoroughly and it's quite
600		interesting to talk through that and actually realise
601	how far we've come (.) and where we were when (.)	
602	you know like when *** was <u>first born</u> and what not	
603	Susan	↑mmm
604	Sarah	and I was <u>talking about</u> just like the statement and
605		how like (.) you know (.) it can be quite tough
606		reading for parents so about (.) you know (.) how
607		the statement obviously doesn't celebrate the child's
608		successes (.) and it just identifies the difficulties blah
609		blah blah so (.) just in a warning with parents
610		beforehand (.) and the dad said (.) do you know
611	<u>that's the first time anyone's acknowledged our pain</u>	
612	Researcher	aw::w
613	Sarah	and it (.) it was just (.) and I think that had a really
614		big impact just someone just [acknowledging] =

In the extract above Sarah seems to be talking about the positive effect of listening to others. She describes how through conversations EPs might have a positive effect, despite not intentionally working in a therapeutic way. The relational aspects of the EP role appear to be given importance in this account and in acknowledging a parent's pain. This seems to position the EP as being able to make a positive difference through listening and respecting another person's view. This appears to be rhetorically constructed to undermine the argument that a positive effect might only be achieved through intentional therapeutic practice adhering to a specific model. I think that Sarah's account is vividly described and tells a powerful story about the strong emotions EPs sometimes have to contain throughout their work with parents and other professionals. I believe this positions Sarah as a skilled EP able to

acknowledge these emotions and manage the unpredictability of the job. However, Becky appears to challenge Sarah's account in the following extract:

680 681	Becky	= yea:h I think I would agree with that but I think you can have a little impact in a <u>conversation</u>
682	Researcher	yeah
683 684 685 686	Becky	= I'm not belittling that but would you call that a therapeutic relationship? (.) you wouldn't necessary (.) I don't know did you walk away and think that was a [therapeutic relationship?] =
687	Sarah	[no no no]
688	Becky	= [did you intend to do that?]
689 690	Sarah	= yeah I mean I wouldn't (.) like that wasn't my <u>intention</u>
691	Becky	no
692 693	Sarah	= I think exactly the same thing (.) you know I was there (.) to (.) get a chunk of information =
694	Becky	yeah
695 696	Sarah	= for the statutory process (.) it wasn't (.) it was helpful for them but =
697	Becky	yeah
698	Sarah	= yeah
699 700	Becky	= would you use the word therapeutic in any way (.) in (.) what happened (.) or would you not (.) ↓use that?
701	Sarah	I don't know

In this extract Becky seems to initially agree with Sarah's account of therapeutic practice as a routine conversation with parents. Becky says 'yeah I think I would agree' (line 680) and 'I'm not belittling that' (line 683) before using contrasting to imply an alternative account of therapeutic practice. She seems to contradict her affirmative statements with the rhetorical question 'but would you call that a therapeutic relationship?' (lines 683-684). Rhetorical questions are considered to be persuasive and Becky seems to use this discursive device to discount Sarah's account. Becky seems to allude that Sarah's meeting with parents was not therapeutic. As a result of Becky's rhetorical question Sarah appears to reconsider her

position and her previous construction of therapeutic practice. This seems to persuade Sarah that her meeting with parents might not be therapeutic. Becky appears to use another rhetorical question towards the end of the account to further support her views, 'would you use the word therapeutic in any way (.) in (.) what happened (.) or would you not (.) ↓use that?' (lines 699-700). This further questioning might enable Becky to manage her stake within the account by reducing her personal accountability and agency. This might achieve the goal of persuading Sarah that a conversation is not therapeutic, yet it also appears unmotivated by Becky's own self interest.

758	Susan	= for me it sounds with dad it was a very
759		<u>psychological</u> (.) <u>approach</u> (.) in terms of perhaps how
760		you we're framing it (.) how you we're wording the
761		questions (.) the space the pauses all those [things] =
762	Sarah	[mmm]
763	Susan	= you will have probably facilitated quite <u>naturally</u> (.)
764		cause you're skilled at what you do (.) <u>whereas</u>
765		somebody else who's from a <u>non</u> psychological
766		training background may ask the same questions but
767		in a [different way] =
768	Nina	[in a different way mmm]
769	Susan	= and in a different order and not had that route=
770	Nina	yeah
771	Susan	= and I don't think that that's recognised [enough] =
772	Sarah	[mmm]
773	Susan	brilliant (.) that's a whole other thing though isn't it

In this extract Susan describes Sarah's meeting with parents by emphasising the words a 'psychological approach' (line 759). This psychological approach seems to be constructed as a specific skill that requires training 'in terms of how we're wording the questions (.) the space the pauses all those things' (lines 760-761). This is described as being 'facilitated 'quite naturally' (763) and the emphasis on the word 'naturally' implies this has almost become an unconscious process. This appears to be contrasted against the

skills of someone from a 'non-psychological training background' who 'may ask the same questions but in a different way' (lines 765-767). This extract seems to position EPs as skilled in psychological models and not just therapeutic models. These skills might be considered more difficult to identify and describe. Susan feels as a result they are not 'recognised enough' (line 771). This seems to position EPs as having skills that go unrecognised because they are difficult to discriminate from one another. It is implied that these skills have become part of the daily repertoire of the EP and are often out of conscious awareness. In the next extract Peter describes this as 'unconscious competence' (line 365):

358	Peter	= but I would imagine that each thing you <u>say</u> (.)
359		has some [sort of] =
360	Lucy	[there's a] connection to something
361	Peter	= yeah
362	Lucy	yeah well that's how [you become]
363	Peter	[and you're adept] at using it
364	Lucy	Yeah
365	Peter	it becomes unconscious [competence]
366	Lucy	[yeah]
367	Jenny	[mmm]
368	Fay	[yeah] it's within
369		your repertoire isn't it?
370	Peter	(coughs) yeah (.) you just (.) do
371	Fay	yeah (.) its just (.) what you (.) just do

This extract implies that EPs use skills that are always linked, unconsciously, to psychological knowledge. This appears to position EPs as skilled professionals who are able to use lots of different approaches which can be utilised in a range of situations. EPs might not be aware they are using these approaches, but they are still the result of skilled psychological knowledge. This seems to position EPs as knowledgeable and competent practitioners. In the next extract I think Peter is careful not to position himself as a 'therapeutic practitioner'. Instead he appears to describe his

therapeutic identity as only one of many different identities he presents as an EP.

329	Peter	= and I don't see myself as a <u>CBTer</u> or a <u>motivational</u>
330		<u>interviewer</u> or a <u>counsellor</u> I see myself as a
331		psychologist but with a <u>tool kit</u> of different approaches

Peter seems to construct himself as a psychologist who uses a range of different approaches that might be considered therapeutic. I think this positions him in a positive light and portrays a practitioner who is highly skilled and adaptable in a range of techniques. He talks about having a 'tool kit' (line 331) of different approaches and implies some of these techniques might be considered therapeutic, but not all of them. This might position Peter as a practitioner who embodies a range of different skills that are difficult to define. I think these skills are often blurred around the edges and sometimes performed unconsciously. I believe this can make it difficult to pin down the exact nature of the EP role and it can make EPs reluctant to commit themselves to one model and one way of working.

The 'therapeutic-as-eclectic' repertoire appears to be used to position EPs as psychologists able to use therapeutic techniques, but not practitioners who are able to deliver therapy like therapists do. It seems this 'eclectic' approach is not always called therapeutic practice. I think this is because each EP uses their skills in slightly different ways and interpretations of the word 'therapeutic' often differ. I believe that interpretations of therapeutic work and its application are usually dependent on the characteristics of the EP, individual experiences, values and beliefs. I think this is illustrated in the extract below:

1561	Sarah	= yeah well we're very [very different] =
1562	Susan	[mmm mmm mmm]
1563	Sarah	= which is why (.) trying to get us all to define
1564		therapy or whatever is (hhhh)
1565	Susan	(hhhh) ↑mad absolutely mad
1566	Sarah	(hhhh)
1567	Susan	(hhhh)
1568	Researcher	(hhhh) yea:h

In line 1561 Sarah states 'yeah well we're very very different' and this allows her to praise EPs as autonomous practitioners. The idea that EPs might all work the same is portrayed as 'mad absolutely mad' (line 1565) and I think this has the action of celebrating the individuality of EPs and their work. The 'therapeutic-as-eclectic' repertoire now appears to position EPs as confident practitioners who are skilled and competent in a range of techniques, but not confined by the theoretical models that underpin these types of practices.

'Therapeutic-as-threatening' repertoire

The 'therapeutic-as-threatening' repertoire seems to be used by EPs to position themselves in contrasting ways. An example of this might be seen in the extract below:

161	Sarah	= and I set myself the target of doing it I was forced into
162		some traded work and <u>I</u> set myself the target of some
163		Narrative Therapy work with erm (.) a seventeen year old
164		looked after pupil and (.) it was a <u>real</u> stress for me =
165	Susan	↓yeah
166	Sarah	= trying to find the time to read around it =
167	Nina	Mmm
168	Sarah	= actually having the space to think about it what I was
169		<u>doing</u> and actually making sure I had the chance to talk it
170		through and in the <u>end</u> she got quite poorly and the
171		sessions were <u>cancelled</u> but in a way I felt quite [relieved]
172		=
173	Susan	[mmm]
174	Sarah	= because I thought I've signed up for something that I

175		just don't have the <u>ability</u> or the <u>space</u> to do and (.) I
176		agree that we are very [well placed to do it] =
177	Susan	[mmm mmm mmm]
178	Sarah	= but unless there's massive changes to the [job] =
179	Susan	[mmm]
180	Sarah	= I mean you can't work therapeutically I think in an
181		<u>under staffed</u> service where (.) cause there's some days
182		where you're dashing around [day to day] =

Sarah uses the phrase 'set myself the target' (line 161) and this seems to position herself as an autonomous and active agent keen to set herself new challenges in relation to working differently as an EP. However, within the same sentence Sarah also talks about being 'forced' (line 161) into some Narrative Therapy (NT) work. This now appears to reduce her personal choice and autonomy as an EP, and seems to position her as passive and reluctant to engage in therapeutic practice. The challenge Sarah initially set herself is now described as 'a real stress' (lines 140-141). This implies that Sarah felt under pressure to carry out work she was not comfortable in doing. Sarah uses emotive language such as feeling 'relieved' (line 171) when the sessions were cancelled. Also, her apprehension and lack of confidence seems to be apparent in phrases such as 'I thought I've signed up for something that I just don't have the space or ability to do' (lines 174-175). Sarah appears to be positioning herself as an EP who is uncomfortable and anxious about working therapeutically. However, she seems to justify her anxieties by blaming the limitations of her service, her own competence and her ability to engage in this type of work. These contrasting subject positions of being 'well placed' but 'ill equipped' seem to contradict each other and create a feeling of panic and stress.

Sarah seems to be grappling with her own expertise and competence in working therapeutically. Sarah appears to acknowledge the wider argument within educational psychology that

positions EPs as being 'very well placed to do it' (line 176). However, this argument seems to be rhetorically positioned against the pressure this places on EPs when they are asked, and they agree, to work therapeutically. I believe this creates an ideological dilemma whereby Sarah has to manage the internal and external pressures that accompany therapeutic practice. Internal pressures seem to be presented as being her own 'ability' and 'space to think it through' in order to conduct this type of work. The external pressures appear to be described as 'finding time' and working in an 'understaffed service'. The acknowledgement of being 'well placed' does not seem to be enough to resolve the pressure she is under when she commits to this type of work. On one hand she appears to be presenting herself as someone who would like to carry out this type of work, but on the other she also seems to be presenting a list of factors why this is not possible. I think this is illustrated further in the next extract:

193	Sarah	= I don't think that that could have really happened
194		(.) cause you've got to be <u>safe</u> as a practitioner (.)
195		<u>part of me</u> why I was quite relieved when the pupil
196		[was] =
197	Researcher	[mmm]
198	Sarah	= I mean I wanted to do it cause I wanted to see it
199		[through]
200	Researcher	[mmm]
201	Sarah	but part of me thought God you know (.) I'm sort of
202		(.) <u>meddling</u> with things I don't really feel fully
203		[confident] =
204	Researcher	[mmm]
205	Sarah	= and I'd need <u>support</u> and (.) so yeah it was all
206	Susan	I think that's a massive undersell saying meddling
207		and ↓things
208	Sarah	=not meddling (.) if I don't have the space to think
209		about what I'm <u>doing</u> I shouldn't be going there and
210		doing it
211	Susan	I know what you mean
212	Sarah	= I don't think (.) because not only am I not doing
213		what's best for the <u>pupil</u> I'm making myself a bit
214		vulnerable [as a practitioner] =
215	Susan	[as a professional mmm mmm]

In this extract Sarah talks about needing to feel 'safe' as a practitioner'. She emphasises the word safe, and this seems to convey meaning. Sarah seems to use the 'therapeutic-as-threatening' repertoire to justify her relief at not having to engage in therapeutic practice with the young person. Sarah uses and emphasises the word 'meddling' (line 202) and this appears to defend this relief. Sarah seems to be rhetorically constructing her account to position herself as ill equipped and lacking in confidence. I think that the use of the word 'meddling' helps to manage Sarah's stake by implying her involvement might be perceived to be interfering or making things worse, rather than her own feelings of fear. However, Sarah's account appears to be immediately discounted when Susan challenges her use of the word 'meddling' citing it 'as a massive undersell saying meddling and things' (lines 206-207). Sarah immediately seems to justify her use of the word and counters the argument with a second version of why she was so reluctant to engage in the therapeutic piece of work. Sarah states 'if I don't have the space to think about what I'm doing I shouldn't be going there and doing it' (lines 208-210). At this point I believe Sarah is now moving from a practitioner concerned for her own emotional safety, to a practitioner concerned for the emotional safety of the young person. This seems difficult to challenge and Sarah appears to use these concerns to give her account more credibility, helping to make her account seem less personally motivated. This also might help Sarah to manage her personal responsibility, positioning her as a responsible practitioner who was doing what was 'best for the pupil' (line 213).

The 'therapeutic-as-threatening' appears to be used by participants to talk about the about need for supervision when working therapeutically. This is illustrated in the next extract:

164	Nancy	you know you mention [supervision] =
165	Researcher	[mmm]
166	Nancy	= and I think (.) I think (.) it's not (.) it's not erm (.)
167		the EPs are also vulnerable (1) erm (.) when you're
168		working (.) you know ninety-nine per cent of the time
169		you're probably perfectly adequately trained to do
170		that work =
171	Researcher	Mmm
172	Nancy	= potentially when you're working <u>therapeutically</u>
173		(.) where you have a child who <u>actually</u> has much
174		more profound difficulties (.) and (.) the EP (.) may
175		(.) not be sufficiently aware of (.) how those
176		difficulties might impact <u>them</u> (.) are or (.) how to
177		manage that situation safely erm (.) and
178		inadvertently open [something] =
179		
180	Researcher	[mmm]
181	Nancy	= up that could be dangerous (.) I mean I think most
181		of the EPs are sufficiently trained they are aware they
182		can do that and care for the child and ↓themselves (.)
183		I'm not sure supervision arrangements in many
184		services are adequate .hh I don't think they are and I
185		don't think EPs really (.) they don't engage with their
186		own guidelines about [supervision] =
187	Nadine	[uh huh]
188	Carla	[mmm]
189	Nancy	= if you look at the BPS there are very clear
190		guidelines about what supervision is and how it
191		should practised (.) I have never seen it practised in
192		that ↑way erm (.) I I think I have an awareness of
193		four five services .hhh and I don't think I've seen it
194		practised adequately even by their own guidelines =
195	Researcher	Mmm
196	Nancy	= erm (.) which is a bit (.) [worrying]

In lines 167-168 Nancy states 'EPs are also vulnerable (1) erm (.) when you're working (.)'. The longer pause after the word vulnerable implies there is a serious tone to the account and it appears to position EPs as susceptible to emotional attack or harm. Nancy then goes on to use contrasting, 'ninety-nine percent per of the time you're probably perfectly adequately trained to do that work' (lines 168-170) followed by 'but there's always going to be

those one off situations' (lines 172-173). This extreme case formulation seems to justify Nancy's argument about the EP role being potentially unsafe when working therapeutically. It also suggests that EPs cannot ever be fully prepared for every difficulty they may encounter in their work. Nancy uses the pronoun 'you're' and this seems to reduce her sense of agency in the account; she also appears to use the British Psychological Society (BPS) guidelines to corroborate her argument. This helps Nancy's voice carry more weight than a simple assertion on her own behalf. These statements seem to be rhetorically organised to empower and position EPs as competent practitioners. This seems to allow Nancy to blame the lack of adequate supervision, rather than working therapeutically per se as the reason EPs might be left emotionally vulnerable and threatened.

The 'therapeutic-as- threatening' repertoire seems to be used across the focus groups to portray a lack of confidence in using therapeutic techniques:

1132	Nina	I felt exactly like that (.) I remember having the
1133		sessions at Uni (.) and then I <u>got to the point</u> where I
1134		was like <u>hang on a minute</u> this is just (.) not (.) this
1135		does not [feel right] =
1136	Becky	[↑yea:h]
1137	Nina	= because they told us (.) we're going to train you in
1138		CBT (.) na ni na ni na:a =
1139	Becky	Yeah
1140	Nina	= and I remember going <u>back</u> (.) in one of the
1141		sessions before the end saying (.) <u>look</u> what are you
1142		saying to us? that when we've finished this
1143	Becky	Yeah
1144	Nina	= we (.) should (.) be (.) qualified (.) to be able to do
1145		CBT and go out there and kind of do the sessions (.)
1146		and I was just like (.) because I don't feel this is
1147		equipping us to be able to do that (.) and after kinda
1148		thrashing it out and having a big discussion they sort
1149		of said ok well (.) what we're doing (.) is (.) we are
1150		erm (1) you know kinda giving you the principles of

1151		CBT for you (.) to be able to use (.) in your work and
1152		I was like ok you know cause I just wanted to [be
1153		clear] =

In lines 1134-1135 Nina says 'this is just (.) not (.) this does not feel right' to describe how she feels about her training in CBT. Nina uses emotive language to describe her anxieties. She also uses corroboration 'I felt exactly like that' (line 1132) in her opening line. This seems to establish rapport and build consensus for her subsequent account. In this way Nina appears to be using the previous speaker's account to establish the tone of her own account. This might enable Nina to attend to her stake by managing self interest. In this account Nina seems to position herself as feeling uneasy about her training in CBT, she also appears to question her competence in using this technique. In this way I think Nina accomplishes the action of blame, indicating that her training provider may be at fault for not providing her with more confidence in CBT techniques.

Participants also seem to use the 'therapeutic-as-threatening' repertoire to talk about the expectations placed on EPs when the word 'therapeutic' is used within their work.

578	Lucy	[yea:h] if I said to my
579		<u>schools</u> (.) I am an educational psychologist and a
580		therapeutic practitioner then I think (1) they would
581		(.) <u>then</u> start asking (.) so can you do? so can we
582		not refer to [CAMHS and refer to you?] =
583	Jenny	[yeah]
584	Lucy	= for [x y and z] =
585	Jenny	[mmm]
586	Lucy	= it [conjures up] =
587	Jenny	[it creates a shift]
588	Lucy	= ↑yea::h (.) it conjures up this (.) erm I guess an
589		expert (.) in something and I don't feel like I'm an
590		[expert in (.) something] =
591	Jenny	[mmm mmm]

592	Lucy	= therapeutic if that makes sense (.) but yeah I
593		have lots of (.) knowledge (.) about lots of
594		[different things]

It seems there is a reluctance to offer therapeutic techniques in case this creates unwelcome expectations in terms of what this type of work might look like. Lucy seems keen to present herself as someone who has knowledge about many 'different things' (line 594), therapeutic practice being just one of them. Again this construct appears to overlap with the 'therapeutic-as-skilled' repertoire, whereby therapeutic practice as a separate skill creates expectations and a sense of stigma. I think this is illustrated in the following extract:

730	Lisa	there's a lot of stigma attached to it sometimes
731		positive and negative
732	Carla	[mmm]
733	Researcher	[mmm]
734	Nancy	I think there's also an expectation (1+) probably
735		perpetrated by the [medical model] =
736	Carla	[mmm]
737	Nadine	= and I don't think CAMHS necessary <u>means</u> this
738		[to happen] =
739	Carla	[mmm]
740	Nancy	= or clinical psychologists but that if you you kind of
741		send them away to [CAMHS or] =
742	Carla	[mmm]
743	Nancy	= or to a [doctor or] =
744	Carla	[mmm mmm]
745	Nancy	= a clinical psychologist [they're fixed]
746	Researcher	[yeah yeah]
747	Nancy	with a tablet or something and they [come back] =
748	Researcher	[mmm come]
749		back and they're alright

In the extract above Lisa talks about the 'stigma' (line 730) attached to therapeutic work. Nancy seems to corroborate this by blaming the 'expectations probably perpetrated by the medical model' (lines 734-735). Nancy talks about clinical psychologists, CAMHS workers and Doctors in clinical settings and she indicates

these workers are perceived to be able to 'fix' young people. Therefore, it is implied this creates similar expectations from EPs working therapeutically in educational settings.

I think EPs seem to be acknowledging that for some cases it is better for the EP to refer the case onto other professionals. I believe this is illustrated in the following extract:

634	Lucy	[yeah] when I was thinking (.) when I was <u>saying</u>
635		that (.) like (1) the heavy (.) cases they want
636		[family therapy] =
637	Jenny	[yeah]
638	Lucy	= you [know] =
639	Jenny	[yeah]
640	Lucy	= and that is <u>too</u> (.) uncomfortable for me =
641	Peter	yeah
642	Lucy	= so then my response would be (.) you still need
643		to refer =
644	Peter	= exactly [but each case]
645	Lucy	[but then there are] other things
646		where
647	Peter	[yeah but each case]
648	Lucy	[I'd
649		say ↑yeah]
650	Peter	yeah
651	Lucy	= and quite happily but this is going to be a
652		sustained piece of work =
653	Peter	yes
654	Lucy	= it's not just a one [off or] =
655	Jenny	[mmm]
656	Lucy	= it's I don't know [(h h h h)]
657	Fay	[(h h h h)]
658	Jenny	= there is something in that [knowing when (.)
659		where the [boundaries are actually] =

There is a sense that EPs do not want to impinge on the boundaries of other services. Jenny implies that EPs feel as if sometimes they are roaming into territory that they are not entirely comfortable with. It feels like there is a dichotomy between clinical and educational practitioners and this might mean there are no clear

guidelines of who works with whom. There doesn't appear to be any clear framework as to when a case should be referred to CAMHS and when the EP should carry out the work. This seems to make Lucy feel 'uncomfortable' (line 640) and there appears to be a fear EPs might be unprepared if the cases get too 'heavy' (line 635).

'Therapeutic practice-as-limited' repertoire

The 'therapeutic-as-limited' repertoire seems to be used by participants to construct therapeutic practice as restricted by time allocation models and the day to day demands of the EP role:

4	Emma	mmm ok I'll start mmm I think it's a really <u>important</u>
5		part of our role but I don't think we get chance to do it
6		(.) and one of the difficulties is often when you're doing
7		five six week sessions erm (.) with groups or individual
8		children it's <u>so hard</u> to (.) put that as a <u>priority</u> (.) for
9		the school cause the school wants something else and
10		they could (.) and that sort of (1) erm commitment and
11		time allocation is often too much (.) erm and it ends up
12		going down the list of priorities really

In lines 4-5 Emma uses contrasting 'I think it's a really important part of our role' and seems to construct therapeutic practice as positive and desirable. This appears to be followed by a contradictory clause, 'but I don't think we get the chance to do it' (line 5) which suggests a lack of opportunity rather than a reluctance on the part of the EP. Emma uses the pronoun 'I' in the first clause and this seems to position her as an active agent (line 4). However, in the second clause Emma uses 'we' to indicate a collective EP voice who all face similar challenges (line 5). Emma pauses before she lists the reasons why EPs might find it difficult to carry out any therapeutic work. She talks in the third person and she seems to blame school priorities, their lack of commitment to therapeutic practices and time allocation models as possible barriers that limit therapeutic work. It feels like EPs are positioning

themselves as passive and restricted practitioners who have limited control over the way they would like to work. I think that these contrasting subject positions of EPs as active versus passive agents seem to become muddled and serve to contradict each other within the talk.

In the following extract Peter appears to use the 'therapeutic-as-limited' repertoire to present therapeutic practice as 'a great role that we can play' (line 39). However, he then seems to contrast this with a statement that blames the system for preventing further work of this nature:

39	Peter	= and I think it's a great <u>role</u> that we (.) can play
40		and I just think it's a shame that sometimes the
41		systems (hhhh) [around that] =
42	Lucy	[mmm]
43	Peter	= make it difficult for us to engage in more than that

Peter appears to be positioning himself with the wider discourses and he seems to be attempting to persuade the group that EPs are 'well placed' to carry out therapeutic work. However, it feels like Peter is facing an ideological dilemma because in reality this position can be made untenable by 'the systems around that' (lines 40-41). It feels as though Peter is expressing his disappointment, 'I think it's a shame' (line 41), there is also a sense of lost opportunity. I think that implicit within this account is the assumption that EPs are capable of working in a therapeutic way, but it is not always a viable way of working.

In the following extract Arthur seems to use the 'therapeutic-as-limited' repertoire to describe the difficulties EPs face when trying to measure the success of therapeutic practice.

28	Arthur	yea:h I mean I agree with both of you actually and I
29		think it is a very powerful way to work a different tool
30		really (.) and erm something that's maybe under used
31		that erm .hhh time allocation models are a hindrance to
32		it (.) because you're measuring just a quantity of work
33		really as opposed to quality of work or what you're
34		doing (.) erm and if you've only got a very limited
35		amount of sessions within a school you've also then got
36		to negotiate with school (.) around therapeutic work and
37		they might not see the same outcomes to it as yourself
38		because its not necessarily outcome basic it could just
39		be that you're (.) doing something therapeutic with the
40		hope that you're going one way ↓or

Arthur starts his account by describing therapeutic practices as a 'powerful way to work' and a 'different tool' (line 29). This seems to position EPs as active agents who are skilful and adept at using therapeutic techniques in their work. However, he then appears to counter this assertion by describing 'time allocation models' as being a 'hindrance' to therapeutic work (line 39). Arthur seems to refer to the wider political discourses surrounding the EP profession that appear to be calling for more evidence-based practice and ways of measuring impact. Arthur implies that more quantifiable therapeutic techniques that are easier to measure might seem more appealing than qualitative approaches. He also indicates that these pressures might prevent or deter some EPs from working therapeutically altogether. Arthur describes how some therapeutic work is not 'necessarily outcome basic' (line 38) and this might put some schools off requesting this type of work from their EP. This seems to position EPs as passive and very much reliant on others in constructing their identity.

It seems that the 'therapeutic-as-limited' repertoire is used to suggest that some schools are keen for EPs to work therapeutically, but in the following extract Becky also appears to question the impact of such work:

425	Becky	= I think actually what I was going to say in terms of
426		schools priority every time I've mentioned (.) a
427		therapeutic approach or maybe having a
428		[few sessions] =
429	Susan	[mmm]
430	Becky	= school have been [really keen] =
431	Nina	[they wanted it]
432	Researcher	[that's interesting]
433	Becky	= in terms of schools schools (.) would be really keen
434		and I think the <u>more</u> =
435	Researcher	Right
436	Becky	therapeutic approaches that become available like
437		we've had an art therapist and there's a child
438		psychotherapist in my cluster (.) and that's come
439		through from TAMHS funding they are seeing the
440		value because a lot of schools are saying to me (.) we
441		want to get to the <u>core issue</u> we don't want another
442		kind of quick few sessions so [actually] =
443	Susan	[mmm]
444	Becky	= that message seems to be coming through but
445		actually whether more therapeutic input will make a
446		[<u>difference</u>] =

In the extract above Becky reports that schools have been 'really keen' (line 430) and they are saying that they want more therapeutic work in schools. Becky emphasises the words 'core issue' (line 441) and this appears to indicate that therapeutic practice is seen very much like therapy, whereby the problem lies within the child, rather than the systems around the child. I think this feeds into wider ideological discourses that might construct therapeutic approaches as providing a quick fix to within-child difficulties. Therefore, I believe it might not prompt individuals to consider the wider, familial and societal factors that might be influencing a young person's difficulties.

'Therapeutic-as-emerging' repertoire

The 'therapeutic-as-emerging' repertoire seems to explore how EPs might promote themselves and the contribution they can make to working therapeutically with young people and their families. The 'Therapeutic-as-emerging' is a repertoire that appears to position EPs as co-creators of their own future. In the extract below participants seem to talk about how this might involve working in a wide range of situations, both systemically and with individuals to achieve a positive effect.

930	Emma	= you could do but I also think when (.) but actually (.)
931		for me often it's because of sort of <u>wider</u> issues to do
932		with social situation the <u>social situation</u> that they are in
933		<u>at home</u> (.) and so it's much more about a CAF arena or
934		getting other agencies involved with me carrying out a
935		bit of therapeutic work is all fine and dandy but actually
936		I need to be thinking much more wider
937	Carol	and that's going back to that situation where you <u>are</u>
938		just <u>plucking</u> them out of a room
939	Emma	yeah
940	Carol	do a <u>nice piece</u> of work and then put them back and
941		actually the situation at home is the same and the
942		relationship with the <u>class teacher</u> is the <u>same</u>

The emphasis on 'wider issues' (line 931) appears to construct therapeutic EP practice as not something that is just done to individual children on a one to one basis. The use of the third person pronoun 'you' in line 938 seems to reduce Emma's agency in her account. It indicates that she is distancing herself from the practice of 'plucking' children 'out of the room' (line 938), suggesting this might not be a successful way of working therapeutically as an EP.

The 'therapeutic-as-emerging' repertoire seems to be used to talk about EPs moving away from old expectations and perceptions of the EP role and promoting instead new ways of working. This seems to involve promoting the specialist skills of the EP to overcome the commonly cited limitations to therapeutic practice. In

this sense the EPs appear to be positioning themselves as skilful, adaptable and able to work with diverse groups of people, both systemically and individually.

254	Lisa	I think particularly as well given that therapeutic
255		work (1) often we kind of perceive is <u>us</u> being in a
256		room with a child =
257	Carla	mmm
258	Lisa	= er::m (1+) but for me I suppose it's working (.)
259		in partnership with parents and schools <u>as ↑well</u> (.)
260		so there's almost a shared understanding of of the
261		<u>issues</u> at play really so =
262	Carla	mmm
263	Lisa	= so the need isn't specifically with the child
264	Carla	mmm
265	Lisa	= but there is a number of (1) of of <u>influences</u> I
266		suppose (.) that need to I suppose be better
267		understood (.) and it's fostering that (.)
268		understanding to begin with that I'm not (.) trying
269		to <u>fix</u> little Johnny [or or going in]
270	Carla	[hhhh]
271	Nadine	= you see that would be therapeutic rather than
272		therapy

In the extract above Lisa describes how therapeutic practice is often constructed as a one to one piece of work with the EP and the young person. In lines 255 -256 Lisa states that 'often we kind of perceive us being in a room with a child', the use of the third person pronoun 'we' seems to reduce Lisa's agency and personal responsibility in the account, establishing a more factual tone. It implies Lisa's account is a shared version of therapeutic practice, rather than just her viewpoint. This seems to perform the action of corroboration with other EPs. Lisa then goes on to describe her own viewpoint, 'but for me I suppose it's working in partnership with parents and schools as well' (lines 258-259), giving Lisa what feels like a sense of agency. Lisa goes on to describe how a more systemic approach might be necessary 'so the need isn't specifically with the child' (line 263). This argument seems rhetorically

constructed to undermine alternate constructs of therapeutic practice. The alternative constructs might present therapeutic EP approaches as merely a means of alleviating 'within child' difficulties. Lisa's argument also might build a case to refute the wider ideological constructions of therapy being able to 'fix' or 'cure' young people of their ills. This seems to position Lisa as a practitioner who understands the wider issues that might be influencing a young person's difficulties.

The 'therapeutic-as-emerging' repertoire appears to be used to describe the changing role of the EP. I think this might be linked to wider social discourses concerning the contribution of EPs and what they are able to offer. This seems to be described in the extract below:

851	Lucy	= I think we probably do need to maintain that <u>unique</u>
852		selling point but actually that's broadening I think (.)
853		it's not just about (.) the <u>learning</u> aspects or doing a
854		cognitive assessment erm (.) it is about thinking a bit
855		more creatively about how (.) you empower the staff
856		or the schools to work with the children (.) and yeah
857		there's going to be scope still to work with [individual
858		children] =
859	Jenny	[mmm]
860	Lucy	= but I think erm it's (.) it is shifting (.) it's slow (.)
861		but I think it is [slowly moving erm]
862	Jenny	[↑mmm]
863	Fay	= to more longer term (.) [intervention or
864		therapeutic?]
865	Lucy	[well well broad well yeah]
866		just more what we can offer is not so [pigeonholed]
867	Fay	[mmm]
868	Lucy	= and not just seeing our role with [schools either] =
869	Researcher	[yea:h]
870	Lucy	= so maybe working in children's homes and maybe
871		working with [boarding schools or] =
872	Researcher	[mmm]
873	Lucy	= ere independent (.) ↓er:m
874	Fay	= but would it be fair to say that the reason why it's
875		(.) shifted (.) is because we as a [profession have

876		been pushing?] =
877	Lucy	[yeah perhaps we're
878		pushing the boundaries ourselves] cause we (.) the
879		doctorate gives you so much more information (.) I'm
880		sure than the one [year masters] =

In the extract above Lucy seems to be using the 'therapeutic-as-emerging' repertoire in a positive way. This account suggests that EPs are able to evolve and develop to 'maintain that unique selling point' (line 851-852). Lucy appears to use the word 'we' to establish a factual tone to the account and in lines 874-876 she says, 'it's fair to say that the reason why it's shifted is because we as a profession have been pushing'. This statement feels like it carries out the action of EPs moving and developing together as a team. The inclusion of the word 'we' indicates that all EPs are in it together and appears to construct a resilient and strong profession capable of evolving and re-constructing their identity.

In the extract below the 'therapeutic-as-emerging' repertoire seems to be used by Peter to position EPs as 'well placed' (line 164) to carry out therapeutic practice. Peter places stress on the word 'placed' and this appears to convey meaning and seems to indicate that EPs occupy a positive and valuable place within education. I think this account mirrors wider social discourses that are also keen to position EPs as the practitioners capable of tackling mental health difficulties in schools.

164	Peter	= I think we're very well [<u>placed</u> to do that] =
165	Jenny	[mmm I agree]
166	Peter	= because not only are we (.) to different degrees (.)
167		had training in those practices (.) but we also
168		understand the context within (.) <u>the school</u> of <u>why</u>
169		that approach is being taken =

In the extract below participants seem to use the 'therapeutic-as-emerging' repertoire to talk about the tensions that exist with other

professionals. This is because these professionals might consider taking on therapeutic work instead of EPs:

224	Carol	I just think there's the <u>danger</u> if if <u>we don't</u> do it then
225		<u>who will?</u>
226	Emma	mmm
227	Carol	you know it'll be somebody (1) we you know we might
228		(.) kind of question the experience <u>we have</u>
229	Emma	mmm
230	Carol	<u>but</u> there will be other people who <u>will</u> question that
231		<u>even more</u> (.) people in schools and things who really
232		don't feel skilled to do things like that
233	Emma	yeah
234	Carol	so
235	Emma	and sort of our values and practice and core training
236		we're in a position to be able to offer that (.) and we're
237		not saying that we're working (.) we're not giving
238		therapy we're working therapeutically it's that between
239		stage isn't it and (2) yea:h I have concerns about
240		perhaps other colleagues erm not in the EP team but
241		other colleagues within our wider team (.) working
242		quite therapeutically and not perhaps not thinking
243		about the ethics and sort of the closure of sessions and
244		things like that

In lines 224-225 Carol states 'I just think there's the danger if if we don't do it then who will'. She also seems to voice her concerns about 'other colleagues' (line240) working therapeutically and filling the therapeutic gap within education. This implies that other teams might not be as skilled at working therapeutically but are more willing to take on this role. However, I think it also alludes to underlying anxieties about losing a key part of our role to others who are perceived to be less qualified. The 'therapeutic-as-emerging' also appears to be used in conjunction with the 'therapeutic-as-threatening' repertoire This seems to enable participants to construct a profession whereby some EPs still feel unconfident about therapeutic practice, despite their doctoral training and qualifications. This appears to prevent this kind of work from being part of the core services offered to schools by EPs.

This seems to position EPs as capable, but still unsure and hesitant of taking on a therapeutic role within education. I think this also leaves a feeling of uncertainty about what this therapeutic role might mean for the profession as a whole. I believe the therapeutic debate within educational psychology continues to have prominence and does not show signs of abating. I think this is illustrated in the extract below:

1609	Sarah	we can deal with the messiness (.) we can deal with the complexity .hhh and that partly is because of the conversations that we <u>have</u> our <u>training</u> the <u>broader</u> perspective (1) so even I think that's why schools <u>do</u> come to us and as I said before we are the ones that still [end up] =
1610		
1611		
1612		
1613		
1614		
1615	Susan	[mmm]
1617	Sarah	= picking up the cases =
1618	Researcher	mmm
1619	Sarah	because we don't have that neat and tidy [remit] =
1620	Susan	[mmm]
1621	Sarah	= because the kids that we work with don't have neat and tidy [difficulties] =
1622		
1623	Susan	[mmm]
1624	Sarah	= and that sometimes is what keeps us going .hhh (.) irrespective of what we [call it] =
1625		
1626	Susan	[mmm]
1627	Sarah	= how we do it or how we define it =
1628	Susan	yeah
1629	Sarah	= cause as practitioners we can deal with that messiness
1630		

The extract above indicates that even when other practitioners try to take on therapeutic work, school professionals still come back to EPs. This seems to position EPs as well thought of and well regarded within education for the services they provide and what they are able to achieve.

Conclusion

Participants appear to use a range of discursive devices to construct therapeutic practice. These devices seem to allow participants to

manage their stake with regards to working therapeutically. I think my analysis has illustrated the rhetorical nature of participant talk. I believe it has also shown how my participants use five different interpretative repertoires to construct therapeutic practice. I think this enabled them to take up various and sometimes contradictory subject positions in relation to working therapeutically as an EP. In taking up these positions I feel participants were offering a glimpse of their emerging identity as an EP and what this might mean for the future. My interpretations and the implications of these emerging subject positions will be discussed further in the next chapter.

Chapter Five

Back to the beginning

I can't go back to yesterday because I was a different person then. "

— *Lewis Carroll, (1865), Alice's Adventures in Wonderland*

Introduction

My analysis of participant discussion showed there is no single narrative that constructs therapeutic practice amongst the participants in my research. My analysis presented two dominant repertoires ('skilled' and 'eclectic') and three minority repertoires ('limited', 'emerging' and 'threatening') being used across all four focus groups. In focus groups three and four, the 'therapeutic-as-threatening repertoire' also appeared to be dominant. In this chapter I will discuss the outcomes of my analysis and explain some of the implications of my research with reference to relevant literature. I will finish with a short concluding section that will include my reflections, an evaluation of my study and some suggestions for future research.

We do it, we just don't always call it that....

The dominant 'therapeutic-as-skilled' repertoire seems to enable participants to draw upon their theoretical knowledge and wider clinical discourses. This repertoire appears to construct therapeutic practice as fairly formal, factual and prescriptive. It is usually supported by narratives about further training, intentionality and the application of a specific theoretical model over a period of time. I think it lends itself well to traditional clinical based therapeutic practices, such as Cognitive Behavioural Therapy (CBT), that are increasingly being utilised by EPs (Greig, 2007; Squires, 2010,

Pugh, 2010). The prevalence of clinical therapeutic approaches both in the literature and in participant talk might be seen as an acknowledgment of the clinical paradigm within educational psychology (MacKay, 2007).

When participants talk about more formal therapeutic practice, they seem to present this type of work as more objective and less open to debate. It also appears like the influence of relationships on participant actions and beliefs are portrayed as less important. The inherent characteristics of the EP are also presented as having less bearing on whether the work is successful or not. I think that more formal accounts of therapeutic practice indicate that the application of theoretical knowledge will look the same and have a similar impact regardless of who is carrying out the work. Participants do not seem to specify how this formal practice might be incorporated into their work and their accounts give the impression of a highly routine activity with little room for individual initiative or variability.

In contrast it appears that the dominant 'therapeutic-as-eclectic' repertoire, used across all four groups, enables participants to construct a very different type of therapeutic practice. This description seems less formal, less prescriptive and sometimes unintentional. This way of talking usually involves references to relationships, communication, language and the personal characteristics of the participant. This type of therapeutic practice seems to be presented as an alternative way of working. It is reported as being less defined, less obvious and a more 'messy' type of practice. Participants appear to talk about this informal way of working as being much more difficult to define. In some instances, some participants seem reluctant to use the word 'therapeutic' and talk about the stigma associated with this kind of practice.

I think that participants use both repertoires to take up varying subject positions. It seems like the 'therapeutic-as-skilled' enables EPs, who are new to the profession, to position themselves as unconfident, lacking in skills and reluctant therapeutic practitioners. However, for some individual EPs, this repertoire appears to position them as competent and motivated to learn. Some EPs appear to talk about their enjoyment of working therapeutically, although this is usually in contrast to others who are more passive and reluctant to attempt this type of work.

The 'therapeutic-as-eclectic' repertoire seems to be frequently used to position participants in a more positive, but informal way. When participants use this repertoire it appears to allow them to portray themselves as competent, independent and valuable. Their therapeutic skills are described as being part of the general skill set of the EP and these skills tend to be described as part of their everyday practice. This informal type of therapeutic practice seems to allow participants to critically detach themselves from the word 'therapeutic' altogether. This appears to allow them to resist the associations and stigma that they believe might be associated with the word. As a result it also feels like they struggle to provide a definition of what therapeutic practice might look like in practice.

The apparent dominance of the 'therapeutic-as-skilled' and the 'therapeutic-as-eclectic' repertoires suggests a tension between formal and informal constructions of therapeutic practice. In Gilbert and Mulkay's (1984) sociological analysis of scientist discourse similar tensions are noted between the dominant 'empiricist' and 'contingent' interpretative repertoires (p.55). The 'empiricist' repertoire is characterised by discussions around scientific procedures as a set of impersonal, routines, which are universally

effective. In contrast the 'contingent' repertoire allows the scientists to give more informal accounts of the same scientific acts. They talk about their scientific beliefs being based on speculative insights, variable influences, prior intellectual commitments, social ties and group membership. Gilbert and Mulkay talked about how two repertoires can be 'intimately combined' (p.91). This means both repertoires can be applied to the same event or set of events despite their apparent contradictions.

Foucault (1980) has also noted that constructs like 'therapeutic' cannot ever be defined in absolute terms. Instead they are perceptions of society at a given time through a complex variety of responses and actions. Foucault would see the word 'therapeutic' as a social construction rather than a precise truth. Similarly, Gergen (1985) supports this view and has stated:

the degree to which a given form of understanding prevails or is sustained across time is not fundamentally dependant on the empirical validity of the perspective in question, but on the vicissitudes of social processes (e.g. communication, negotiation, conflict, rhetoric)...'what counts as what' is inherently ambiguous, continually evolving, and free to vary with the predictions of those who use them (p.268).

This means that therapeutic actions and beliefs might be influenced by a number of factors that might change over time. These factors might include: the personal characteristics of each participant, previous experiences, values and beliefs, as well as their epistemological position and the wider discourses within the EP profession. The dominance of formal and informal descriptions of therapeutic practice might also reflect a dilemma between evidence-based practice versus more relational type work within educational psychology (Billington 1995).

Scaife's (2012) reflections on evidence based practice, based on her work as a clinical psychologist, seems to concur with this dilemma. She states this is because:

I experience my work as a relational process in which I aspire to be fully engaged both personally and professionally with other live creatures, which does not always seem to map well onto the ubiquitous mantra of 'evidence based' practice (p.1)

However, the move towards traded services might be seen to place greater importance on evidence based EP practice. Stakeholders appear to want value for money when buying back EP services. Therefore, therapeutic interventions that can be easily defined and categorised might be seen as more marketable ways of working. Yet, participants also seem to recognise that the caring and relational aspects of their role are of equal importance to their practice (Moore, 2005). These relational aspects might include the ability to apply Rogerian principles of empathy, respect and positive regard (Rogers, 1951). These informal skills might be seen as more difficult to describe and might be less easy to market.

As participants appear to move between the 'skilled' and 'eclectic' repertoires they seem to be carefully attempting to manage their stake as therapeutic practitioners. At the same time it also feels like they are also being managed and positioned by wider discourses. As they do this they seem to move between passive and active positions. This might reflect the tension between measures of behaviour (evidence base) and the dynamics of meaning within the EP role (Parker, 1992). It might also acknowledge the 'relational nature of the EP role in all their complexity which is often unacknowledged in practice and research' (Billington, 1995, p.36). Therefore these tensions might reflect

'...a perpetual struggling with role definition that has taken place within the profession' (Leadbetter, 2002, p.100).

You've got to be safe as a practitioner...

In focus groups three and four the 'therapeutic-as-threatening' repertoire also appears dominant. This seems to enable participants to construct therapeutic practice as unsafe, dangerous and frightening. Participants talk about the need for self awareness and self care, as well as the provision of suitable supervision arrangements when working in a therapeutic way. Participants seem to use the 'therapeutic-as-threatening' repertoire to position themselves as emotionally vulnerable when working therapeutically and cautious about the potential for emotional harm. Anderson's (2012) research also appeared to present a powerful narrative within education that: 'identifies therapeutic practice as a threat' (p.26).

Participants might find the uncertainty of therapeutic work particularly threatening as this might reflect the uncertainty of their emerging identity as an EP. If participants show their fallibility in working therapeutically there is a danger they are positioning themselves as vulnerable if others do not support them in the profession. In this sense the 'therapeutic-as-threatening' repertoire might allow participants to portray themselves as self aware and responsible for the emotional health of both themselves and others.

Participants talk about the potential for EPs to work therapeutically on a day to day basis, through listening, being respectful and connecting with people's pain. Therefore, making connections and developing empathy might be considered fundamental skills required from EPs. The literature suggests those attracted to caring professions like educational psychology tend to be those who want

to help others (Jaeger, 2001). In a survey of entrants to the profession 34 percent of respondents fitted the category authors termed 'pragmatist'. These respondents also cited 'using psychology to make a difference' (Jaeger, 2001, p.437). Researchers talk about how these individuals are 'idealists' and their characteristics tend to bring hope and optimism into the caring professions (Felton, 1998).

Peabody (1927) and Spiro (1992) posit that empathetic skills can enhance the therapeutic potential of a practitioner-client relationship. Rogers (1957) describes this process as being 'sensitive, moment to moment to the changing felt meanings which flow in another person' (p142). It has also been described as 'emotional labour', a type of practice that involves:

...the coordination of mind and feeling and it sometimes draws on a source of self that we honour as deep and integral to our individuality (p.7).

However, the application of these skills can be labour intensive and emotionally draining, especially when applying these skills over a prolonged period of time. Russell (2000) writes that to be present at another's suffering is to suffer oneself (p.554). This suffering is the recognition of the limits of our own vulnerabilities and 'the recognition of the limits of autonomous selfhood' (Woods, 2002, p.29). Therefore, paradoxically the very skills that make individuals good EPs might be the very skills that make them the most vulnerable. There appears to be a clear need for EPs to find a balance between protecting themselves and remaining sensitive to situations.

I think that focusing on the centrality of relationship skills draws attention to the roles of the intuitive understanding and emotional

responses. Research shows that our intuitive responses occur outside conscious awareness (Hammond, 2007). Therefore I think appreciating the importance of both logical and emotional intuitive understanding is important. This is because practitioner assumptions, beliefs and values can often determine how they judge evidence (Scaife, 2012). Therefore, I believe the need for challenge and supervision is essential as intuition can lead to certitude. This can be an appealing characteristic in an uncertain world. Participants also appear to recognise the need for a reflexive and safe space to enable them to reflect on therapeutic practice.

Ruch's (2007) investigation into social work practice has revealed the value of 'holistically reflective practitioners' (Ruch, 2007, p.37). This is thought to encourage thoughtful and creative practice. Ruch (2007) argues that this type of practice requires organisational and team contexts to be recognised alongside the interdependence of the practitioner. Ruch advises (2007) that 'holistic reflective practice' requires: clear organisational and professional boundaries, multifaceted professional forums, collaborative and communicative working practices, and open and 'contextually connected' managers' (p.37).

Leaders in EP services are usually responsible for helping to contain anxiety and feelings of uncertainty, feelings commonly associated with practitioners who are new to the profession. However, some leaders might also feel threatened by therapeutic practice. These individuals might not have had the opportunity reflect on, and construct, their versions of therapeutic practice. As a result, they may also feel threatened by new EPs, perceived as more knowledgeable in this type of practice.

In acknowledging the importance of reflexive practice, as well as scientific practice, participants seem to acknowledge the complexity and uncertainty inherent in therapeutic work (BPS, 2010). I don't think this uncertainty can never entirely be eradicated. Instead, it can take practitioners to situations where they lack confidence and surety in their professional judgements. This might mean having to make decisions and performing actions that do not appear in any textbook or manual, but depends upon the experience and intuition of the individual practitioner (Scaife, 2012).

It's like there is something stopping us from doing it...

The two minority repertoires seem to be used by participants to construct therapeutic work as 'limited', but also 'emerging' within their practice. Again, these contrasting ways of talking about therapeutic practice appears to enable participants to position themselves as both passive and active agents.

The minority repertoire 'therapeutic-as-limited' seems to be used by participants to describe limiting factors such as: time allocation models, a lack of opportunity to train further, a lack of knowledge and limited supervision opportunities. This talk appears to allow participants to position themselves as restricted, pressured and dependant on the systems around them.

It is likely the 'therapeutic-as-limited' repertoire and the positions participants seem to take up as a result will have been influenced by wider discourses. These discourses suggest that the roles of the EP have largely been defined by others (Government, stakeholder needs) rather than themselves.

Dessent (1994) suggests that:

the work of the EP is linked to the requirements of the SEN system. However, EPs have rarely been so comfortable in confronting this fact of life... that their purpose is largely to serve social, political and economic functions (p.51).

These 'social, political and economic functions' might be seen to shape and define the profession today. Participants seem to talk about the sense of uncertainty this might bring and what this means for EP working practices. Some documents advocate that a 'therapeutic service' (Farrell et al, 2006, p.9) as well as 'therapeutic and systemic approaches' (DfE, 2011, p.9) are key components of the EP role. However, I think these same documents can be vague about what this work will actually look like and how it will be carried out. Without a clear framework, stakeholders and clients might assume EPs are able to offer the types of 'therapy' that is offered in clinical practice. The 'therapeutic-as-limited' repertoire might allow participants the opportunity to resist working in this more narrowly defined way that is often dictated by others.

I think that psychological interventions formed from clinical practice can be difficult to implement in educational settings. The clinical framework that surrounds many forms of formal therapy ensures that each therapeutic session is carried out within the same context, using a specific model, usually on the same day and at the same time each week. These factors might be seen as conducive to the therapeutic alliance between the practitioner and client, but also in facilitating a measurable therapeutic effect or change in the client.

I also think the transferability and effectiveness of clinical approaches to educational settings can be a contentious issue. EPs might only work with a young person and their family for a short period of time. This means therapeutic alliances can be brief and rapport usually needs to be established quickly. Further to this, attempting to evaluate the effectiveness of an educationally based therapeutic provision can be complex (Kazdin, 2000). Most interventions, therapeutic or not, usually involve combinations of different strategies and supportive care. The diversity, complexity and uncertain effects of these interventions can make generalisations problematic, as each case is usually different from the last. It can also be difficult to work out what intervention has worked and which has not. In this sense a traditional clinical framework that guides therapeutic practice within educational psychology is often incompatible with the demands of the role. For these reasons clinical applications of therapeutic work in their purest form can also be problematic. I believe this can undermine the potential therapeutic role that EPs can offer.

Participants indicated that clinical psychologists and other clinically trained professionals working within the Child and Adolescent Mental Health Service (CAMHS) might be considered more knowledgeable and competent in therapeutic work. Therefore, it might be assumed that these professionals are a more obvious choice for completing therapeutic work by stakeholders. However, there were also some participants who indicated EPs could, and should, be carrying out this type of work. They also implied that if EPs did not take up their position as therapeutic practitioners, then other less qualified professionals would be happy to do so (MacKay, 1990). As a result of this, participants may feel compelled to become more knowledgeable in therapeutic approaches.

Participant talk indicated differing levels of knowledge in therapeutic models within EP practice. These differing levels of knowledge might decide who participates and who is included in a professional group (Foucault, 1980). A failure to contribute, or be seen to contribute, therapeutically might result in an omission from this group. This might create anxiety by challenging the individual competence of the EP. The 'therapeutic-as-limited' repertoire might allow participants to displace this anxiety and defend against challenges to their competence. They might do this by blaming the system, rather than themselves, for the lack of opportunity to carry out more therapeutic work.

It's a great tool we can use...

The 'therapeutic-as-emerging' repertoire appears to be a more positive minority repertoire. It seems to allow participants to acknowledge that they are starting to push the boundaries of their practice into new ways of working. This repertoire appears to allow them to talk more confidently about how they can respond to the changing demands of the profession. This seems to allow them to position themselves as valuable and unique practitioners. This apparent sense of agency appears to allow them to welcome therapeutic tools or techniques as part of their skill set, without being defined by them. Participants frequently describe how they are psychologists with therapeutic skills and they seemed to show a recognition of practices that enable them to carry out therapeutic work, on many different levels, as part of their role as a psychologist. Within this talk participants often describe how they are able to overcome various obstacles and barriers to working therapeutically without being tied to one specific way of working. This seems to allow them to take up positive subject positions and this portrays them as optimistic, willing, resilient and adaptable

practitioners. This also appears to allow them to take more control of their professional identity and emerging identity as an EP.

In a recent study by Atkinson and Bragg (2012) several key factors were identified that would enable EPs to provide, and carry out, more therapeutic work. They proposed that therapeutic practice should be organised within EP services through a central referral system. This system would allow the appropriate therapeutic provision to be allocated or marketed to stakeholders. They cited that appropriate leadership and a commitment to facilitating therapeutic provision at a service level were key requirements for such a system. It was posited that specialist therapeutic work should be offered to: Looked After Children (LAC), children on the Autism spectrum, children who had suffered bereavement, as a response to critical incidents and emotional based school refusal. This should be combined with collaborative and joined up working with CAMHS and clinical psychologists (Squires, and Dunsmuir, 2010).

Atkinson and Bragg (2012) also suggest that the removal of time allocation models in services would increase flexibility and create more time for the delivery of therapeutic interventions. However, these suggestions might prove difficult to implement in practice. It feels like we are entering a time where resources are depleting due to the economic downturn and some EP services are reducing in size. Also, Atkinson and Bragg's (2012) suggestions seem to place less emphasis on the relational aspects of our role and how therapeutic skills might be more readily integrated into current practice.

I think as EPs move between the 'therapeutic-as-limited' and 'therapeutic-as-emerging' repertoires within their talk, they once

again seem to move between passive and active subject positions. This might suggest that participants want to present themselves as competent practitioners. However, at the same time they seem to present themselves as being constrained by the demands of others. EPs talk about not feeling sufficiently equipped to work therapeutically, yet also talk about being more skilled up than ever before. This might mean they are not resisting therapeutic practices per se, instead it seems they would rather this type of work is negotiated on their terms within the confines of the educational system.

It's up to us to negotiate...

I believe the continuing debate and rhetoric with regards to therapeutic practice means a new construction is slowly starting to emerge. I think this is enabling EPs, new to the profession, to negotiate their own identities with regards to therapeutic work. I believe this type of work will look different to traditional, clinical applications of therapeutic practices. There seems to be references to these practices in participant talk. Therapeutic ways of working are described as 'tools' rather than 'interventions' and participants speak about their ability to consider, and work with, the 'whole system' rather than just individual 'within child deficits'.

Hall (1988) claims that who we are, always stands between the available text and narratives that exist. Therefore, I think the emerging professional identity of the participants in my study will be formed at the point therapeutic narratives of subjectivity meet the narratives of the educational psychology profession (Hall, 1988, p.44). I believe their sense of self within the profession will also be closely linked to their inherent characteristics and how they want to work as EPs. I think this process is in a constant state of flux and provides no concrete constructions of what this identity might look

like in the future. I do not think there is any way of knowing what the future holds for the profession. Therefore, I believe participants will need to find ways to cope with this uncertainty and will need to be prepared to reconstruct their identity in response to new narratives and new ways of thinking.

The act of praise for these new ways of working seems to allow participants to talk about therapeutic practice more positively and with agency. This appears to offer an alternative version of therapeutic work. I think it challenges the notion that therapeutic practice requires formal training and strict adherence to one model. This alternative discourse might also allow participants to become more comfortable and less anxious about their emerging identities as EPs. Participants seemed to present themselves as ready to change and adapt to new demands and there was a sense of strength in their comradeship. I think that in this way, together, they are resisting being 'pigeon holed' into one role, the role of therapist, because they seem to feel this restricts and imposes another straightjacket on their practice.

I believe my research suggests that unlike those early EPs in the profession's history, new EPs do have the agency to navigate new ways of working. I think these new therapeutic practices might not look like traditional practices and they might be more difficult to define. However, I believe they will reflect the complexity and relational importance of human relationships and the tools that EPs can use to support change.

Can psychoanalytical concepts aid my analysis?

DP usually discourages speculation about inner unconscious processes (Potter and Wetherell, 1987). However, I wanted to apply a psycho-discursive approach to my study. I hoped this

would offer me an opportunity to appreciate how characteristics inherent to each of my participants and their social context are connected. I do not believe that 'the self' or 'subject' is a 'blank theoretical space' waiting to be filled by subject positions (Parker, 1997b, p.3). Instead I agree with Parker's concept of 'complex subjectivity' whereby an individual's sense of agency is complicated and entwined with cultural forms of self knowledge that circulate in society. This takes into account the interactions and desires of the individual as well as the operations of social structures and discourses.

In 'Psychoanalytical Discursive Psychology' (PDP), (Billig, 2006), Billig re-examines how Freud's work on repression can be achieved through discursive interaction. In drawing on some of these principles I was able to focus on the psychological processes that might be occurring within participant dialogue (dilemmas, disputes, contradictions) and what their dialogue was trying to avoid. This might be thought of as active repression. Therefore, my focus was on what was not being said and the implications of 'not saying'. I drew mainly on Freud's (1926) concepts of 'projection' and 'defence' in my interpretations. This enabled me to speculate why participants might want to repress unwanted dialogue in their discussions about therapeutic EP practice (Frosh, 2002).

I noticed there appeared to be an underlying action of blame throughout participant talk. Edwards and Potter (1992) have stated that: 'the act of blaming could be inspected for its partial or motivated nature' (p.166). This blame seemed to be projected towards educational psychology services, school professionals and training courses. Projection is thought to be a common concept used to describe how feelings like anxiety and tension can be denied to oneself and attributed to others (Frosh, 2002). Blame

might be seen as a projection of underlying anxiety and tension that usually accompanies feelings of threat (Frosh, 1987). I think that participants might have felt threatened by therapeutic practice because they felt less knowledgeable than others in this type of practice. Therefore, they might feel this reflects badly on their professional competence as an EP. I think this might also reveal participants' anxieties regarding the future of the EP role and their professional identity.

Blame as a function might help participants defend, and ward off the challenges to their therapeutic competence and identity as an EP. Through projection, anxiety can be denied and instead attributed to others. In experiencing anxiety as if it belongs to another, uncomfortable unconscious material remains unconscious. This unconscious feeling is usually not recognised in oneself and neither is the projective process. This might allow unwanted feelings to be expelled and wished for material can then be 'interjected' and taken in as it 'becomes part of the self' (Frosh, 2002, p.33).

Across all four focus groups the act of blaming seems to be generic and does not appear to be aimed at specific people. The frequent use of the words 'they' and 'us' seems to reduce the need to point the finger at anyone in particular. It also appears to allow the participants to unite as a group in this blaming action. This seems to allow the construction of shared knowledge and consensus and it appears to reinforce what all participants are saying. This is despite the fact that many of the participants work for different services and have attended different training courses. I think this collective blaming also adds credibility to the shared descriptions of therapeutic practice and implies it is not what one of them knows, but what everyone knows.

I think that a shared collective act of blaming might be seen to strengthen their shared identity as newly qualified EPs. From a psychodynamic perspective anxiety might be linked to the loss of their old professional identity and the uncertainty of their new one (Freud, 1926). Therefore, shared blaming might create a sense of belonging and a professional responsibility that eases their anxieties. This is an important consideration since Ruch (2009) posits that within professional settings anxiety can 'impede the capacity for practitioners to think clearly and exacerbate the tendency to resort to defensive behaviours' (p.351).

Defensiveness is usually defined in psychoanalytical language as an attempt to 'stave off an attack to his or her self' (Frosh, 2002, p.26). This can often lead to arguments as defensiveness is usually seen as a process of denial about uncomfortable emotional truths. Defensiveness is usually used against others to preserve 'face' and rebut any threats to the self from external attacks. The psychoanalytical notion of defensiveness implies that 'we project against ourselves' and these 'accusations chime with unconscious thoughts' (Frosh, 2002, p.26). These unconscious thoughts are considered troublesome because they disrupt our sense of equilibrium and our sense of self (Frosh, 2002). Therefore blaming might allow participants to have a flattering explanation of why they will not, or cannot, carry out more therapeutic work. I think it allows them to cite barriers to this way of working, without looking incompetent as an EP.

Concluding remarks and reflections....

This study has enabled me to reflect on my constructions of therapeutic practice. It has also given me the opportunity to formulate what this work might look like in the future. This has

been an enjoyable and complex experience and in some ways my position altered as the study progressed. In listening to participants talk about their perceptions of therapeutic practice I have been able to reflect on the implications and expectations of this type of work. I also think talking about therapeutic practice has been therapeutic in enabling participants to begin to open up and construct this concept in an alternative way.

I think there is a continuing lack of consensus regarding therapeutic practice within educational psychology. I think participants acknowledge this and this illuminates the continuing cycle of debate. This also alludes to the socially constructed nature of knowledge. As fashions change, new categories are defined and old ones are cast aside. Hayakawa illustrates this point when he states:

The question is 'What is it really?' 'What is its right name?' is a nonsense question... One that is not capable of being answered...the individual object or event we are naming, of course has no name and belongs to no class until we put it in one...what we call things and where we draw the line between one class of things and another depend upon the interest we have and the purposes of the classification (1965, p.115-116).

Atkinson et al (2011) has illustrated how specialist therapeutic techniques are increasingly being categorised and utilised by EPs in the UK. These include: Cognitive Behaviour Therapy (CBT), Narrative Therapy (NT), Play Therapy (PT) and Psychotherapy. I consider these specialist techniques as being different categories of psychological therapies. I am not formally trained or accredited in any of these more formal psychological therapies, however I do aim to be 'therapeutic' in my work as a trainee EP. Further to this, I believe my training allows me to draw on the principles of these traditional psychological therapies to work in a therapeutic way. My

EP training has also provided me with the skills and 'opportunity to compare, contrast and uniquely combine therapies in a helpful way for the child' (Grandison, 2007, p.63).

In describing therapeutic techniques as tools, therapeutic practices might be seen as mediators and facilitators rather than direct interventions that have a measurable effect. I believe I am able to use these therapeutic principles regularly to inform my practice in conjunction with other therapeutic skills such as Rogerian principles of empathy, respect and unconditional positive regard (Rogers, 1967). I think I am able to apply these skills when working with young people, families and other professionals on a daily basis. I believe these processes are much more difficult to categorise.

Whilst completing this research I feel I have been on a long journey of exploration. It has made me question my desire to know more about what it is to be therapeutic in my work. At the start of this journey I initially thought I enjoyed working therapeutically and this was something that interested me as a trainee EP. I now realise that I have also felt threatened by therapeutic practice and I have often felt unsure about applying therapeutic skills. I think I have been anxious about getting things wrong and making things worse for a young person. I like familiarity and predictability as they make me feel safe as a trainee EP. Therefore, I think prescriptive ways of working appeal to me, especially when I am working therapeutically. A theoretical model makes me feel confident I am doing the right thing. Therefore, I can fully relate to participants who might feel further knowledge and training in therapeutic practices will make them feel more competent as a practitioner. Some EPs might feel they need to be accredited and trained in a specific technique before they feel confident in attempting any type of therapeutic work.

However, I believe an over reliance on theoretical models or therapeutic theory can stifle development and expertise. Schon (1996) suggests that an adherence to models based on technical rationality has led to a 'crisis in confidence in professional knowledge' (p.14). In some respects I think there is insufficient direction to link theory to the EP role in a coherent way. I believe this prevents practitioners feeling fully confident in making practice choices and decisions. This has shown to be the case in other relational professions like social work. This is because:

the field of practice is not a static, passive recipient of expert knowledge... the situation itself 'talks back', resists and constrains the practitioners every move, effective practice is not so much the matter of having the expert knowledge as accommodating social work knowledge and expertise to the demands of the context with greater flexibility (Turner, 2005,p.3).

This suggests that analytical thinking should be balanced with abstract analysis and consideration of human relationships. Munro (2011) calls this a 'socio-technical' approach. This socio-technical approach might be similarly applied to educational psychology. This is because EP work might be considered mainly 'social' with a place for technical aids or 'tools' to enhance practice. This kind of approach places greater emphasis on the tools that will facilitate the greatest impact. As well as a stronger focus on relationships as being at the heart of educational psychology practice.

Even in brief encounters with others I believe EPs have the potential to be therapeutic. Billington (2009) would also argue that any meeting with a child has the potential to be therapeutic for either party. In every case the EP is required to obtain information, make sense of it and decide what action to take. I think these actions are

all dependent upon the relational skills of the people involved. A therapeutic tool might be able to facilitate, enhance or change this process in some way, but I think it also occurs in tandem with the inter-relational skills of the EP. Rogers (1967) illustrates this point when he wrote:

...it is not upon the physical sciences that the future will depend. It is upon us who we are trying to understand and deal with the interactions between human beings – who are trying to create helping relationships (p.57).

I believe the very nature of the EP role is the ability to create 'helping relationships' to facilitate what Rogers (1967) would call 'personal growth' (p.57). If we consider these helping relationships to be therapeutic, as Rogers did, then the social nature of the EP role means that most encounters have the potential to be therapeutic. Moore (2005) states that:

there could be a danger in our continued adoption of rigidly scientised and over rationalised approach, in that it encourages a restriction to practice to that which can be 'solved' in measurable ways, and so it severely limits our role and more importantly the relevance of our practice for work in more complex social situations (p. 108).

I think that when we do not pay attention to the skills of engagement, communication, or our ability to make complex interpretations about the needs of young people, the procedures might be technically correct, but the desired result is not achieved (Munro, 2011). I believe that these technical procedures can deal with typical scenarios, but not unusual or unpredictable complex cases. I think by valuing and encouraging professional competence in therapeutic practices, expertise can be cultivated.

The perceived demands for evidence based EP practice might create a barrier to future therapeutic work of this kind. Scaife (2012) believes that evidence based practices seem to privilege traditional views of knowledge, standard procedures and empirical research over personal and professional values (Scaife, 2012, p.3).

Indeed I think there is still much to be debated within the EP profession as practices are altered and revised. However, I think what is important is that there is room for professional judgment and standing back, reflecting, and attempting to manage uncertainty and risk to oneself. Edwards et al (2009) illustrate this point when they state:

Recognising tension and contradictions and working creatively to overcome them is a good thing, as these endeavours will help to take systems forward so they can deal with new demands, work more effectively and make the most of new resources (p.106, Edwards et al, 2009).

I believe change is inevitable and history tells us that the EP profession shows great resiliency in adapting and developing new ways of working. I think the profession has come a long way and is slowly managing to unchain itself from being seen as 'psychometric athletes' (Leadbetter, 2002, p.69). EPs seem more skilled, knowledgeable and competent in a range of skills than ever before and as a result I think it is unrealistic to expect the same ways of working.

I believe it is important to move away from a blaming, defensive organisation that hesitantly looks to the Government to decide its future. EP professionals need to recognise the uncertainty inherent in their work and how throughout its history educational psychology seems to have always found a way of overcoming this uncertainty.

We do not know where our work is leading and we 'often fearfully, let ourselves slip into the stream of becoming, a stream or process which carries us along' (Rogers, 1967, p.202). Rogers states that letting ourselves 'float in this stream of experience, or life previously' makes us 'less fearful of taking the plunge' (1967, p.202).

I think this research has enabled me to go on a journey that has made me less fearful about taking the plunge. There is no mistaking that EP practice requires each individual to be fully engaged both personally and professionally with other human beings. I think this can be a scary prospect. This kind of work can feel unsafe and practitioners often wonder if they are taking the right course of action, often fearful of making a mistake. There is often not much time to dwell on dilemmas of stake. In this way it is about being willing to let go and accept that uncertainty is part of being human.

My desire was to understand, in a different way, what therapeutic means in the world of EP practice. Within this I acknowledge my prior experience of what I considered to be therapeutic practice might blind me from my research and prevent me from fully being open to others' descriptions of the phenomenon in question. However, as the study progressed and I listened to the different constructions of therapeutic practice I felt the meanings I attributed to therapeutic work slip away and new thoughts take their place. My previous understandings and my interpretations from my research data required what Koch (1996) refers to as reflexivity. This is thought to be an increased understanding of the reciprocal relationship between the researcher and the researched.

I believe this research has been therapeutic for me in enabling me to become more aware of vulnerabilities and myself. I am also more aware of my practice and my relationships with others. As a teacher in a tough inner city secondary school I taught many children who had experienced great hardship and disadvantage in their young lives. I think their resiliency in the face of such difficulties surprised me and made me question what I could contribute that would enhance their personal, spiritual and academic growth. I was painfully unaware of how to cope with the catalyst of powerful emotions that would come my way as a result of the close relationships that resulted. I left teaching to work with Looked After Children (LAC) in education; this was a turning point in my career and an experience that really opened my eyes. This experience left me questioning how the systems and policies in place to protect vulnerable young people in care frequently let them down. The professionals who worked with the young people often seemed exhausted, powerless and angry. It seemed as though the system was not strong enough to contain the powerful sense of injustice and pain felt by both the young people and those designated to care for them. I wondered what difference I could make when the systems around me seemed so woefully inadequate. I became frustrated and despondent in my work, I felt unable to make any lasting difference and all hope and optimism I had almost disappeared. It is encouraging that Carl Rogers (1951), in his early career, felt similar thoughts:

In my early professional years I was asking the question: How can I treat, or cure, or change this person? Now I would phrase the question in this way: How can I provide a relationship which this person may use for their own personal growth?

My research journey has taught me that on entering the educational psychology profession I have felt a sense of moral responsibility and genuine concern from the ability to recognise the vulnerability and suffering of another (Jaeger, 2001). However, Tiedje (2000) suggests that people who are morally sensitive are most at risk from expressing moral distress. I think this is especially true when I consider my role as a trainee EP and when I am working with vulnerable people. This is because I believe being morally sensitive enhances one's awareness and responses to the suffering of others, yet this can also contribute to making the self extremely vulnerable. The process of being vulnerable to another's suffering may result in what is described as 'the wounded healer' (Penson et al, 2000).

Participant discourses concerning blame might serve as a defensive function with regards to a growing awareness of the need for self-care as practitioners. The emotional effort involved in working in this way might be too much if it is not managed effectively. This discourse might appear to position EPs as vulnerable to the 'emotional labour' of working in this way. It might be suggested that by talking about therapeutic practice as 'emotional labour' I am serving another function, this time for myself. That is to position and portray myself as strong and competent and not vulnerable and unsure of myself. Blame might be seen as a way I can manage the threat of emotional labour and detract from my vulnerability and fragility as a new EP. It also allows me to justify any reluctance to work therapeutically in an acceptable way. It has been suggested practitioners might try to cope with 'emotional labour' by distancing themselves (Henderson, 2001).

I believe my research has enabled me to remove some of this distance, allowing me to contemplate my own reasons, motivations and interest in what it means to be therapeutic. This has been a

difficult, but fulfilling process that has allowed me to move on and grow as a person. I think that sometimes no empathetic response is needed to facilitate change. On the other side this genuine emotional understanding and connection once achieved can bring deep satisfaction. It might be suggested then that through this process I might be able to build 'hope' rather than 'heal' and change perspectives rather than make any promises to 'cure'.

When I think about my journey from teacher to TEP I think it is important for me to hold onto the idealistic tendencies that motivated me and made me want to help others, whilst being open to the realities of the job. I also believe there is a need within me to acknowledge the coping mechanisms I have developed throughout my life. These mechanisms have enabled feelings of frustration, powerlessness, despondency and vulnerability to be replaced by the hope and optimism that facilitates my empathy and openness with others. This might be seen from a social constructionist perspective of trying to look at situations from a different vantage point. This means trying not to make any assumptions based on right or wrong, but being able to be in the moment with another, fully present, without any script or plan about what to do next (Water, 2010). I realise this might be considered a slow maturation process whereby learning comes with experience, but I feel hopeful that I am on the right path.

Evaluation of my study

Traditional positivist evaluations of research aim to judge how likely it is the research would yield the same results if it were repeated. These evaluations also aim to decide how accurate the measurements have been and how 'true' the generalisations are from the findings (Taylor, 2001). These concepts did not seem to

fit with my epistemological position, since I did not seek one stable truth, but multiple perspectives of the truth (Burr, 1995). Therefore, I had to consider alternative criteria that might be used to evaluate the quality or the 'qualitative goodness' of my study (Lincoln and Guba, 1985, p.837).

There is a vast array of literature exploring how qualitative researchers might 'persuade' their audiences 'that qualitative research findings are worth paying attention to' (Lincoln and Guba, 1985, p.90). Tracy (2010) in particular outlines eight quality marks to help interpretative researchers learn, practice and perfect their work. These common markers of 'goodness' include: a worthy topic, rich rigour, sincerity, credibility, resonance, significant contribution, ethics and meaningful coherence (Tracy, 2010).

My research was of an exploratory nature and contained a small number of participants. Therefore, it was not possible to generalise my research findings to the rest of the EP population. However, it may be possible to achieve resonance with the wider population through transferability. This is where 'findings can be extrapolated beyond the immediate confines of the site both theoretically and practically' (Charmaz, 2005, p.528).

The literature suggests that therapeutic practice is a meaningful and hotly debated topic within educational psychology. Furthermore, Stake and Turnbell (1982) have claimed that when research evokes feelings of personal knowing and experience this can lead to improved practice. This is done in ways that cannot be reduced to scientific knowledge or general truths (Stake and Trumbell, 1992). In this sense I hoped my research would achieve a certain resonance within the EP profession, but acknowledged it could not be generalised in the traditional sense.

Credibility replaces internal validity in qualitative research and is thought to be a measure of a study's trustworthiness (Guba and Lincoln, 1989). The credibility of my research might have been improved by the recruitment of a co-researcher. The co-researcher would have been able to observe body language and take field notes during the focus group discussions. Despite the absence of a co-researcher I believe I was able to achieve credibility through the use of member reflections, regular discussions with participants and research colleagues (Tracy, 2010). In doing this I hoped to confront some of my personal values and beliefs about therapeutic practice. I also kept a reflective journal and made field notes after each focus group in the form of a diary. I hoped this gave me greater transparency and reflexivity throughout the research process. This is sometimes called 'tacit knowledge'. This ensures there is correspondence between what is discussed in my findings and my understanding of these findings (Tracy, 2010). This meant taking notice of what was said, and what was not said, during my focus groups, enabling me to generate a greater understanding of underlying issues that might be seen as implicit or part of participants' common sense (Tracy, 2010).

Future research

Activity theory

Activity theory (AT) is a socio-cultural theory that describes how human activities are complex and socially situated phenomena. AT places importance on mediation in learning and development, and it can be used as a descriptive framework, an analytical model or a modelling device. AT might be considered a meta-theory or framework that links workplace learning to organisational learning. It accounts for environmental conditions, history, culture, motivations and the complexity of real life activity. The motives for

an activity are created through the tensions and contradictions within elements of the system. Engestrom (1987) is a key writer and researcher in AT and the theory has been modified in increasing complexity from first to third generation models.

This kind of model could be applied to future research investigating therapeutic EP practices. This might involve holding focus group sessions with other professionals such as speech and language therapists, clinical psychologists and teachers to investigate their constructions of therapeutic EP practice. AT considers how mediating tools (these could be therapeutic tools) can be used to facilitate activity and it has been used extensively in educational psychology research (Leadbetter, 2002) and also other organisations. AT has also been used with Developmental Work Research (DWR) approaches to examine how EPs use consultation, the tools created to enable its implementation into service delivery and the extent such changes have been effective. A similar model could be replicated for therapeutic practices since AT can be used for any situation where human action is taking place.

Action research

Many of the studies on therapeutic interventions are currently in clinical contexts; I believe there is a need for research to focus on techniques we can use in an educational context. Opportunities for action research within services that will enable EPs to reflect on their use of different therapeutic tools might be beneficial. This can be done individually or as a group. Action research was developed by Kurt Lewin (1946) who was critical of social research for producing work that could not be applied to practical settings. Lewin describes social research as a spiral of steps leading to social action. Each step is composed of a circle of planning, action and fact finding and the aim is a constant refinement of thinking and

reflection about the different ways to approach a task. Thomas (2000) refers to this as a 'coil or a spring' (p.112). This means constantly moving forward and up the coil, as well as refining and reflecting on action and changes that have been made.

McNiff et al (2003) suggests action research is more of a form of dialogue than a technique. This might enable practitioners to think about the different therapeutic tools and techniques they could apply to their practice. This could provide EPs with the confidence to try new ways of working whilst practising and enable them to consider whether therapeutic tools make therapeutic work easier or change it in some way. This would enable services to build a bank of therapeutic resources, related to theory, which could then be utilised by the rest of the service.

Implications for educational psychology

In order for therapeutic practices to become more firmly embedded in EP practice I think service leaders need to invest in pathways that support higher levels of expertise. This could be linked to professional development, performance appraisal and career structures. I believe therapeutic practice offers the possibility of new ways of working, both within educational psychology and with other services such as CAMHS, social work and clinical psychology.

This might mean making use of resources, training and creating new knowledge through active research. This will allow EPs to capitalise on their sense of agency with regards to therapeutic practice. This is especially pertinent now, because in the future some of the participants who took part in this study will have responsibility for managing the EPs of the future. In this sense they will be able to advocate therapeutic practices and give it importance alongside other ways of working.

EPs would also benefit from regular in service training that acknowledges not all EPs want to become qualified therapists. Instead, the focus should be on the practical applications of therapeutic tools, models and approaches within educational psychology. This could be delivered by a designated, therapeutically trained, professional acting as a specialist consultant within teams. This would ensure therapeutic expertise was cascaded to colleagues (AFT, 2007).

There is also a need for a framework that provides some clarity amongst EPs about their therapeutic role compared to other professionals (Ashton and Roberts, 2006). This should be flexible enough for EPs to still maintain their autonomy as professionals, but concrete enough to define a potential therapeutic role. This might enable the profession to define itself more clearly when compared to colleagues in mental health. I believe this is helpful because 'as joint working becomes the norm, clarity about roles and responsibilities become all the more important' (Chief Secretary to the treasury, 2003, p.91).

The aim is a legacy whereby the system is better equipped to learn and embed therapeutic practice within the repertoire of an EP. It is time for EPs to realise they can be masters of their own destiny. This is because 'if you do not create your history then others will create and articulate their own version of your history.' (Lavia, 2010)

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Appendix One

Email to Principal Education Psychologist

Dear

My name is Charlotte and I am a year two educational psychology trainee at the University of Sheffield. I am currently on placement at the East Riding of Yorkshire and I am writing to you because I am conducting a research study exploring how Educational Psychologists (EPs) position themselves as therapeutic practitioners. This research will contribute to my thesis and qualification as an educational psychologist. I believe this is an important piece of research that will lead to greater understanding of EPs constructions and identity with regards to therapeutic practice. I need to recruit a sample of EPs who have completed or are about to complete the three year Doctoral training in Educational Psychology. With your permission I would like to invite a number of EPs who work in your service to be part of this study by being part of a focus group. I have attached an information sheet for you to read at your leisure that explains fully what the research is about. I hope you will find it useful. I realise the that service demands and tight time constraints means that it may be difficult to release EPs in normal working hours. However, I am willing to be flexible and can discuss the logistics of the research taking place with you in more detail if this is helpful. If you are happy to do so, please could you forward this email, plus attachments to any EPs in your service who trained from 2006 onwards or who are in year 3 of their training, regardless of which University has been involved in their training. I appreciate you taking time to read this email.

Kindest Regards

Charlotte Stiff

Appendix Two Information Sheet



The
University
Of
Sheffield.

Information sheet

I am writing to you because I am conducting a research study on how EPs position themselves as therapeutic practitioners. I would like to invite you to be part of this study, but first I want to explain to you what the research will be about.

Please take time to read the following information carefully. If you would like any information or have any questions about the research study, please do not hesitate to contact Charlotte Stiff on ***** or using the email address: *****

Who will conduct the research?

The research will be conducted by Miss Charlotte Stiff and will form the basis of her doctoral research thesis in Education and Child Psychology (DEdCPsy).

Title of the research?

What is the aim of the research?

What is the duration of the research?

The project will run from June 2012 until September 2012.

What does the research involve?

I am writing to you because I would like you to take part in the study. I plan to hold a focus group of about 4-6 people at a neutral location to facilitate discussion about:

This focus group will take will approximately ninety minutes and will take place at xxxxxxxxxx between June 2012 and September 2012. A copy of the focus group questions can be seen on request.

What happens to the data collected?

The data will be analysed by myself at the University of Sheffield and at my home. I will be writing my thesis based on the results of the data collected from the focus groups. I can assure you, your full name or identifiable features will not be used in my dissertation.

How is confidentiality maintained?

All data will be treated as confidential and will be completely anonymous. Your name will be changed to protect your identity and I will be the only person with access to your identity. The data obtained from interviews

will be stored on a password-protected drive to which only my supervisor and I will have access.

What happens if you do not want to take part in the study, or you change your mind at a later date?

It is up to you whether you want to take part in the study. You are free to change your mind at any time. If you do so, please rest assured I will destroy any data generated during the interview.

Will there be any payment or incentive for participating in the study?

I am not able to offer any payment for participating in this study.

Criminal Records Check.

I have undergone a Criminal Record Bureau check at the Enhanced Disclosure level.

Contact for further information

Miss Charlotte Stiff

Tel: *****

Email: *****

What is something goes wrong?

If you are worried about your well-being during taking part in the study or afterwards, then you should contact Charlotte immediately.

If you wish to make a formal complaint about the conduct of the research you should contact the head of the research office, University of Sheffield.

Appendix Three Consent Form



The
University
Of
Sheffield.

Consent Form

An information sheet is attached to this form, please read it carefully before making a decision about whether to part in this study.

If you are willing to take part then you need to read the information sheet provided very carefully. In consenting to take part in this study, you are giving your permission for to take part in a focus group designed to elicit discussion on the therapeutic practice of Educational Psychologists now and in the future.

If you decide you would like to take part, then please complete the slip below. Charlotte can be contacted by telephone on ***** or email at *****

Finally, please remember, if you do decide to take part, you are free to change your mind at any point in the study. If this occurs, please inform me of your decision and I will destroy any that has been data generated in relation to you.

I give my permission for to take part in this study. This will involve being part of a focus group discussion concerning the therapeutic practice within educational psychology, this will last approximately 60 minutes.

Signed _____

Date _____

Appendix Four

Participant Characteristics

Focus Group	Participant	Male or Female	University training	Local Authority (LA)	Number of years qualified as an EP
1.	Arthur	Male	D	1.5	2
	Emma	Female	A	1.1	2
	Carol	Female	C	1.1	1
2.	Sarah	Female	A	1.2	3
	Becky	Female	B	1.2	2
	Susan	Female	F	1.2	3
	Nina	Female	E	1.2	1
3.	Peter	Male	B	1.3	2
	Jenny	Female	G	1.3	Year 3 TEP
	Fay	Female	C	1.3	2
	Lucy	Female	H	1.4	2
4.	Carla	Female	A	1.2	Year 3 TEP
	Nancy	Female	A	1.5	Year 3 TEP
	Nadine	Female	A	1.5	Year 3 TEP
	Lisa	Female	A	1.6	Year 3 TEP

**All names have been changed to pseudonyms to protect participant identity*

Appendix Five

Introductory and Finishing Script

Introductory Script

Welcome, thank you for taking time to join in this focus group.

My name is Charlotte today I would like to look at the **topic** of how EPs position themselves as therapeutic practitioners.

The **results** of this focus group will be used to inform my research design for my doctoral thesis study in educational and child psychology. I also hope it will help to shine a light on a messy area in educational psychology practice.

You were selected because you are all doctoral students on the educational and psychology course, you have experience of working in local authorities and you have recently completed a block week in therapeutic applications that can be used in EP practice.

The **guidelines** are: there are no right or wrong answers just differing points of view, you do not have to agree with what others are saying, but you must listen respectfully as others share their views. Please keep in mind I am as interested in negative comments as positive ones. At times the negative comments are the most helpful. Can I ask that you turn your mobile phones to silent or turn them off, if you cannot and must respond to a call, can you take it quietly and return to the group as quickly as you can.

You have probably noticed the microphones and I am digitally recording the session, so can we try to keep one person speaking at any one time and we are on first name basis. We are on first name terms, but you should rest assured your names will not be used in the final reports. You can be assured of complete confidentiality. I would like you to talk to each other, my role will be as moderator and my aims will be to guide the discussion.

Well let's begin I have placed name cards in front of you to help us remember each other's names. Lets begin.

Finishing Script

Of all the things discussed during the session what do you think was the most important?

Summary of what we have discussed from the note taker (assistant moderator).

Review the purpose of the study; the purpose of the study was to use the focus group to ascertain whether EPs position themselves as therapeutic practitioners? Have we missed anything?

Appendix Six

Focus Group Prompts

Prompt	Possible probes
<p>1. I am interested to know generally what you all think about therapeutic working? (20 mins)</p>	<p>What are your thoughts on this?</p> <p>What does this mean?</p> <p>How do you know that?</p> <p>In what way?</p>
<p>2. I am wondering whether you consider yourselves as therapeutic practitioners? (20 mins)</p>	<p>What did you do?</p> <p>Tell me more about that?</p> <p>And then?</p> <p>Can you give an example?</p>
<p>3. What do you think the future holds in terms of EPs working therapeutically (20 mins)</p>	<p>Go on.</p> <p>And....</p> <p>Really?</p> <p>What happened then?</p> <p>How did that make you feel?</p> <p>What are you thinking?</p> <p>How do you know?</p> <p>What else?</p>

Appendix Seven

Transcription Key

Transcription key (based on Jefferson, 1984)

↑	An arrow direction indicates raised/lowered pitch or intonation
<u>Word</u>	An underlined word demonstrates emphasis
(0.5)	Intervals within or between talk (measured in tenths of a second)
(.)	Pause less than one second, too short to measure
(1+)	Pause more than one second
[word	Point of overlapping speech
Word]	Point at which overlapping speech ends
=	Continuing speech interrupted by other (also used to show a person continues speaking over across an intervening line displaying overlapping talk)
?	Questioning intonation
!	Animated tone
-	Abrupt cut off sound
:	Extension of preceding sound – the more colons the greater the extention
Hhh	Laughter
RESEARCHER	Indicates myself as researcher *
WORD	Capitals indicates louder speech relative to surrounding talk
....	Missing data
((coughs))	Noises in double paraphrases
hhh	Audible out breath
.hhh	Audible in breath

* Transcription note: I acknowledge that I could have used my name rather than 'researcher' within the text to indicate my involvement. However, I chose to use 'researcher' as my title to reflect my emerging identity as a researcher.

Appendix Eight

A search for key words and phrases

Key words and phrases from focus group 1

<p>Treading on toes Boundary stepping Referral to CAMHS Within child Structured Closed Pluck them out Prescriptive Haven't had the same training Four five sessions Solution focused brief therapy Narrative therapy CBT Skilled Where do the boundaries finish? Where do our boundaries finish and CAMHS pick up? I've done quite a lot at university See it as very narrow Individual</p>	<p>They want to see outcomes Limited set of sessions Hard to measure There isn't clear guidance Less opportunity The problem is the system Time allocation Commitment Doesn't seem high up on our core offer A danger in trying to quantify Implication on work in other areas Physically can't do that Balancing twenty schools</p>	<p>A big step A lot of EPs lack confidence in doing it Reflect on it in Quite brave Anxiety Question the competence we have Big step It's about risk to themselves</p>	<p>Influenced by own principles Is it narrower or is it wider There are different levels More flexible Toolkit Different approaches Part of the skill set we have Changing thoughts and perceptions Everyday Eclectic Systemically Not boxed up before you go away It kinda goes out and out More about paradigm Different approaches Coupled with other things Vary from person to person Different approaches Very between EPs Wider issues</p>	<p>Negotiate I can see the benefits Fantastic position to offer it Willing to learn more EP will decide</p>
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Key words and phrases from focus group 2

<p>Not for the EP to be involved doing it Evidence based model CBT Human givens Motivational Interviewing Narrative Solution Focused Brief Therapy Therapy means to cure Separate Longer term involvement Not got the depth of knowledge Individual pupil It depends on the level of training Proper focus Certificate I don't think I'm qualified enough Discrete piece of work I haven't got the skills Outside the Doctorate Accredited course Trained Until I get to a certain level Detailed understanding Not had enough training Complex Qualified Open ended Formal training Focused We've all has enough to go further Trying to get further qualified Cluster therapists Art therapists Child Psychotherapists Specific</p>	<p>It's how much you can offer They have to commit to it We have other responsibilities Opportunity Struggled Time allocation Very very difficult Understaffed service Real challenge Not something that's facilitated or promoted Wouldn't be practical Restraints in place Never really seem to arrive at anything Not in your mind frame Not something we've got clear in our minds Not able to do it regularly You understand the limitations</p>	<p>Danger Forced Something I've struggled with You think you might be working in a certain way Expectations placed upon you Too much expectation Doesn't feel right Anxiety Confidence Real stress for me Doesn't feel right Chance to talk it through Doesn't feel right Relieved Uncomfortable You've got to be safe Meddling I don't feel fully confident I'd need support Don't have space to think I shouldn't be going there and doing it Making myself a bit vulnerable Got to have very clear boundaries You're not quite getting what you need</p>	<p>Ingrained A lot of these skills you're learning through the course Messy So many hats to hold A little impact in a conversation I think we do more than we realise You make choices as a psychologist Approaches Whole host of things Basic counselling skills I'm a psychologist Principles Understanding of the principles Underlying I wouldn't say I'm a therapeutic practitioner Illusion it has to come from somebody who is skilled Different tiers Approach you've drawn on Share views Encourage Interaction Everyone might not feel that way Depends what you mean by therapy Approach you've drawn on We don't have that neat and tidy remit Combining Conversation Consultation</p>	<p>Promoting these skills Very well placed De-skilling ourselves I wanted to do it Missed opportunity We are the most qualified Maybe something you don't push at a senior level I really like the idea of doing more There is more we can offer Fills the gap Developing these skills is a good way to go I would like to do more Raising their awareness Big impact Positive Wouldn't be able to agree on anything Same argument Never seem to arrive at anything</p>
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Key words and phrases from focus group 3

<p>Competent to deliver Develop through CPD and the workplace Skill you up Intensive three day course I really don't feel competent Dipping your toe in Good knowledge of that model With a young person One to one' CBT In depth It would be CAMHS More of a clinical psychologist role Counselling certificate Three day training Real integrity to the model Six therapeutic sessions I'm always trying to get on courses</p>	<p>Conjures up image of time consuming Maybe it's the terminology? Time allocation What they've been exposed to in the past Hard to get schools to see What time you have available Unless schools request it Depends on the actual client Takes so long Only go so far They don't know what's possible Too much to hold onto at any one time Lockdown on thinking Doesn't fit with the systems</p>	<p>Face the fear and do it That scared me a little bit It will come down to demand I can't invest what should be invested in this I feel a little more confident Being pushed out of our boundaries Some EPs are overly cautious Mad panic Something about where the boundaries are Duty of care Being mindful Heavy cases are too uncomfortable for me Some EPs are overly cautious I'm not as scared of the term Comes with confidence More comfortable Difficulty using the word therapy It creates a shift Different expectations placed upon me Different expectations will be placed upon me</p>	<p>Doing things differently Unconscious competence Incorporating that into practice We're always engaged therapeutically I get they sort of merge Tapping into different models Continuum I think its just words Grabbing opportunities Systemically and holistically Fits with our way of working Incorporating that into practice Not such a clear cut distinction You apply the skills in lots of different ways Not such a clear cut distinction You just do it People will have different definitions of that word Toolkit Bits and pieces Within your repertoire</p>	<p>I would like to do more We're skilled up to do more And actually we could do that They've slowly experienced something new It's a great role we can play Quite surprised when I say I can do some work It's a good thing Better placed than someone in CAMHS They've seen the value of other work You're exploring more The therapeutic element fits me as a psychologist Might be something I'm able to offer As a profession we have been pushing Schools know what range of work we offer</p>
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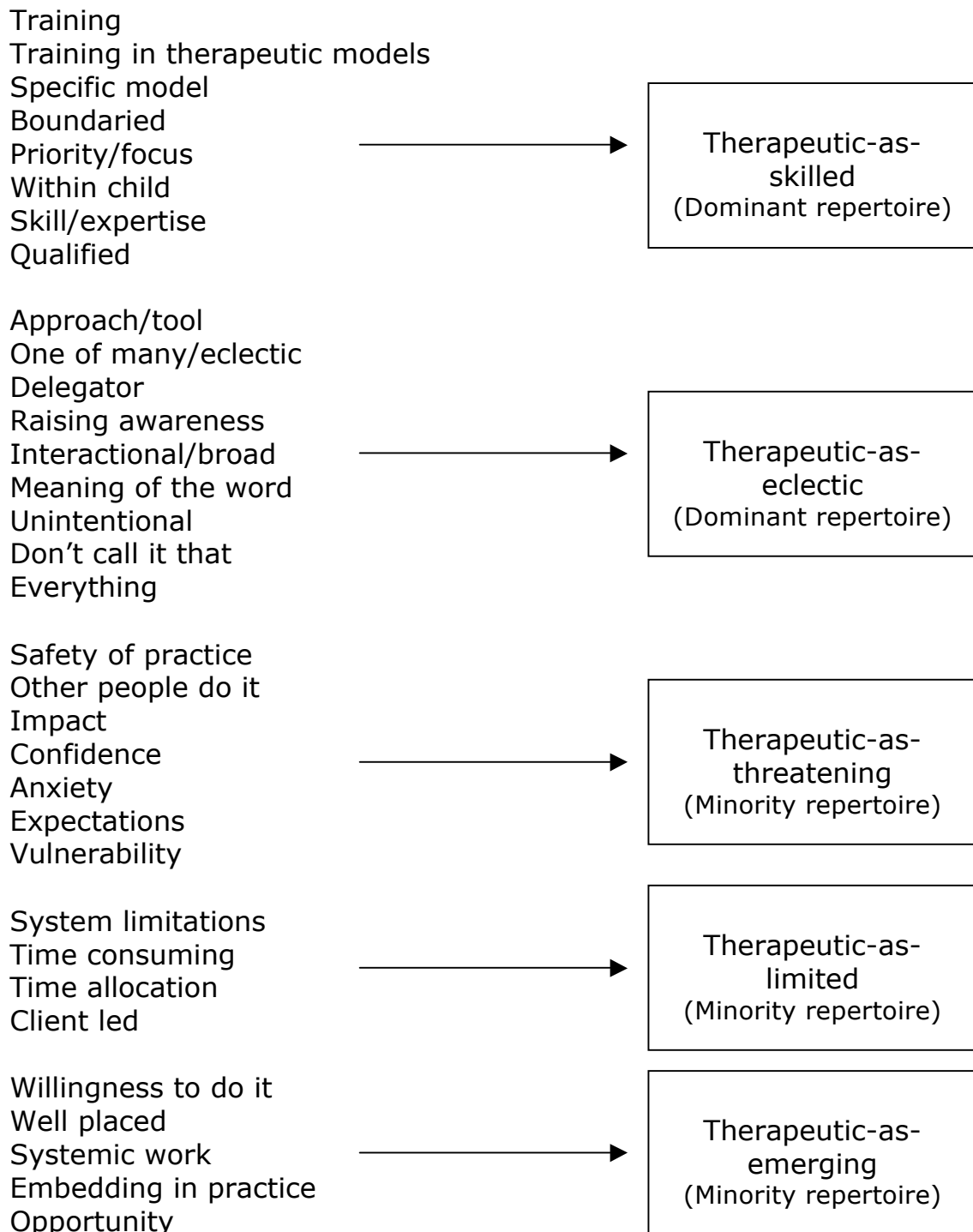
Key words and phrases from focus group 4

<p>Address well being directly rather than indirectly Consciously saying I'm going to address it A skill set above what I have Evidence based In a room with a child Six sessions More skilled UP CAMHS Fixing Medical model Client Counsellor Hierarchy with Clinical Psychologists Clinical psychologists are better than us Medical model Health and healing Boundaried Contained Implement it fully Certain time period Work in a certain way Less flexible Address well being of child specifically Certain approach Solution focused Psychoanalysis Some of them aren't appropriate for EPs to get involved with CBT Narrative therapy Follow something through</p>	<p>Many schools aren't set up Don't understand what's involved Not set up for working in that way Need stability in the system Unheard of Time allocation Limited</p>	<p>Vulnerable Expectation Stigma Frightening Fell absolutely safe Responsibility Hesitance Own therapeutic well being Developing personal awareness Own personal therapy Reflexivity Developing reflexive practice Knowing our vulnerabilities Our own weaknesses Certain level of awareness Seek support Dabble in therapeutics Emotional hurts Emotional safety Really careful entering territory without support Strong enough emotional position How deep you want to go Depth of work The need for supervision EPs are also vulnerable EPs might not be sufficiently aware Haven't clearly defined the role Checking in with emotional well being Making sure you're fit to practice</p>	<p>Might call it a different thing Real messy area Messy subject Depends on individual Individual experiences Nurture groups Everything Messy No clear dividing lines Everybody's business Offer everything Range of therapeutic interventions Massive variation Can at a low level Without following a particular approach Interactions with other people Working in partnership Shared understanding Need isn't specifically with the child I am not trying to fix Almost everything we do should be therapeutic Very messy Combination of schools of thought Impact on the well being Raise child's self confidence Sort of clumsy idea Anything Restorative Interactional Holistic Merges in to each other Complicated concept</p>	<p>Negotiate with schools Profession going in cycles We can do this for you Core business We have the knowledge That includes us We can pick up some of this work Interesting debate Needs to be developed Impact Really useful Something we are good at Empowering Get what they can out of the systems Take hold of the skills we have got</p>
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Appendix Nine

Clusters of words and phrases

As I searched through the transcripts I found that many words and phrases were used frequently to construct different versions of therapeutic practice. I then started to cluster these words and phrases together. These clusters enabled me to identify five different interpretative repertoires being used in each focus group.



Appendix Ten

Discursive devices

At this stage I was looking at the way participants used different discursive devices to position themselves in relation to therapeutic practice. Some examples of discursive devices are listed below:

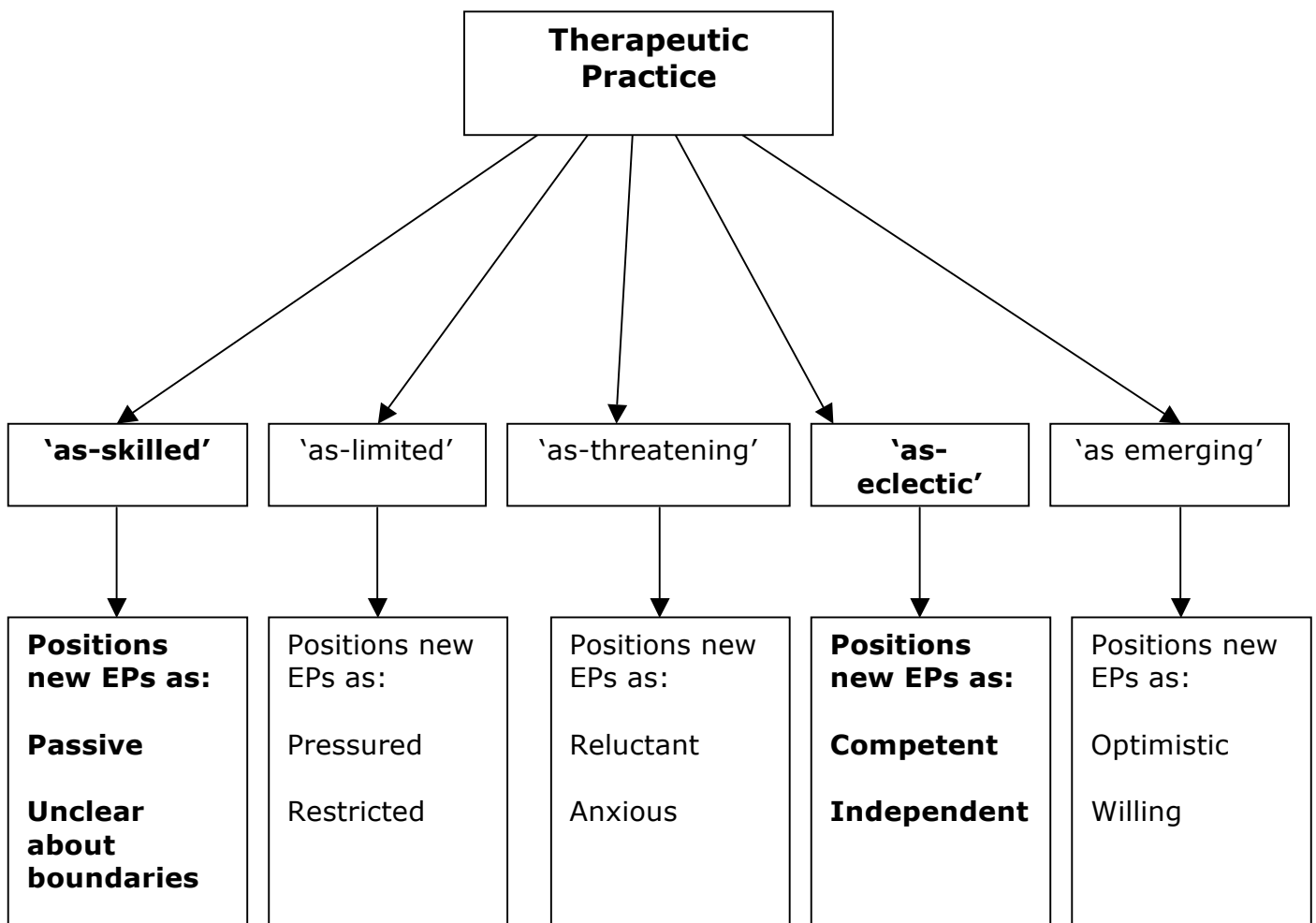
- Repetition – repeated use of words or phrases.
- Extreme case formulation – where claims are taken to the extreme to provide justification.
- Disclaiming – the speaker might convey a negative attitude whilst claiming not to have a negative view towards it.
- Contrasting – a phrase is overtly highlighted by a marker such as: 'but' or 'however'. This creates two clauses that relate to the same topic yet imply a contradiction.
- Stake inoculation – a strategy used by speakers to convey an account as fact.
- Rhetorical questioning – involves others directly in conversation, questions are usually highly persuasive and attempt to make the listener agree with what the speaker is saying.
- Emotive language – used to arouse strong feelings.
- Lists – persuasive device to provide evidence to support speakers views as fact.
- Colloquial language – helps the listener relate to what the speaker is saying

Appendix Eleven

Interpretative repertoires and how they position participants in relation to therapeutic practice

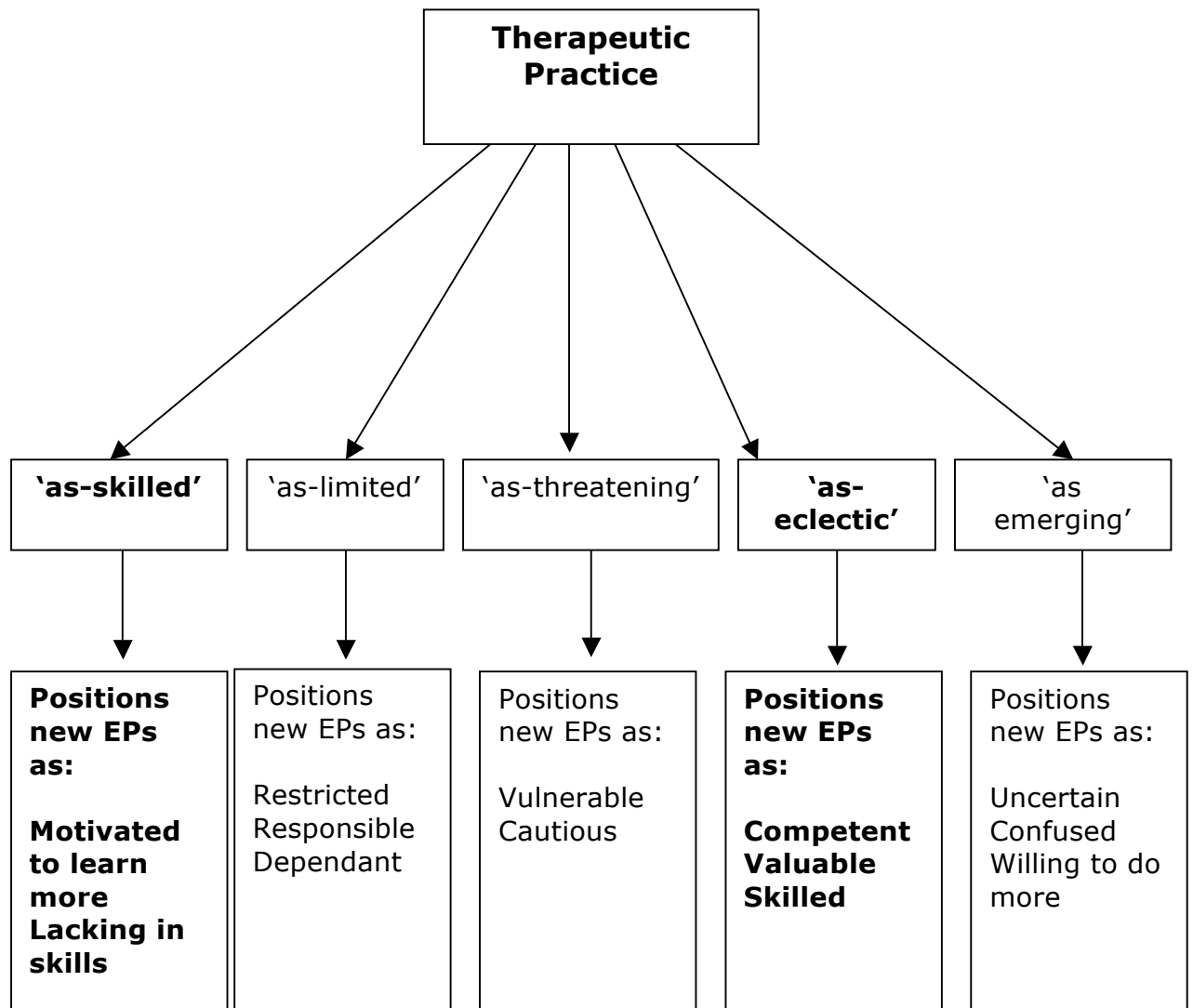
Focus group 1 –

The text marked in **bold** shows the **dominant** interpretative repertoires and text not in bold shows the minority interpretative repertoires.



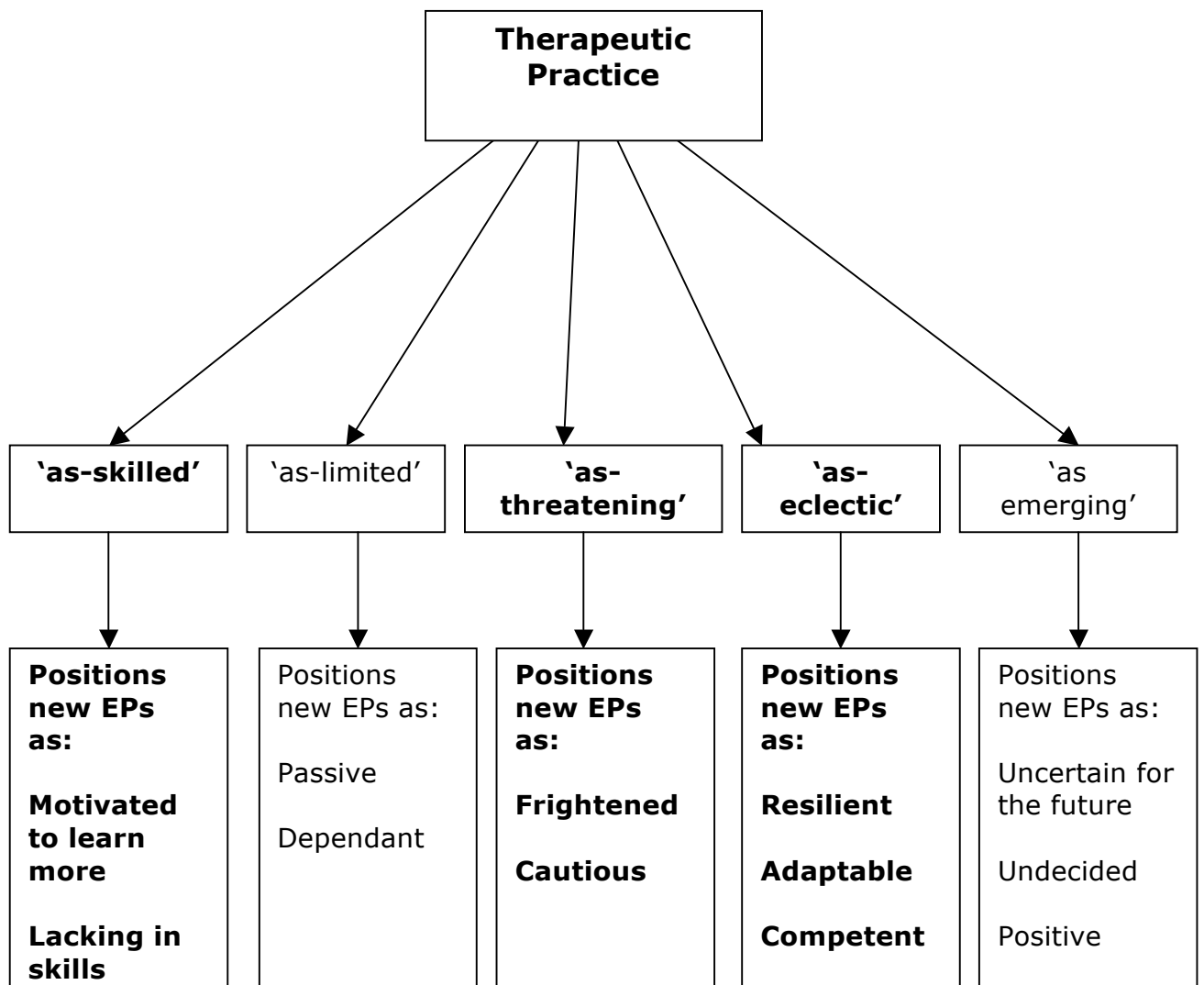
Focus group 2 –

The text marked in **bold** shows the **dominant** interpretative repertoires and text not in bold shows the minority interpretative repertoires.



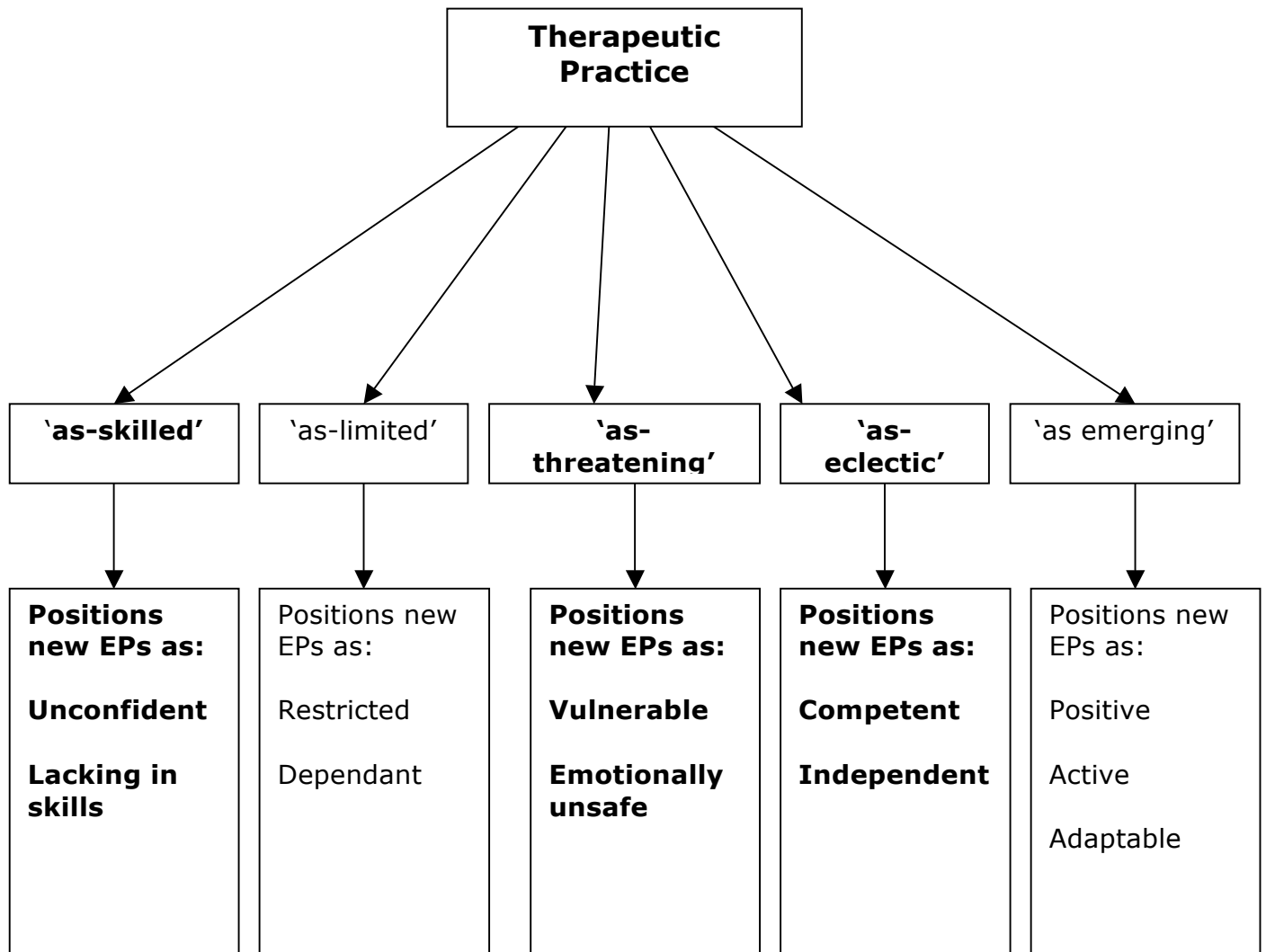
Focus group 3 –

The text marked in **bold** shows the **dominant** interpretative repertoires and text not in bold shows the minority interpretative repertoires.



Focus group 4 –

The text marked in **bold** shows the **dominant** interpretative repertoires and text not in bold shows the minority interpretative repertoires.



Appendix Twelve

Ethical Considerations

University of Sheffield School of Education RESEARCH ETHICS APPLICATION FORM

Complete this form if you are planning to carry out research in the School of Education which will not involve the NHS but which will involve people participating in research either directly (e.g. interviews, questionnaires) and/or indirectly (e.g. people permitting access to data).

Documents to enclose with this form, where appropriate:

This form should be accompanied, where appropriate, by an Information Sheet/Covering Letter/Written Script which informs the prospective participants about the a proposed research, and/or by a Consent Form.

Guidance on how to complete this form is at:

<http://www.shef.ac.uk/content/1/c6/11/43/27/Application%20Guide.pdf>

Once you have completed this research ethics application form in full, and other documents where appropriate email it to the:

Either

Ethics Administrator if you are a member of staff.

Or

Secretary for your programme/course if you are a student.

NOTE

- Staff and Post Graduate Research (EdDII/PhD) requires 3 reviewers
- Undergraduate and Taught Post Graduate requires 1 reviewer – **low risk**
- Undergraduate and Taught Post Graduate requires 2 reviewers – **high risk**

I am a member of staff and consider this research to be (according to University definitions):

low risk
high risk

I am a student and consider this research to be (according to University definitions):

low risk
high risk

*Note: For the purposes of Ethical Review the University Research Ethics Committee considers all research with 'vulnerable people' to be 'high risk' (eg children under 18 years of age).

COVER SHEET

I confirm that in my judgment, due to the project's nature, the use of a method to inform prospective participants about the project (eg 'Information Sheet'/'Covering Letter'/'Pre-Written Script'):	
Is relevant	Is <u>not</u> relevant
√	
(if relevant then this should be enclosed)	

I confirm that in my judgment, due to the project's nature, the use of a 'Consent Form':	
Is relevant	Is <u>not</u> relevant
√	
(if relevant then this should be enclosed)	

Is this a 'generic "en bloc" application (ie does it cover more than one project that is sufficiently similar)	
Yes	No
	√

I am a member of staff

I am a PhD/EdD student

I am a Master's student

I am an Undergraduate student

I am a PGCE student

The submission of this ethics application has been agreed by my supervisor

Supervisor's signature/name and date of agreement

KAPamerantz

19th March 2012

I have enclosed a signed copy of Part B

University of Sheffield School of Education
RESEARCH ETHICS APPLICATION FORM

PART A

A1. Title of Research Project

The position of the Educational Psychologist as a therapeutic practitioner:
 Educational Psychologists as Therapeutic Practitioners

A2. Applicant (normally the Principal Investigator, in the case of staff-led research projects, or the student in the case of supervised research projects):

Title: Miss
First Name/Initials: Charlotte
Last Name: Stiff
Post: Trainee Educational Psychologist
Department: Department of Education
Email: *****
Telephone: *****

A.2.1. Is this a student project?

Yes

A2.2. Other key investigators/co-applicants (within/outside University), where applicable:

Please list all (add more rows if necessary)

Title	Full Name	Post	Responsibility in project	Organisation	Department

A3. Proposed Project Duration:

Start date: May 2012

End date: March 2013

A4. Mark 'X' in one or more of the following boxes if your research:

	Involves children or young people aged under 18 years
	Involves only identifiable personal data with no direct contact with participants
X	Involves only anonymised or aggregated data
	Involves prisoners or others in custodial care (eg young offenders)
	Involves adults with mental incapacity or mental illness
X	Has the primary aim of being educational (eg student research, a project necessary for a postgraduate degree, EdD)

A5. Briefly summarise the project's aims, objectives and methodology?

I intend to investigate how EPs use talk to describe, construct and position themselves as therapeutic practitioners (Edwards and Potter, 1992). I will be using Discursive Psychology (DP), a branch of Discourse Analysis (DA), to interpret and analyse my data. It is hoped DP will allow greater insight into EPs constructions of therapeutic practice by considering the multiple discourses that may be used to describe this type of work. The aim to this research is to illuminate the language and narratives used by Doctoral EPs with regards to working therapeutically. I believe carrying out this research will allow participants to reflect on their practice as EPs. It will also allow me to question the language I use to position myself as a therapeutic practitioner during interactions with others. This piece of research will hopefully generate a unique perspective of the EP role with regards to therapeutic work. This might enable services to further embed this type of work in every day practice. I feel this research is pertinent to the changing context of EP practice. Current emphasis on traded services and a widening EP role means there are increased pressures and expectations from families, school professionals and the wider community. Therefore, I believe this research has important implications for not only my working practice, but also for the profession.

A6. What is the potential for physical and/or psychological harm / distress to participants?

I will need to be aware that sensitive situations may arise from the focus group discussions. I will try to avoid this by having pre-determined prompts to bring the discussion back to less sensitive topics and the main topic of the research. Participants will be shown a copy of the focus group schedule in advance of the session (see appendix 1). However, some topics of discussion might evoke a strong emotive response from participants, especially if a participant has undergone or is undergoing some form of therapy. Such emotive responses might not be anticipated by participants prior to the session, therefore it is important participants are aware they can opt out of the focus group at any time. They will be able to do this by leaving the group altogether or remaining silent. I will also be willing to talk to participants after the focus group session has ended to discuss any concerns they

might have with the research process. I will also destroy all generated data associated with participants that withdraw from the research (Health Professionals Council, 2009).

A7. Does your research raise any issues of personal safety for you or other researchers involved in the project and, if yes, explain how these issues will be managed? (Especially if taking place outside working hours or off University premises.)

I will need to recognise potential ethical dilemmas that may arise from the research and accept responsibility to resolve these dilemmas with reflection, supervision and consultation (BPS, 2009). I will need to be reflective and aware of my strengths and limitations as a researcher and any potential harm that may arise*. I will seek supervision and peer review and develop alternative courses of action if any issues concerning my personal safety develop (British Psychological Society, 2009).

*In order to be more reflexive throughout my research I plan to ask a year two trainee to take notes throughout each of the focus group sessions.

A8. How will the potential participants in the project be (i) identified, (ii) approached and (iii) recruited?

Sample:

The participants will be chosen via purposeful sampling. Purposeful sampling is chosen by interpretative researchers who desire specific, information rich cases that can be studied in depth (Patton, 1990). I plan to use participants who have completed, or are about to finish, their initial Doctoral training in educational psychology since its introduction in 2006. These participants will also need to be working in a Local Authority (LA) service. Since the Doctoral training was only established in 2006, this might limit the number of potential participants I am able to gather together, in one room, for each focus group. Ideally I would like to carry out four, one hour focus groups with around four to six participants in each group. However, I am aware that service obligations and the limited time of many EPs may potentially lower the focus group sample. Therefore, I will accept a minimum of four participants for each focus group to ensure adequate interaction and discussion can be facilitated.

Recruitment of sample

I am aware there may be issues recruiting an adequate number of participants for each focus group. Therefore, I plan to prepare my focus groups well in advance and consider the barriers that might limit participation.

Plan A

I intend to write an email to the Principal Educational Psychologists (PEPs) of a number of LA services. These LAs are likely to include Hull, East Riding, Leeds, North Lincolnshire, Derbyshire (see appendix 5). In the email I will introduce myself and give a brief outline of what my research is about. I will also attach a 'message to potential participants' (appendix 6), an 'information sheet' (appendix 7) and a 'participant consent form' (appendix 8) to the email. I will ask the PEPs to forward the email and its attachments to potential EPs within their services.

Possible focus group dates/times:

***** – Wednesday the 4th of July between 12.30 and 1.30

***** base – Wednesday the 11th of July between 12.30 and 1.30 or 4.00 and 5.00

***** – Monday the 16th of July between 3.30 and 4.30

***** – Wednesday the 18th of July between 2.30 and 3.30

* If only one or two potential participants turn up for any of these pre-arranged focus groups I will have to cancel the session, apologise, and re-schedule for another date. If another date is not possible I will follow plan B (see below) to ensure I recruit an adequate number of participants for the focus group sessions. This is because I feel a minimum of four participants is needed to create adequate numbers for a focus group. I plan to ensure that the focus group sessions are planned well in advance and it is as convenient as possible for potential participants to attend.

Plan B:

I may have to write to other PEPs in Liverpool, ***** and ***** . These are LA services where other Trainee EPs are currently employed or have a bursary placement.

If I am unsuccessful in recruiting an adequate sample of EPs I may have to consider opening up my sample group. This might mean including EPs who have completed the initial Masters or the Doctorate educational psychology training routes.

A9. Will informed consent be obtained from the participants?

Yes

No

✓

If informed consent is not to be obtained please explain why. Further guidance is at <http://www.shef.ac.uk/ris/other/gov-ethics/researchethics/policy-notes/consent>

Only under exceptional circumstances are studies without informed consent permitted. Students should consult their tutors.

A.9.1 How do you plan to obtain informed consent? (i.e. the proposed process?):

I plan to email the PEPs from a number of services in Yorkshire. I will ask the PEPs to forward the email and its attachments to potential EPs, one of these attachments will be a consent form (see appendix 8). I will ensure participants are given the opportunity and time to understand the nature, purpose and anticipated consequences of the research. I will also allow participants to have a copy of the proposed focus group schedule (see appendix 1) and introductory script (appendix 2) prior to the session taking place. All participants will need to give written consent if they are willing to take part in the study. Participants will also have the opportunity to opt out of the research process at any time and this is clearly stated on the consent form (appendix 8) (British Psychological Society, 2009).

A.10 How will you ensure appropriate protection and well-being of participants?

I must observe the rules, policies and guidelines of The University of Sheffield (2003) 'good research practice standards'. It is important I ask participants to consider the

potential risks to themselves before agreeing and consenting to take part in my research study. I have a responsibility as researcher to communicate and listen to participants and I must be transparent in my research. This means never allowing others to be misled and presenting my research data honestly and accurately. The focus groups will be kept as short as possible, with the least disruption, to minimise the burden placed on participants (up to one hour). I will not expose participants to any unnecessary or disproportionate risks. If any sensitive issues arise during the research process, participants will have the opportunity to speak with me privately and in confidence. I will monitor the impact of the focus group discussions or any unforeseen effects on the participant throughout the process. I will treat all participants respectfully and all collected data will be treated as sensitive.

A.11 What measures will be put in place to ensure confidentiality of personal data, where appropriate?

I must respect each participant's right to confidentiality and I will only use the information I gather during focus group discussions for the purpose of my research. It is the participant's right that any information they provide throughout the research process is kept secure at all times. This is unless any information raises safeguarding concerns about a situation or it is thought someone is at risk (Health Professionals Council, 2009). If this arises I will speak to my research tutor immediately. For confidentiality purposes the participant's names will be changed after each focus group discussion. I will remove any markers that can be used to identify each participant and will not knowingly give out personal information. This will ensure the participants are protected and their information is not identifiable to a particular person. Additionally, material gained from the focus groups will be processed in a secure environment on password protected files, in a password protected folder to which only I will have access (University of Sheffield, 2007).

A.12 Will financial / in kind payments (other than reasonable expenses and compensation for time) be offered to participants? (Indicate how much and on what basis this has been decided.)

Yes

No

√

A.13 Will the research involve the production of recorded or photographic media such as audio and/or video recordings or photographs?

Yes

No

A.13.1 This question is only applicable if you are planning to produce recorded or visual media: How will you ensure that there is a clear agreement with participants as to how these recorded media or photographs may be stored, used and (if appropriate) destroyed?

I will only record each focus group discussion after I have obtained verbal permission from participants. I will keep accurate records and protect these records from becoming lost, damaged or accessed by someone without my permission. Any personal data will be made anonymous as early as possible after data collection. Materials and samples will be labelled with an identifier marker and cross-referenced to the written pieces of research evidence (University of Sheffield, 2003). I will make back up records at regular intervals throughout the research. These will be kept securely at all times. A hard copy will be made of all material and stored in a secure location and the consent forms will be kept securely with the research evidence (British Psychological Society, 2009).

**University of Sheffield School of Education
RESEARCH ETHICS APPLICATION FORM**

PART B - THE SIGNED DECLARATION

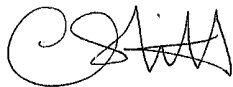
I confirm my responsibility to deliver the research project in accordance with the University of Sheffield's policies and procedures, which include the University's *'Financial Regulations'*, *'Good research Practice Standards'* and the *'Ethics Policy for Research Involving Human Participants, Data and Tissue'* (Ethics Policy) and, where externally funded, with the terms and conditions of the research funder.

In signing this research ethics application I am confirming that:

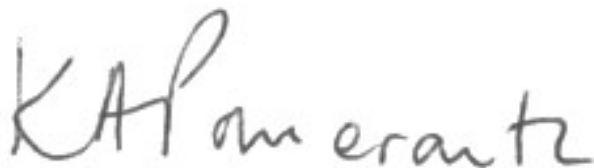
1. The above-named project will abide by the University's Ethics Policy for Research Involving Human Participants, Data and Tissue': <http://www.shef.ac.uk/ris/other/gov-ethics/researchethics/index.html>
2. The above-named project will abide by the University's 'Good Research Practice Standards': <http://www.shef.ac.uk/ris/other/gov-ethics/researchethics/general-principles/homepage.html>
3. The research ethics application form for the above-named project is accurate to the best of my knowledge and belief.

4. There is no potential material interest that may, or may appear to, impair the independence and objectivity of researchers conducting this project.
5. Subject to the research being approved, I undertake to adhere to the project protocol without unagreed deviation and to comply with any conditions set out in the letter from the University ethics reviewers notifying me of this.
6. I undertake to inform the ethics reviewers of significant changes to the protocol (by contacting my supervisor or the Ethics Administrator as appropriate
7. I am aware of my responsibility to be up to date and comply with the requirements of the law and relevant guidelines relating to security and confidentiality of personal data, including the need to register when necessary with the appropriate Data Protection Officer (within the University the Data Protection Officer is based in CICS).
8. I understand that the project, including research records and data, may be subject to inspection for audit purposes, if required in future.
9. I understand that personal data about me as a researcher in this form will be held by those involved in the ethics review procedure (eg the Ethics Administrator and/or ethics reviewers/supervisors) and that this will be managed according to Data Protection Act principles.
10. If this is an application for a 'generic'/'en block' project all the individual projects that fit under the generic project are compatible with this application.
11. I will inform the Chair of Ethics Review Panel if prospective participants make a complaint about the above-named project.

Signature of student (student application):



Signature of staff (staff application):



Date: 19.03.2012

Email the completed application form to the course/programme secretary

**For staff projects contact the Ethics Secretary, Colleen Woodward
Email: c.woodward@sheffield.ac.uk for details of how to submit**

Appendix thirteen

Focus Group Transcripts

Focus group 1

Line	Speaker	Text
1 2 3	Researcher	I am interested to hear you talk about educational psychologists working therapeutically. I'm just curious as to what you might say about that?
4 5 6 7 8 9 10 11 12	Emma	mmm ok I'll start mmm I think it's a really <u>important</u> part of our role but I don't think we get chance to do it (.) and one of the difficulties is often when you're doing five six weeks sess erm (.) with groups or individual children it's <u>so hard</u> to (.) put that as a <u>priority</u> (.) for the school cause the school wants something else and they could (.) and that sort of (1) erm commitment and time allocation is often too much (.) erm and it ends up going down the list of priorities really
13	Researcher	mmm
14	Emma	↓I don't know
15 16 17 18 19 20 21 22 23 24 25 26 27	Carol	mmm I think I do think it's a viable way of working but I think it's <u>really</u> important that it's coupled with something else especially if you're going to be working individually with the child erm (1) you and pupil there's danger of kind of plucking the child out working with them and putting them back in the environment they came from un actually (.) from the adults from their point of view nothings really <u>changed</u> and it can kind of ((coughs)) (.) almost look as though it's quite <u>within child</u> rather than looking more systemically at what other people can do so I do think it's a really positive thing <u>to do</u> but I think it needs to be coupled with other ↓things
28 29 30 31 32 33 34 35 36 37 38 39	Arthur	yea:h I mean I agree with both of you actually and I think it is a very powerful way to work a different tool really (.) and erm something that's maybe under used that erm .hhh time allocation models are a hindrance to it (.) because you're measuring just a quantity of work really as opposed to quality of work or what you'rE doing (.) erm and if you've only got a very limited amount of sessions within a school you've also then got to negotiate with school (.) around therapeutic work and they might not see the same outcomes to it as yourself because its not necessarily outcome basic it could just be that you're (.) doing

40		something therapeutic with the hope that you're going one way ↓or
41 42 43 44	Researcher	would you see therapeutic work then as being something that you would do with an individual child using a therapeutic tool or is it something that you would (1) put wider than that so =
45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63	Emma	= I think it <u>depends</u> on the needs of the children really erm (.) and I've done things like (1) like more structured like the friends group like <u>friends</u> within a group (.) but then I've also used things like narrative therapy solution focused erm (.) and drawn things out of other different sorts of toolkits around therapeutic working therapeutic stories into individually (.) erm and it for me it just depends on the need of that child and for me I do agree with Carol in that when I've (.) erm when I was doing my therapeutic piece of work for uni in when I was training it I did pluck them out and did do that bit of work and then it was <u>really hard</u> (.) because we were talking about how to (.) like a golden book where they the class teacher and the parent had to record all the improvements and changes (.) but it was really <u>hard</u> for that to happen because although I tried to liaise with them (1) it didn't really happen as well as I wanted it to and I think that's perhaps because there were two sort of systems going on
64	Carol	mmm
65	Arthur	mmm
66 67 68	Researcher	so would you class therapeutic work that you do as an EP just with children or would you say sometimes (.) it could be with parents (.) as well as indirectly
69 70 71 72 73 74 75 76 77 78 79 80 81 82	Arthur	it could be <u>parents</u> it could be teachers as well erm we've been doing erm (.) some reflective <u>groups</u> so with groups of SENCOs cause there's sort of hardly any supervision really in education it's a big issue erm and we've also done it with social work teams I think (.) there's also <u>within</u> consultation I think they can actually be by themselves I'd say that was quite therapeutic to groups of people but erm ((cough)) I suppose when you're thinking about therapeutic work maybe you think about it (.) ahh more in terms of the structured bits that you've done err so there's sort of therapeutic story writing .hh again you try make erm relevant to the school and maybe try and bring someone in so they're a part of [it]=
83	Carol	[mmm]
84	Arthur	= erm but I think there's an aspect aspect of that kind

85		of therapeutic work within consultation [within]=
86	Researcher	[yes]
87	Arthur	= a lot of work that ↓you do
88	Emma	I <u>guess</u> you a a I sort of see it very narrowly narrowly
89		in terms of therapeutic work that's what we did at Uni
90		working with children but <u>actually</u> everything we do in
91		terms of offering supervision solution circles (1) all
92		those [things]=
93	Carol	[mmm]
94	Arthur	[mmm]
95	Emma	= are therapeutic to members of staff and to erm
96		headteachers (1) erm I guess there has (1) there's
97		been less opportunity (.) opportunity perhaps within
98		our authority to work with parents in that [way]=
99	Carol	[mmm]
100	Emma	=I know I'll often have home visits that are quite
101		therapeutic for them but then I wouldn't class
102		[that as]=
103	Carol	[mmm]
104	Emma	= as a (.) therapeutic piece of [work]=
105	Carol	[yeah]
106	Researcher	[mmm]
107	Carol	= I think often you don't really it's only when you
108		maybe reflect on it in supervision and someone pushes
109		you to think well what psychology did [you]=
110	Researcher	[mmm]
111	Carol	= actually use there (1) I think often you (.) it's kind
112		of you don't (.) realise that you're working
113		therapeutically (.) but you maybe (1) because it's
114		something we're doing everyday
115	Emma	mmm yeah
116	Researcher	how would you know then that you'd had a therapeutic
117		effect I know you talked about the erm (.) golden book
118	Emma	yea:h I guess the only way I would <u>if</u> it was about a
119		pupil or you were trying to work on a specific
120		behaviour (.) and want that behaviour reduced I guess
121		that would be a really behaviourist way of thinking
122		about it (.) but I guess also that would be around the
123		changes (.) that other people would be seeing in that
124		around that pupil (.) and <u>the</u> impact it had on perhaps
125		mum's anxieties or the class teacher's anxieties
126		↓maybe I don't [know]
127	Arthur	[mmm] I think you do get feedback
128		from people in certain scenarios .hhh I think there's a
129		danger in trying to quantify what (.) therapy is the the
130		you know looking at it in terms of [outcomes]=

131	Emma	[mmm]
132	Arthur	I think that's kind of a [danger]
133	Emma	[mmm] mmm
134	Arthur	= that's going through the whole profession at the
135		moment and just that kind of <u>gold</u> attainment scaling
136		you know (.) where its so focused on attainments it
137		misses what (.) ed psychs really do in consultations
138		which is maybe changing thoughts and [perceptions]=
139	Emma	[mmm]
140	Arthur	= and <u>challenging</u> and that ↓side of things
141	Researcher	they're more difficult to sort of pin down aren't they
142	Arthur	yeah
143	Emma	mmm
144	Carol	It's almost like ultimately if that person feels better
145		about the <u>situation</u> you've had an impact even if they
146		are just <u>momentarily relieved</u> from the situation and
147		just feel better in that conversation [then]=
148	Arthur	[mmm]
149	Carol	= you have had an impact (.) but it is hard to measure
150	Arthur	mmm
151	Researcher	has anyone done anything else specific I know Emma
152		talked about the (.) doing some work when she was at
153		University has anybody else done anything (.) that's
154		quite specific ↓over
155	Carol	I've done quite a lot of individual solution focused
156		work conversations especially in secondary schools
157		with (.) children who are able to actually (.) have the
158		ability to clarify what the problem is and think about
159		that themselves and look at kind of how they can
160		move forward
161	Arthur	I've done a lot of solution focused work erm (.) partly
162		through Uni and obviously since as well erm some of
163		the Margot Sunderland stuff on (.) I suppose it's
164		narrative but its sort of therapeutic story writing .hhh
165		I've been trained in CBT but (.) don't tend to use it in
166		practice erm (1) partly because I think its overused
167	Researcher	mmm
168	Arthur	it should more be looked at when it's a good [time]=
169	Researcher	[mmm]
170	Arthur	= to use it cause erm again it fits into those kind of
171		[<u>time things</u>]=
172	Researcher	[mmm]
173	Arthur	= again you have an allotted amount of <u>time</u> you're
174		negotiating what you're going to do with it (.) and
175		particularly with the advent of traded services
176	Researcher	mmm

177	Arthur	that negotiation has changed I think if (1) you know
178		erm (.) if someone's paying for something directly I
179		suppose they're more entitled to <u>ask</u> for something
180		(hhhh) in their [negotiation stage]
181	Emma	[yeah]
182	Researcher	is that something you did at University then or is it
183		[something]=
184	Arthur	[ere I've done]
185	Researcher	= since
186	Arthur	I've I've I've done quite a lot at university I've done
187		some of the we do reflective teams now as I've said
188		erm so erm
189	Researcher	mmm
190	Arthur	that is <u>quite</u> therapeutic and it's one of those problem
191		solving consultations but where there is erm (.) two
192		people will talk about a erm a situation erm then a
193		reflective team will talk about how they've thought
194		about it but not directly interact so it sorta comes out
195		of all the family therapy and that side of stuff (1) erm
196		and I've done some of the erm (.) story writing stuff
197		since leaving Uni and some of the little sand play [bits]
198	Researcher	[right]
199	Arthur	great fun (hhhh)
200	Researcher	(hhhh) is it something you would like to do more of? I
201		know you talked about the restrictions on it I think
202		that maybe (.) you as a practitioner =
203	Emma	= it would be quite nice (.) not to be too prescriptive
204		erm (1) but to have this notion that that's part of our
205		<u>role</u> and we've got a <u>time</u> within the week to do that
206		so like half a day or something where (.) and that
207		doesn't have to be every week but there's that
208		notional thing that's a really key part of our role
209	Arthur	whereas I don't think it is it's sort of we offer training
210		we offer this but the therapeutic bit doesn't seem to
211		be
212	Researcher	mmm
213	Emma	as <u>high up</u> on our core offer maybe
214	Researcher	mmm
215	Emma	I don't know
216	Arthur	mmm
217	Researcher	so would you consider yourselves therapeutic
218		practitioners or (.) you know (.) I know as a profession
219		it's changing and there's probably (.) EPs that maybe
220		trained a while ago that wouldn't (.) that definitely
221		would not consider themselves to be and they wouldn't
222		want to do any sort of therapeutic work cause they'd
223		say that isn't (.) but I'm just curious as to whether

224	Carol	I just think there's the <u>danger</u> if if <u>we don't</u> do it then
225		<u>who will?</u>
226	Emma	mmm
227	Carol	you know it'll be somebody (1) we you know we might
228		(.) kind of question the experience <u>we have</u> =
229	Emma	mmm
230	Carol	= <u>but</u> there will be other people who <u>will</u> question that
231		<u>even more</u> (.) people in schools and things who really
232		don't feel skilled to do things like that
233	Emma	yeah
234	Carol	so
235	Emma	and sort of our values and practice and <u>core training</u>
236		we're in a position to be able to offer that (.) and
237		we're not saying that we're working (.) we're not
238		giving therapy we're working therapeutically it's that in
239		between stage isn't it and (2) yea:h I have concerns
240		about perhaps other colleagues erm not EP team but
241		other colleagues within our wider team (.) working
242		quite therapeutically and not perhaps not thinking
243		about the ethics and sort of the closure of sessions
244		and things like that
245	Carol	mmm (2) I do think we're in a fantastic position to
246		offer it in that we're in schools all the time and we
247		have that relationship with the schools but I do think a
248		lot of educational psychologists do lack confidence in
249		doing it
250	Emma	mmm
251	Researcher	do you think it's a lack of confidence rather than an an
252		un un unwillingness to want to do it
253	Emma	mmm
254	Carol	I think so
255	Arthur	I think it's going to vary from person to [person] =
256	Researcher	[mmm]
257	Arthur	= I think personally I like doing it
258	Researcher	mmm
259	Arthur	I think I wouldn't just call myself a [therapeutic
260		practitioner] =
261	Researcher	[mmm]
262	Arthur	= but I think it's a part of the skill set we [have] =
263	Researcher	[mmm]
264	Emma	[yeah]
265	Arthur	= and it might not be the one I'm strongest [in]
266	Researcher	[mmm]
267	Arthur	but it's something I'm willing to learn more [and] =
268	Researcher	[mmm]
269	Arthur	= enjoy doing and I see the benefits to erm not just

270		children but you know schools and families and so on
271		erm (.) I I <u>think</u> there always is that <u>concern</u> at the
272		back of everybody's mind to an <u>extent</u> my own (hhhh)
273		erm of where do the <u>boundaries</u> finish (.) it kind of
274		goes out and out and out and erm I know there's
275		kinda like meant to be lots more multi agency working
276		and so on and so forth but where do say our
277		boundaries finish and say CAMHS pick [up]
278	Researcher	[mmm]
279	Carol	[mmm]
280	Arthur	all those sort of treading on toes and boundary
281		stepping and arguments that go with it
282	Carol	mmm
283	Researcher	where would you say the boundaries are at the
284		moment or are they difficult to (.) sort of pin down at
283		the moment?
284	Emma	I think it's difficult to articulate and often it can just be
285		around individual pupils (.) and often for me
286		sometimes its around <u>time</u> if you've offered four or
287		five sessions or [five six sessions] =
288	Arthur	[mmm]
287	Emma	= and perhaps you've had some ideas and aims that
288		you've wanted to develop and they've not responded
289		or it's come to the end and you feel they are going to
290		need a much longer erm therapeutic working that's
291		when I think a referral to CAMHS
292	Researcher	right
293	Emma	perhaps (1) but then there are ones that I would refer
294		straight away and I wouldn't even consider doing any
295		therapeutic working with and that's often because of
296		(.) erm because they've had quite a lot of involvement
297		already not from myself but just from the school so
298		there's [more]
299	Researcher	[mmm]
300	Emma	there's more risk I guess it's about that risk to
301		themselves and their levels of anxiety is much more
302		extreme
303	Researcher	right
304	Carol	mmm
305	Emma	↓perhaps
306	Researcher	so there's some cases you just wouldn't you'd just
307		refer straight to [CAMHS] =
308	Emma	[yeah]
309	Researcher	= and there's others you'd erm maybe would you'd
310		maybe do a bit of work with
311	Emma	yeah
312	Researcher	and there's others that school would work with

313	Emma	would manage yeah
314 315	Researcher	would manage and it's an individual (.) sort of decision as to whether which
316	Carol	mmm
317	Emma	I think so
318 319 320 321 322	Carol	I think it must vary massively between ed psychs (.) what they (.) you know (.) consider that they should become involved or whether they think it's more of a CAMHS case (.) there's not kind of well not that I know of sort of clear (.) guidance
323	Emma	no not at [all]
324	Carol	[erm]
325 326 327	Arthur	[I think] also that's going to be influenced by your own principles isn't it you know it makes it more contentious with [ADHD] =
328	Researcher	[mmm]
329 330	Arthur	= where some people might refer or people might say that's not an appropriate way to look [at it]
331	Researcher	[mmm]
332	Arthur	= why don't we address it this [way] =
333	Researcher	[mmm]
334	Arthur	= um
335 336 337 338	Researcher	ethically is it what paradigm you are coming from? I suppose it depends what paradigm you're coming from (.) and what you believe to be true (.) which affects where you are on things like ADHD
339 340 341 342	Emma	going back to what you were saying earlier about the divide between old school EPs and new ones that come through the doctorate because I actually think that old school EPs do work quite [therapeutically] =
343	Researcher	[mmm]
344	Carol	[mmm]
345 346	Emma	= but actually often they would feel very unconfident to say I am a therapeutic practitioner or I [work] =
347	Researcher	[mmm]
348 349 350 351 352 353	Emma	= therapeutically because they haven't had the same training that perhaps we have as trainees but then within each university that differs as well erm (1) so it is I think it's more about the paradigm it's sometimes more around that (.) the paradigm of what drives them as an [EP]
354	Researcher	[mmm]
355 356 567 568 569	Emma	= if they're quite eclectic eclectic and use a wide range of different um um approaches I think they are more flexible if they're much more of a ere erm closed sort of focusing on one or a sort of behaviourist or that sort of paradigm that would stop them perhaps I sort of

570 571		see that as being the thing that (1) perhaps motivates whether an EP would work therapeutically
572	Carol	mmm
573	Emma	I don't know what do you think?
574	Carol	mmm
575 576	Arthur	I think there's a fine line as well between things like play based assessment and therapeutic [work] =
577	Emma	[yeah]
578	Arthur	= and are they one and the [same or] =
579	Emma	[yeah]
580	Carol	[mmm]
581 582 583 584 585 586 587 588	Researcher	I was just wondering if we could talk about the future in terms of EPs working therapeutically and erm their role and identity in the future erm in terms of working therapeutically and in terms of other things really how do you see the role (.) evolving in the future (.) because it does seem to be (.) sort of changing the literature suggests anyway that the profession is going through a stage of
589 590 591 592	Carol	mmm mmm <u>I think there's</u> a danger of sort of ed psychs sitting around <u>talking</u> between ourselves around what our <u>[identity is]</u> =
593	Researcher	[mmm]
594 595 596	Carol	= when really we need to kind of almost be negotiating that with schools what they want what other services are doing and kind of forming that identity
597	Emma	out [there]=
598	Carol	[yeah]
599 600 601 602 603 604 605 606 607	Emma	= I totally agree with you that erm as in unsteady times and around changes to services I think we have to go out there and promote what we can do (.) erm (.) and they'll be lots of different practices and lots of different authorities some EPs might be working therapeutically and a school might be buying them in really a lot more than perhaps we're doing at the moment but that's about us going out there and negotiating and saying these are our skills this is what we can offer
608	Carol	mmm
609	Emma	otherwise we are going to get left behind
610 611	Carol	<u>yeah yeah</u> we've got to negotiate our identity with schools you know schools I feel
612	Emma	yeah
613 614	Arthur	I think it's going to be a time of contention over the next few years I think (.) there's potential for lots of

615		change and you know we're waiting to see what
616		happens with SEN and that kind of statutory type
617		things which (.) erm a lot of people complain about
618		and then a lot of people say <u>well</u> it guarantees us a job
619		because we're written into something on one side I
620		think that erm as other people said I think there's
621		gonna be I think there probably already is I think
622		there's lots of differences between <u>areas</u> between
623		<u>services</u> and in some ways that's not necessarily a bad
624		thing because you can be more respondent to need
625		within an area but erm
626	Emma	mmm
627	Arthur	I think one of the things that (hhhh) actually makes it
628		quite hard is when somebody asks you what you do
629		and I haven't found an ed psych who can say it in less
630		than about a minute yet (hhhh)
631	Researcher	yeah (hhhh)
632	Arthur	(hhhh) and it's always different (.) depending on who
633		say's it
634	Researcher	yeah
635	Arthur	like I said in some ways that's a good thing but in
636		other ways erm (.) it makes it rather hard to market
637		yourself
638	Carol	mmm yeah
639	Emma	I think it all depends on time I've got a couple of
640		friends that are in ***** which is the you know
641		(.) traded service you know (.) the one a lot of
642		services are copying now in terms of being an
643		independent service away from the authority and erm
644		(.) at the moment schools are just buying individual
645		pieces of work hitting and running as you go in and do
646		an assessment (.) you do this and it's very much
647		business minded erm you try to create erm (.) gaining
648		repeat business that type of thing so (.) there isn't at
649		the moment the opportunities (.) unless you've sort of
650		<u>get in there</u> and you've got that <u>commitment</u> from a
651		school and you've sort of explained what you can do
652		and you really outlined the things that you can offer
653		(1) because that's always gonna be the draw back
654		with traded that they're always gonna just say well we
655		want you to do this assessment on such and such
656	Carol	mmm
657	Emma	and us being able to say we can (.) this is the wide
658		range of skills we can offer
659	Carol	mmm
660	Arthur	and maybe getting them to take a step back and
661		looking a little more (1) systemically or even

662 663		potentially more community based rather than just in education ↓ providers
664 665	Emma	mmm mmm (2) I think all that talk about community psychology seems to sort of take a [back]=
666	Carol	[mmm]
667 668 669 670 671	Emma	= it was a big thing when I started training and it all seems to have taken a step back but actually (.) the way that things are moving and moving away from the Local Authority and all of that I think it is starting to come back [as a] =
672	Arthur	[mmm]
673	Emma	= an idea or a notion really
674	Arthur	mmm
675	Carol	mmm
676 677	Researcher	being separate from (.) the Local Authority and just sort of working within the community with
678	Emma	<u>yeah yeah</u>
679 680	Arthur	I mean at least at arms reach from the local authority that's what all well the (.) Government direction was
681 682 683	Researcher	yeah do you think that's a good idea then (.) do you think it would (.) be beneficial to the profession (.) or it would bring its own (.) issues and (.) difficulties
684 685 686 687 688 689 690 691 692 693 694 695 696	Carol	I think ma friend who works at erm (.) ***** they have like a system where (.) the school get so many <u>credits</u> (.) and they can buy things from the ed psychs service with the credits (.) so <u>one credit</u> might be an <u>initial consultation</u> (.) <u>two credits</u> would be an <u>EP view</u> (.) so they like write their view <u>x number</u> of credits would <u>be</u> an ed psych formulation it's up to you to decide what sort of assessment tools you're gonna use (.) what style of consultation you're gonna use what observational techniques you're gonna use (.) so I think that's quite good (.) I wouldn't like the thought of schools saying I <u>need you</u> to do a BAS or we <u>need you</u> to do a WISC (.) I think that's quite <u>dangerous</u>
697	Researcher	mmm
698	Arthur	mmm mmm
699 700 701 702	Carol	and also they can have credits for therapeutic interventions like a six week thing but again the ed psych will decide what that therapeutic intervention looks like and whether or not it's appropriate
703 704 705	Researcher	right and how would the school know what the EP would be able to offer (.) would they sort of go in (.) or would there be someone negotiating that or
706 707 708	Carol	well they (.) that's what they get told (.) you can have an ed psych formulation where basically we can develop formulations around what the difficulties are

709		and recommend strategies you can be <u>therapeutic</u> and
710		just have (.) kind of (.) it could look like this or it could
711		look like that
712	Researcher	right
713	Carol	I don't think it's that specific
714	Researcher	right
715	Carol	I think it's up to that ed psych to decide =
716	Researcher	right
717	Carol	= what the work will look like
718	Researcher	right
718	Emma	and do schools erm cause that sounds like quite a
719		levelled way of sort of saying things that we can offer
720		=
721	Carol	mmm
722	Emma	= but erm do the schools understand (.) is it
723		something that's been working quite well in that they?
		=
724	Carol	yeah well I think so (.) well how she described it to me
725		it sounded (.) you know (.) quite [sensible] =
726	Emma	[yeah]
727	Carol	= and it was working well
728	Arthur	mmm
729	Carol	= but she said she felt bad that you know she had to
730		say that will cost you that many [credits] =
731	Emma	[mmm]
732	Carol	= she said it's a bit uncomfortable to start off with
733		because we're used to sort of [being] =
734	Emma	[yeah]
735	Carol	= quite <u>needs led</u> and sort of yeah we'll (.) do [that] =
736	Emma	[yeah]
737	Carol	= not having to talk about <u>costs</u> =
738	Emma	no
739	Carol	= she said she felt quite uncomfortable ↓but she said
740		it is working she felt it was working
741	Emma	↓mmm
742	Researcher	which is sort of similar to time allocation isn't it in a
743		[way?]
744	Arthur	[mmm] there's all sorts of little models popping up
745		I've got a friend who works for two academies in
746		Bristol and she just works with that school (.) so (.)
747		and they pay her directly so the amount of time she
748		can give to those schools is (.) well above and beyond
749		anything that we can [give] =
750	Researcher	[mmm]
751	Arthur	= the patch within a wide [service] =
752	Researcher	[mmm mmm]

753	Arthur	= and she can do a lot more sort of systemic work or
754		(.) erm working with groups of teachers on areas and
755		actually started to sort of implement a lot of her
756		doctorate into areas which is great erm =
757	Emma	is she an associate psychologist then is [she?]
758	Arthur	= [she's she's]
759		an ed psych [who] =
760	Emma	[is working] within [an]
761	Arthur	= [works] directly for
762		erm ah (.) I've forgotten the name of it now but it's an
763		academy group like [****] =
764	Emma	[ok]
765	Carol	[mmm mmm]
766	Arthur	= or you know **** or whatever it might be
767	Emma	so does she does she get sort of the supervision and is
768		she working with other colleagues or is it more=
769	Arthur	= she is working directly in well the school so I mean
770		some of the problems I've I've only spoken to her
771		recently but some of the problems she said erm was
772		that <u>CPD</u> is an issue and she's got to look a little bit
773		wider for it and she's got to look further for
774		<u>professional supervision</u> and you don't have (.) other
775		ed psych's around so there's that side I think as well if
776		you're in a Local Authority (.) you have access to <u>a lot</u>
777		a lot more [people] =
778	Researcher	[mmm]
779	Arthur	= whether that be just talking to like speech and
780		[language] =
781	Emma	[yeah]
782	Arthur	= or health or whatever but erm it's sets you up for
783		the next stage of that systems (.) theory kinda if you
784		like =
785	Emma	mmm
786	Arthur	= which is gonna be like lost if it [goes] =
787	Emma	[mmm]
788	Arthur	= down the other model (.) so (.) there's gonna be
789		pros and cons to [all of it] =
790	Emma	[mmm]
791	Arthur	= and it seems like there's so many different school
792		systems at the moment as well =
793	Emma	yeah
794	Arthur	= from old academies new academies free school state
795		run things that (1) it's =
796	Emma	mmm
797	Arthur	= just getting a bit looney now (hhhh) who gets
798		funded with what and what gets top sliced =

799	Researcher	mmm
800	Arthur	= who gets stuff directly and =
801	Emma	= I supp (.) it's just that I don't know where I stand
802		on the whole political thing about moving away from
803		the Local Authority my concern is just that (.) I think
804		it's great to have that free choice and schools do it the
805		way that <u>they want</u> (.) but where's that consistency
806		for <u>individual children</u>
807	Carol	mmm
808	Arthur	I think personally I (.) I stand <u>against</u> moving away
809		from the local authority because (.) I think <u>ethically</u>
810		the point from which you should work the <u>end point</u> is
811		the child not the point being the money
812		Emma
813	Arthur	and if you look at private practice ultimately you're
814		working for the cash before you're working for the
815		child as a company as you know
816	Emma	yeah
817	Carol	mmm (1) and it's more working for the Local (.) Local
818		Authority like you say Emma it's more likely to be fair
819		[and] =
820	Emma	[yeah]
821	Carol	= you that (.) schools all get an equal (.) it's not about
822		how much they can [afford it's] =
823	Emma	[yeah absolutely]
824	Carol	= [it's (.) you know] they have the
825		right to that service and support from an
826		[ed psych] =
827	Emma	[yeah]
828	Carol	= [it's about] the children
829	Researcher	I suppose you will get some schools where the head
830		might not (.) the person in charge (.) well might not
831		(.) feel that =
832	Carol	= they might not value the [service] =
833	Emma	[yeah]
834	Carol	= but this way (.) they've got us (hhhh) =
835	All	(hhhh)
836	Carol	= whether they like it or not
837	All	(hhhh hhhh)
838	Researcher	ok just to bring the session to a close then (.) is there
839		anything we've not discussed (.) or anything you want
840		to say that you think is important to the discussion
841		we've been having about EPs and therapeutic
842		practice
843	Arthur	I think the main problem is the system (.) the problem
844		is people do do time allocation because its its .hhh for

845		me personally time allocation doesn't make sense from
846		a service which is trying to give a quality of service it
847		only makes sense from a service which is trying to (.)
848		value your quantity of service (.) that's meaningless in
849		(1) .hhh whether that's therapeutic work particularly
850		that's always gonna suffer more than (hhh) than you
851		know =
852	Emma	yeah
853	Arthur	= or whether it's someone running out and doing
854		ninety five bas' =
855	Emma	mmm
856	Arthur	= without thinking about why they're involving it
857	Emma	I think the difficulty is as well though (.) that I think
858		that although we've got quite a time allocation service
859		we're very needs led so (.) if things go over time
860		allocation that's not much of an issue for me it's about
861		the fact that you're balancing (.) twenty schools it's
862		that time (.) it's that (.) you know if you can't
863		physically do that because that will have an implication
864		on all the other work that you're doing in other areas
865	Emma	[mmm]
866	Arthur	[mmm] mmm
867	Carol	yeah (.) I think also in those initial planning meetings
868		it's trying to get the schools to think in that way
869		because I think it's easier for them to say right we've
870		got these five individual children you know that's what
871		we want to do this term (.) rather than kind of
872		thinking about oh actually (.) you know that could be a
873		little group that could work with (.) I think it requires a
874		lot more thought and a lot more planning I think =
875	Arthur	mmm
876	Emma	mmm
877	Carol	= it requires a member of staff to come and join in
878		with it (.) so that's a bit of a barrier
879	Emma	and it's not as easy as them having quite a neat box at
880		the end of the planning meeting where you say ok this
881		is what we have agreed (.) you might be making
882		suggestions like this might be a good way of going and
883		you have a think about it (.) and then
884		come back =
885	Carol	mmm
886	Emma	= which isn't a bad thing at all but often sometimes
887		it's quite nice for the EPs to feel its not boxed up
888		before they go away =
889	Carol	yeah
890	Emma	= and actually you want to sort of say (.) well can we
891		challenge that can we think about that in a different

892		way
893	Carol	I mean it is a risk that schools are taking if they like
894		what they are used to (.) they (.) it's quite brave to
895		say actually this term we're using all our ed psych
896		time for this little <u>therapeutic group</u> =
897	Researcher	yeah
898	Carol	= it's quite a <u>big step</u> for them =
899	Researcher	yeah
900	Carol	= and understandably cause they want to see the
901		outcomes and we've spoken about outcomes that's
902		what they kind of want to see an effect and see that
903		as being effective for them and for their school and
904		↓their children
905	Emma	I think it comes down a list (.) I don't know if you
906		agree or not but <u>often</u> how I react to cases and need
907		within the schools and I often feel (.) that people don't
908		get a real fair system really (.) but the behaviour ones
909		because the behaviours are <u>out there</u> they're the ones
910		that get seen first and they're the ones you have much
911		more involvement with and then you've got your
912		<u>learning ones</u> which just take a bit of a back seat even
913		though they've got just as many difficulties but in a
911		different way (.) and I then sort of see the <u>therapeutic</u>
912		bit if you can fit any training in [then] =
913	Carol	[mmm] yeah
914	Emma	= it comes then =
915	Researcher	mmm
916	Emma	= and no matter how much you try and start the
917		opposite <u>way round behaviour</u> is the thing that (.) is
918		causing so much distress to everybody that becomes a
919		priority
920	Arthur	I think it definitely varies from school to school =
921	Emma	yeah
922	Arthur	= and the way that they (.) handle (.) behavioural
923		issues or otherwise =
924	Emma	yes yes
925	Arthur	= I think it is also about how you look at the
926		behaviours so do you look at them in purely a
927		behavioural way when you go or do you go well
928		actually therapeutic ways is a way of dealing with it
929		with this case or =
930	Emma	= you could do but I also think when (.) but actually
931		(.) for me often it's because of sort of <u>wider</u> issues to
932		do with social situation the <u>social situation</u> that they
933		are in <u>at home</u> (.) and so it's much more about a CAF
934		arena or getting other agencies involved rather than
935		me carrying out a bit of therapeutic work is all fine and

936		dandy but actually I need to be thinking much more wider
937 938	Carol	and that's going back to that situation where you <u>are</u> just <u>plucking</u> them out of a room
939	Emma	yeah
940 941 942	Carol	do a <u>nice piece</u> of work and then put them back and actually the situation at home is the same the relationship with the <u>class teacher</u> is the <u>same</u>
943	Researcher	yeah
944	Emma	mmm
945 946 947 948 949	Researcher	I know what you mean there seems to be a lot more preventative work that could be done by schools like nurture groups for example with the sort of (.) more vulnerable children before the behaviour and difficulties sort of (.) escalate
950	Emma	yeah
951	Researcher	but some schools don't seem to think in that way
952 953	Carol	do you think then that therapeutic work is preventative (.) or reactive
954	Researcher	I think it's quite reactive at the moment I think
955 956	Carol	mmm cause i think that the preventative stuff is the systemic stuff =
957	Emma	mmm
958 959 960 961	Carol	= and working with the staff on how they can and then when maybe you're going in to do some therapeutic work that's when the situation has got considerably worse but what (.) ↓I don't know
962 963 964	Arthur	depending on the kind of systemic work that you do as well I think that could end up having a knock on effect of being therapeutic for the children themselves
965	Emma	mmm
966 967 968 969 970 971 972 973 974	Arthur	um like in my doctorate I was looking at schools belonging and what that means for children (.) and getting them to take various photographs of various bits and getting them to talk about them (1) erm and the knock on effect of doing that was quite therapeutic particularly for the children in the study (hhhh) you know it was never the intention of it (.) but you know if it could be replicated in different areas of (.) of schools on a systemic level then =
975	Carol	mmm
976 977 978 979 980	Arthur	= it can work for them to go and for actually all these children to belong and expect them to do well before we look (.) at other levels it's trying to instil that into an ethos cause that's where you're sort of banging you're head against it (hhhh) against a wall trying to work it

981	Emma	I think it depends on your [definition of] =
982	Carol	[yeah of what] therapeutic
983	Emma	= and is it more narrower or is wider (.) and there's
984		different levels isn't there =
985	Arthur	mmm
986	Emma	= levels of how you might intervene in different ways
987		and have that therapeutic effect
988	Carol	mmm
989	Arthur	I think you're right that any sort of direct intervention
990		that you do (.) probably (.) right (.) I am gonna do
991		this therapeutic work tends to be =
992	Arthur	mmm
993	Arthur	= more fire fighting than proactive
994	Researcher	and is it sometimes about the child might be identified
995		by school but it's not about (.) that child it's maybe
996		about other children around the child that particular
997		child or like you say the teacher and the relationship
998		and it's about changing that dynamic or the wider
999		thing towards to the child sometimes it's not actually
1000		about the =
1001	Carol	the child
1002	Researcher	= about the child =
1003	Carol	mmm
1004	Emma	mmm
1005	Researcher	= and that's difficult to get at
1006	Arthur	and depending on where you sit (.) and whether you
1007		are valued within that school affects whether you can
1008		change it (.) you know (.) if you're only working with
1009		the SENCo (.) and they are the point of contact =
1010	Carol	mmm
1011	Arthur	= and they're not valued within the SLT or whatever
1012		(.) then you're in trouble
1013	Carol	↓mmm
1014	Emma	↓yeah
1015	Researcher	shall we end it there? is there anything else you would
1016		like to add before we finish? thank you so much for
1017		taking part in the group you've given me lots to think
1018		about

Focus group 2

Line	Speaker	Text
1 2 3	Researcher	Hello I wondered if we could start by talking about what you all think about EPs working therapeutically?
4 5 6 7 8 9	Nina	I think for me experience wise erm (.) we did have some <u>training</u> (.) on our course er:m (.) mainly around a:hh well not mainly around we had some training on CBT (.) er:m (.) but also I suppose in some other approaches that could (.) maybe be considered to have a therapeutic [stance] =
10	Researcher	[mmm]
11 12	Nina	= like Solution Focused Brief Therapy narrative (.) approaches that kind of thing (.) [erm] =
13	Researcher	[mmm]
14 15 16 17 18 19	Nina	= but I I think <u>other</u> than my training certainly in the <u>↑year</u> (.) this last year since I've been working as a qualified EP (1) erm although I would say that (.) those things may have had an influence on my work (.) I don't know that I've ever well <u>I haven't</u> done any kind of direct I [would say] =
20	Researcher	[mmm]
21 22 23 24 25 26	Nina	= therapeutic work (.) of that nature just because (1+) I certainly feel like here in the service where we currently work at (.) here there just isn't the isn't really the time to do that (.) schools have a certain amount of time allocated to each school (.) I think a school would be very reluctant to [<u>say</u>] =
27	Researcher	[mmm]
28 29	Nina	= ok I'm happy for you to use this many sessions <u>just</u> on therapeutic intervention with that [<u>↓one child</u>] =
30	Researcher	[mmm]
31	Nina	= so I'd
32 33 34	Susan	= cause I've had quite a different experience cause I put it as my PDR target to try and do one therapeutic case every half term (.) which didn't quite work out =
35	Sarah	oh right
36 37	Susan	= but I was able to do it (.) and schools received it quite well =
38	Researcher	oh right
39 40	Susan	= in terms of doing it I haven't done <u>loads</u> but I've tried to keep <u>in it</u> (.) keep my finger in it in terms of our

41		training we have a (.) <u>big big</u> focus on it so we had to
42		do like family (.) erm therapy as separate (.) to our
43		doctorate like as additional training (.) in our second
44		and third year (.) and then we were given training on
45		VIG and <u>psychodynamic</u> approaches as well (.) which
46		Nina has mentioned (.) so they really <u>went</u> for it on our
47		course in our second and third year and really kind of
48		ingrained <u>it</u> (.) which is why I then I wanted to keep
49		[↑it up] =
50	All	[mmm]
51	Susan	= do you know what I mean? (.) so I'm not losing it <u>but</u>
52		I think I would agree with you in terms of service unless
53		you make it a <u>proper focus</u> and a <u>proper</u> personal and
54		[professional target]
55	Nina	[mmm]
56	Sarah	[mmm]
57	Susan	It's not something (.) that's <u>facilitated</u> or <u>promoted</u> in
58		terms of our model of delivery
59	Sarah	mmm
60	Nina	↓no
61	Sarah	do you think you get the supervision for it (.) though?
62		cause that's
63	Susan	= (hhhh) I'm given the supervision <u>in a (.) in a (.)</u>
64		general supervisory way (.) as opposed to specifically
65		[using this] =
66	Sarah	[right right]
67	Susan	= say for example when I was using <u>my VIG</u> piece I was
68		given general supervision around <u>that</u> in terms of what I
69		could be thinking of (.) the ethics around the other
70		children being within the shot and things like [that] =
71		
72	Nina	[mmm]
73	Sarah	[mmm]
74	Susan	= that's the way it went =
75	Sarah	yeah
76	Susan	= but then the CBT pieces that I've done (.) then again
77		lots of general not very (.) [specific]
78	Sarah	[mmm]
79	Becky	mine is similar to Nina's in that (.) on our (.) training
80		course we had training in (.) CBT approaches Solution
81		Focused (.) Brief Therapy erm (.) and then things like
82		[Motivational Interviewing] =
83	Susan	[yeah]
84	Sarah	[yeah]
85	Becky	= which could (.) be used as a therapeutic approach (.)
86		and erm (1+) ↑human givens =

87	Susan	really?
88	Becky	= yeah er:m (1+) but I think I've been able to use
89		therapeutic approaches in my high school (.) where I've
90		had a high number of allocations with similar (.) in that
91		there's the time allocation model (.) cause my high
92		school's got 22 <u>sessions</u> (.) if I'm in for a whole morning
93		(.) I've been able to maybe see a child (.) for
94		consequent weeks for part of that <u>morning</u> (1) but again
95		I wouldn't really say that was a (.) strict <u>therapeutic</u> =
96		
97	Sarah	yea:h
98	Susan	mmm
99	Becky	= model it's more like (.) I know I've been drawing on
100		[CBT] =
101	all	[mmm]
102	Becky	= <u>techniques</u> (.) solution focused approaches (.) person
103		centered (hhhh) [↓approaches] =
104	Nina	[mmm]
105	Becky	= and <u>combining</u> all that in some sessions with an
106		individual pupil to try and (.) support her [but (.) it's so]
107		=
108	Researcher	[mmm]
109	Susan	= how do you know that's not [working
110		therapeutically?]
111	Nina	[I was
112		just about to say] yeah
113	Becky	OH OK YEAH IT IS <u>THERAPEUTICALLY</u> (.) but (.) I would
114		say is (.) what I <u>mean</u> is that (.) I've not <u>stuck</u> to a
115		<u>certain</u> [approach]
116	Nina	[yea:h]
117	Becky	[and strictly followed the <u>CBT</u> model]=
118	Susan	[mmm mmm mmm]
119	Becky	= <u>probably</u> because I feel I've not (.) got the depth (.)
120		of knowledge so I've done some CBT (.) but I draw on
121		solution focused (1) which (.) is ↓ <u>fine</u> (.) which is ↑ <u>good</u>
122		(.) but I (1) I would like to be able to:: (1) develop
123		those areas [more]
124	Susan	[cause yea:h]
125	Becky	cause <u>that's the bottom line</u>
126	Susan	cause Tommy McKay has written (.) quite a bit hasn't
127		he about working therapeutically? =
128	Sarah	yeah
129	Susan	= involving the EP in it and stuff like that =
130	Sarah	yeah
131	Susan	= and he would <u>promote</u> that way of <u>working</u> in that
132		<u>supposedly</u> (.) by the end of our training we're the most

133		qualified with working with children and adolescents
134		and [therefore] =
135	Researcher	[mmm]
136	Susan	= the most able to [draw eclectically]
137	Sarah	[mm:m yea:h]
138	Susan	= to draw on approaches and work in [that way] =
139	Sarah	[↑mm:m]
140	Susan	= and he sees that as a strength (.) ↓I don't know
141	Sarah	but the <u>nature</u> of the job doesn't facilitate it though
142		[does it]?
143	Becky	[mm:m]
144	Susan	[yeah]
145	Sarah	that's the <u>difficulty</u> that's (.) because it well my
146		experience is very very similar to yours (.) I think <u>your</u>
147		course had more of an emphasis were as ours didn't =
148	Susan	mmm
149	Sarah	= we had introductions to like CBT Narrative Therapy
150		Solution Focused Motivational Interviewing (.) I've
151		<u>struggled</u> since becoming <u>qualified</u> to do any sort of
152		[thorough] =
153	Nina	[mmm]
154	Susan	[mmm]
155	Sarah	= therapeutic work perhaps (.) I've done some whilst I
156		was on the doctorate (.) I think I had about half a term
157		that I spent with one pupil that was a real <u>challenge</u> to
158		put [that time aside] =
159	Susan	[mmm]
160	Nina	[yeah]
161	Sarah	= and I set myself the target of doing it I was forced in
162		some traded work and <u>I</u> set myself the target of some
163		Narrative Therapy work with erm (.) a seventeen year
164		oldlooked after pupil and (.) it was a <u>real</u> stress for me
165		=
166	Susan	↓yeah
167	Sarah	= trying to find the time to read around it =
168	Nina	mmm
169	Sarah	= actually having the space to think about it what I was
170		<u>doing</u> and actually making sure I had the chance to talk
171		it through and in the <u>end</u> she got quite poorly and the
172		sessions were <u>cancelled</u> but in a way I felt quite
173		[relieved] =
174	Susan	[mmm]
175	Sarah	= because I thought I've signed up for something that I
176		just don't have the <u>ability</u> or the <u>space</u> to do and (.) I
177		agree we are very [well placed to do it] =
178	Susan	[mmm mmm mmm]

179	Sarah	= but unless there's massive changes to the [job] =
180	Susan	[mmm]
181	Sarah	= I mean you can't work therapeutically I think in an
182		<u>under staffed</u> service where (.) cause there's some days
183		where you're dashing around [day to day] =
184	Susan	[mmm]
185	Sarah	= and (.) and I think if you're going to work
186		therapeutically <u>you need the support</u> as a
187		[practitioner] =
188	Susan	[mmm]
189	Sarah	= and you need to protect that [time] =
190	All	[mmm]
191	Sarah	= and certainly not within [<u>this service</u>] =
192	Nina	[no]
193	Sarah	= I don't think that that could really happen (.) cause
194		you've got to be <u>safe</u> as a practitioner (.) <u>part of me</u>
195		why I was quite relieved when that the pupil [was] =
196		
197	Researcher	[mmm]
198	Sarah	= I mean I wanted to do it cause I wanted to see it
199		[through]
200	Researcher	[mmm]
201	Sarah	but part of me thought god you know (.) I'm sort of (.)
202		<u>meddling</u> with things I don't really feel fully [confident]
203		=
204	Researcher	[mmm]
205	Sarah	= and I'd need <u>support</u> and (.) so yeah it was all
206	Susan	I think that's a massive undersell saying meddling and
207		↓things
208	Sarah	=not meddling (.) if I don't have the space to think
209		about what I'm <u>doing</u> I shouldn't be going there and
210		doing it
211	Susan	I know what you mean
212	Sarah	= I don't think (.) because not only am I not doing
213		what's best for the <u>pupil</u> I'm making myself a bit
214		vulnerable [as a practitioner] =
215	Susan	[as a professional mmm mmm]
216	Sarah	= so I think (.) you've got to be able to (.) you've got to
217		have very clear <u>boundaries</u> around it haven't you and
218		(.) and <u>I really wanted to do it</u> ↓but =
219	Researcher	mmm
220	Sarah	= but I don't know (.) I just sort of think it wouldn't be
221		practical or right and I don't think I would have done
222		what what was best by the pupil and I would need a lot
223		less work (1) to do [I think (hhhh)]=
224	Susan	[mmm mmm]

225 226	Sarah	= if I was <u>doing that</u> (.) and I'd need someone to talk it through with regularly =
227	Researcher	mmm
228	Sarah	= an <u>that wouldn't</u> be possible through <u>supervision</u>
229 230	Becky	= I think we're <u>aware</u> of what you <u>need</u> to [do it well] =
231	Susan	[mmm]
232 233 234	Becky	= where as even the bit we've had on our training <u>we like</u> the time to think around it to discuss it with [someone else] =
235	Susan	[yeah]
236 237 238	Becky	= erm and if you haven't got that you're aware even though you could still be making a difference [you know] =
239	Susan	[mmm]
240 241 242 243 244	Becky	= you're not quite getting what you need and even like informal conversations (.) in the office (.) like knowing this focus group was coming up (.) it seems like we're all saying we want to do more <u>therapeutic work</u> =
245	Susan	mmm mmm
246 247	Becky	= we've had [this training and want to develop that] =
248	Susan	[mmm mmm mmm mmm]
249 250	Becky	= but there's just some restraints in place stopping us from doing that
251	Susan	mmm
252	Nina	mmm
253 254 255	Researcher	do you think its not a priority then? what you're saying sort of mirrors what I was taking about this morning really about a hierarchy of =
256	Nina	= priorities
257	Researcher	= yeah [<u>priorities within a service</u>] =
258	Becky	[mm:m]
259 260 261 262	Researcher	= and therapeutic work sort of comes at the bottom? and it's not so much because schools don't want it it's almost like (.) it's not (.) they're just doing things the way they've always been done =
263	Susan	↑mm:m
264	Nina	yeah
265	Researcher	= and it's something a bit different so maybe they
266 267 268 269 270	Susan	I think for me (.) coming from working in ***** to working here just in this <u>office</u> I don't know England in general (.) the role here is quite sign posty I feel so its kinda like <u>get the EP involved to sign post on or stay for staff to do whatever</u> but actually =

271	Nina	mmm
272	Susan	= not for the EP to be involved with doing it =
273	Nina	mmm
274	Susan	= and that is a massive missed opportunity (.) that
275		signposting cause I find a lot when I take pupils back to
276		supervision or whatever you know its always about sign
277		posting to duh dey duh dey duh =
278	Nina	yes
279	Susan	= and actually we are kinda de-skilling ourselves then
280		because we're losing [the confidence]
281	Nina	[mmm yeah] I can say I've not
282		really thought about it like that and the key there is
283		confidence isn't it and I think (.) maybe erm (.) it goes
284		through a lot of what you're saying and I know I
285		certainly feel like like if I had (1) you know say a
286		concern was you know presented to be by a teacher or
287		a parent or whatever and I thought ooh actually it
288		[would be good] =
289	Susan	[mmm]
290	Nina	= you know some CBT here might be able to work really
291		[well here] =
292	Susan	[mmm]
293	Nina	= I would <u>feel</u> a bit like ↑m::mm am I able to do that or
294		<u>actually</u> should I ask the counselor within the cluster to
295		do it maybe or
296	Susan	mmm
297	Nina	= and I think there is the big thing about confidence
298		and if it is something that if you don't erm (.) you're not
299		able to do regularly (.) then you <u>do</u> start to feel a bit =
300		
301	Susan	= yeah
302	Nina	= de-skilled =
303	Sarah	= more of an [effort to do it]
304	Nina	[yea::h] because you think awww I've
305		got to do all the reading [around it] =
306	Susan	[yeah yeah]
307	Nina	= I've got to do all the (.) cause if you think about
308		maybe like a <u>therapist say</u> =
309	Susan	mmm
310	Nina	= either a Solution Focused therapist or who does that
311		day in day out and that's <u>their job</u> =
312	Susan	mmm
313	Nina	= you would I would <u>imagine</u> =
314	Susan	mmm
315	Nina	= someone in that position wouldn't necessarily have
316		<u>those</u> (.) have <u>that</u> anxiety or have that feeling they

317		were lacking in the confidence to be able to but it's not
318		something that =
319	Susan	mmm mmm
320	Nina	= I think it erm (.) I don't think it's some thing where
321		there's an emphasis placed on it (.) it doesn't feel like
322		that in [this service] =
323	Susan	[mmm]
324	Sarah	[mmm]
325	Nina	= there isn't (.) I don't feel like there is (.) it's seen as
326		a [priority] =
327	Susan	[↑yeah]
328	Nina	= or an emphasis placed [on it]
329	Susan	[mmm]
330	Nina	= because I (1+) I feel like it (.) it doesn't really it's not
331		something that um I often get the <u>chance</u> to do
332	Susan	mmm
333	Becky	mmm
334	Nina	because of <u>time</u> and things like that and then when
335		something <u>does</u> come up I think oh god am I gonna be
336		able to cause I haven't done it for ages I have to do all
337		the reading an
338	Susan	= it would be interesting to look at other services where
339		people are given supervision or people who have done
340		the training and people in senior management that have
341		<u>done the doctorate</u> and have done the (.) more in depth
342		training =
343	Nina	mmm
344	Susan	= over the three years and does that make an <u>impact</u>
345		(.) on what is promoted and facilitated =
346	Nina	mmm
347	Susan	= I don't know whether it does or not
348	Nina	mmm
349	Susan	cause I was just thinking about supervision and things
350		like [that] =
351	Sarah	[mmm]
352	Nina	[yeah]
353	Susan	= so if it's not in your mind frame cause perhaps you've
354		not done the more in depth training around it is that
355		maybe something you don't push at a senior level (1+)
356		[or]
357	Nina	[mmm mmm mmm]
358	Susan	= I don't know it's interesting
359	Sarah	I don't see myself as a therapist I see myself as a
360		psychologist so I am not <u>seeking</u> to work in the way
361		that a therapist does =
362	Susan	mmm

363	Sarah	= and I <u>know</u> what you said about the [signposting]
364	Susan	[mmm]
365 366	Sarah	but I do value sort of consultation and trying to explore
367	Susan	= to me that's different from sign posting
368 369 370	Sarah	=yeah yeah I think <u>but</u> I don't know (.) but working therapeutically is <u>one thing</u> that we (.) might be (.) able to do as educational psychologists =
371	Susan	mmm
372 373 374 375 376 377 378 379 380 381	Sarah	= but again (.) I would like to work more <u>therapeutically</u> but equally I don't see myself as a therapist and I'm very <u>clear</u> when I meet with <u>parents</u> and <u>schools</u> that (.) they've been referred to a psychologist and I'm <u>NOT</u> a therapist cause I think sometimes people get the two confused and I make it clear what I <u>believe</u> as a psychologist and that (.) I don't necessarily work away on a <u>one to one</u> with a pupil for extended periods of time my role is more about [<u>understanding</u>] =
382	Susan	[mmm]
383	Sarah	= about the <u>current [situation]</u> =
384	Susan	[mmm]
385	Sarah	= finding ways <u>forward</u> [blah blah blah] =
386	Susan	[mmm]
387 388 389	Sarah	= and trying to <u>understand</u> the child's behaviour rather than working as how a therapist might and I'm [<u>HAPPY</u>] with that (.) I wouldn't
390	Susan	[mmm]
391 392 393 394 395 396 397 398 399 400 401 402	Sarah	= I don't want to be an <u>art therapist</u> I don't want to be a <u>play therapist</u> I'm happy as (.) doing what an educational psychologist does (.) but I think the question about education psychologists working therapeutically is about understanding what kind of therapeutic intervention is right for a child whether that's a discrete piece of <u>work</u> over maybe half a term from an outsider whether that's somebody who can offer much longer term <u>involvement</u> whether that's delivered by somebody the child already has a relationship <u>with</u> there's these <u>other things</u> that you need to [<u>pick out</u>] =
403	Susan	[mmm mmm]
404 405 406 407 408	Sarah	= when you're determining the right course of action (.) I don't think there's a huge selection of (.) therapeutic interventions certainly within ****s I mean looking at the south of city if there's any child that's gonna need [<u>therapeutic input</u>] =
409	Susan	[mm::m]

410	Sarah	= there's art therapy and [that's it ↑really] =
411	Susan	[mmm]
412	Sarah	= I don't know if if (.) cause <u>CAMHS</u> tend to be quite (.)
413		<u>heavy</u> around ASD and ADHD assessment or
414		[parenting]=
415	Susan	[mmm]
416	Sarah	= courses
417	Susan	yeah
418	Sarah	= I struggle to see what kind of
419	Becky	=we've got <u>cluster</u> therapists now =
420	Sarah	yeah
421	Becky	=and child psychotherapists within <u>our</u> cluster =
422	Sarah	<u>yes</u>
423	Becky	= and that's through <u>TAMHS</u> funding =
424	Researcher	right
425	Becky	= I think actually what I was going to say in terms of
426		schools priority every time I've mentioned (.) a
427		therapeutic approach or maybe having a [few sessions]
428		=
429	Susan	[mmm]
430	Becky	= school have been [really keen] =
431	Nina	[they wanted it]
432	Researcher	[that's interesting]
433	Becky	= in terms of schools schools (.) would be really keen
434		and I think the <u>more</u> =
435	Researcher	right
436	Becky	therapeutic approaches that become available like we've
437		had an art therapist and there's a child psychotherapist
438		in my cluster (.) and that's come through from TAMHS
439		funding they are seeing the value because a lot of
440		schools are saying to me (.) we want to get to the <u>core</u>
441		<u>issue</u> we don't want another kind of quick few sessions
442		so [actually] =
443	Susan	[mmm]
444	Becky	= that message seems to be coming through but
445		actually whether more therapeutic input will make a
446		[<u>difference</u>] =
447	Susan	[mmm mmm]
448	Becky	= and so that is raising <u>their</u> [awareness] =
449	Susan	[mmm]
450	Becky	and they <u>are</u> always keen to (.) [engage in it] =
451	Susan	[mmm]
452	Becky	= again it's how much you can offer (.) and whether
453		you can get that support ↓from
454	Susan	mmm mmm
455	Sarah	they've got to be in it (.) if they are going to <u>stand by</u>

456		that then they have to (.) commit to it (.) commit to
457		that don't they cause there is a possibly like (.) ****
458		the [art therapist] =
459	Becky	[yeah]
460	Sarah	= she's quite clear that her work is quite [open ended]
461		=
462	Becky	[YEAH::H]
463	Sarah	= and she could be in it for whatever period of time <u>is</u>
464		appropriate so she could work with children from (.) <u>a</u>
465		<u>year</u> =
466	Becky	yeah
467	Sarah	= <u>six months</u> whatever and again we wouldn't (.) have
468		(.) that luxury would we? =
469	Becky	yeah
470	Sarah	= and we do have other responsibilities (.) don't we sort
471		of? =
472	Becky	yeah
473	Sarah	= within school so (.) <u>AGAIN</u> within time allocation it's
474		very very difficult isn't it?
475	Becky	mmm yeah it is
476	Researcher	would you consider a therapeutic intervention erm have
477		to be (.) something that goes on over a number of
478		<u>sessions</u> or would it be (.) something or could
479		something therapeutic just occur (.) you know like we
480		talked about consultation
481	Becky	mmm
482	Sarah	↑yeah well consultation can be working therapeutically
483		[can't it?] =
484	Becky	[mmm]
485	Sarah	= or just having a <u>conversation</u> (.) I mean it depends
486		what you mean by therapy =
487	Researcher	yeah
488	Sarah	= I mean **** is very clear isn't he? (.) that therapy
489		means to <u>cure</u> and (.) like (.) therapy can be a whole
490		host of things [can't it?] =
491	Susan	[mmm]
492	Researcher	[mmm]
493	Sarah	= and therapy you know (.) doesn't necessary (.) you
494		know (.) if I was intelligent enough to remember all the
495		stuff from university (hhhh) I remember **** talking
496		about the broad sense of therapy (.) and there's lots of
497		different ways you can <u>have</u> (.) <u>therapeutic</u>
498		<u>interventions</u> =
499	Susan	mmm
500	Sarah	= and sometimes there's a bit of an illusion that it has
501		to come from somebody who is (.) <u>skilled</u> or trained in a

502		[particular ↓way] =
503	Susan	[mmm]
504	Sarah	= you know there's a number of things like (.) I don't
505		know (.) <u>exercise</u> (.) laughing with friends there's a
506		[whole host of things] =
507	Susan	[mmm mmm]
508	Sarah	= that can have [that that]
509	Susan	[mmm]
510	Sarah	= you know making you feel better about the difficulty
511		
512	Sarah	so
513	Becky	I think it's something I've struggled with (.) especially
514		for example if you're writing erm (.) a stat erm (.)
515		[psychological advices]
516	Sarah	[mmm]
517	Becky	for an assessment we've had these conversations about
518		=
519	Sarah	yeah
520	Becky	= you know when you're saying what people <u>need</u> erm
521		(.) an I started using things like like formal [therapy] =
522		
523	Sarah	[yeah]
524	Becky	= if you think that child has to [engage] in some
525		[CBT or] =
526	Researcher	[yeah]
527	Susan	[mmm]
528	Becky	= [and then] =
529	Researcher	[right]
530	Becky	= that they might need to be in a [<u>therapeutic</u>
531		<u>environment</u>]
532	Researcher	[right]
533	Becky	= erm (.) and then [discuss the environment] and the
534		curriculum =
535	Researcher	[that's interesting]
536	Becky	= and the approaches that are used and then
537		sometimes having therapeutic spaces like time out and
538		chill out areas (hhhh) =
539	Researcher	right
540	Becky	= and I think in my mind I was trying to (.) get the
541		different tiers of [therapeutic]
542	Researcher	[yeah]
543	Becky	like the <u>environment</u> (.) then the space and then more
544		formal [therapy just] =
545	Susan	[mmm]
546	Becky	= because when we're writing reports and trying to
547		describe what a child needs it is very messy =

548	Researcher	yeah it is
549	Becky	= and for example **** was coming across and saying
550		what do you mean by this therapeutic relationship or
551		[input] =
552	Researcher	[mmm]
553	Becky	= and I'm not sure whether it's something we've got
554		clear in our [minds (hhhh)] =
555	Researcher	[yea::h]
556	Becky	= because it's easy to see it in a <u>different way</u> (.) and I
557		was trying to work it out in my mind and but again just
558		coming out [with things] =
559	Researcher	[mmm]
560	Becky	= the way I looked at it (.) but erm I think (.) it's good
561		to distinguish between more formal therapeutic
562		relationships approaches or environments (.) ↓and
563		things like that
564	Susan	= I think we do more than we [realise] =
565	Researcher	[mmm]
566	Becky	cour:se (.) yeah
567	Susan	= I'm just thinking about Solution Focused =
568	Researcher	yeah
569	Susan	= just three or four questions [that] =
570	Becky	[mmm] yeah
571	Susan	= do we call that therapy or do you not (.) but it's an
572		approach isn't it? that you've [drawn on?]
573	Sarah	[mmm]
574	Researcher	I suppose if you've done anything systemically (.) where
575		you're working with (.) working to [change the systems]
576		=
577	Susan	[what do you
578		think?]
579	Researcher	= around that child (.) has had a [therapeutic effect] =
580		
581	Becky	[↑yea::h]
582	Nina	[yea:h]
583	Researcher	= for that child without really realising it
584	Susan	like drawing on the family systems stuff when I went
585		[into school] =
586	Nina	[mm::m]
587	Researcher	[yea::h]
588	Susan	= yeah absolutely
589	Becky	yeah
590	Sarah	= I remember doing a statutory assessment erm (.) but
591		you just think right (.) standard piece of work not really
592		very (.) you know you just sometimes wonder
593		particularly if you've got lots of them (.) I remember

594		meeting a <u>parent</u> and just talking through (.) erm the
595		child's difficulties just in quite a detailed developmental
596		history and dad actually said oh <u>wow when you look at</u>
597		<u>it like that</u> (.) he sort of said something like (.) you
598		don't often (.) you don't often talk about your child
599		through and its quite interesting to talk through that
600		and actually realise how far we've come (.) and where
601		we were when (.) you know like when <u>*****</u> was <u>first</u>
602		<u>born</u> and what knot
603	Susan	↑mmm
604	Sarah	and I was <u>talking about</u> just like the statement and how
605		like (.) you know (.) it can be quite tough reading for
606		parents so about you know (.) how the statement
607		obviously doesn't celebrate the child's successes (.) and
608		it just identifies the difficulties blah blah blah so (.) just
609		in a warning with parents beforehand (.) and the dad
610		said (.) do you know <u>that's the first time</u> anyone's
611		acknowledged our <u>pain</u>
612	Researcher	aw::w
613	Sarah	and it (.) it was just (.) and I think that had a really big
614		impact just someone just [acknowledging] =
615	Susan	[yeah mmm]
616	Sarah	= reading it like a report and seeing everything what's
617		wrong [about your child] =
618	Researcher	[yeah yeah]
619	Sarah	= on black and white and just the opportunity (.) just to
620		you know to have the <u>opportunity</u> to have a
621		developmental [<u>history</u>] =
622	Researcher	[mmm]
623	Sarah	= and I think he went away (.) quite positive
624	Researcher	mmm
625	Sarah	= you know my job was there to get his views for the
626		statutory [assessment] =
627	Susan	[mmm]
628	Sarah	= so it's not (.) you wouldn't put that you know (.) in
629		terms of a therapeutic piece of work (.) but (.) it (.) it's
630		how you [manage it] =
631	Susan	[mmm]
632	Sarah	= and for that parent just actually (.) going from birth
633		to current day really really helpful and =
634	Susan	mmm
635	Sarah	= I think he realised (.) just from talking through it =
636	Susan	mmm
637	Sarah	= where they come as a <u>family</u> and how how they've
638		come to terms with the child's difficulty =
639	Susan	yeah

640 641	Sarah	= so even things like (.) that's where I sometimes think we've got more of a=
642	Susan	mm:m
643 644 645 646 647	Sarah	= role in terms of working therapeutically and that's the way that we can currently do it (.) given the sort of constraints of the job when we've got statutory assessment after statutory assessment and you're in an understaffed [service] =
648	Researcher	[mmm]
649 650 651 652	Susan	= erm <u>just to add into that point though</u> you're talking about a specific area within the service (.) which is quite different to the other two areas (.) which varies in terms of statutory assessment
653	Sarah	yeah yeah
654 655	Susan	= in terms of expectations of the service that's quite a broad generalisation isn't it?
656 657 658	Sarah	= yeah yeah (.) but in terms of <u>my</u> experience of having a patch (.) where (.) it's quite statutory assessment [heavy] =
656	Susan	[mmm]
657 658	Sarah	= and that's just that's you know quite pretty much since christmas dictated (.) [yeah (.) my work] =
659	Susan	[output mmm]
660	Sarah	= yeah
661 662 663 664	Researcher	I think it's difficult we had a guy come in from **** (.) and they'd just done a big (.) like whole team erm training day (.) where they wanted to sort of pin it down (.) what is therapeutic practice =
665	Susan	yeah
666 667	Researcher	= within the team they all sort of seem to think it was (.) erm <u>everything</u> (.) everything that you did =
668	Nina	mm::m
669	Researcher	= and he sort of disagreed really =
670	Susan	yea::h
671 672	Researcher	= he sort of said (.) <u>well I don't agree with that</u> (.) because it's sort of getting [diluted] =
673	Susan	[mmm]
674	Nina	[mmm]
675	Researcher	= by sort of saying that everything we do is =
676	Nina	is therapy
677	All	mmm
678 679	Researcher	= so he was sort of trying to unpick a bit like what you were saying before
680 681	Becky	= yea:h I think I would agree with that but I think you can have a little impact in a <u>conversation</u>
682	Researcher	yeah

683	Becky	= I'm not belittling that but would you call that a therapeutic relationship (.) you wouldn't necessary (.) I don't know did you walk away and think that was a therapeutic relationship? =
684		
685		
686		
687	Sarah	[NO NO NO]
688	Becky	= [did you intend to do that?]
689	Sarah	= YEAH I mean I wouldn't (.) like that wasn't my <u>intention</u>
690		
691	Becky	no
692	Sarah	= I think exactly the same thing (.) you know I was there (.) to (.) get a chunk of information =
693		
694	Becky	yeah
695	Sarah	= for the statutory process (.) it wasn't (.) it was helpful for them [but] =
696		
697	Becky	yeah
698	Sarah	= yeah
699	Becky	= would you use the word therapeutic any way (.) in (.) what happened (.) or would you not (.) ↓use that?
700		
701	Sarah	I don't know
702	Susan	yeah
703	Sarah	(1+) I do think if we are going to be talking about working more therapeutically we would have to <u>pin down</u> =
704		
705		
706	Researcher	yeah
707	Sarah	= but then that questions been [asked for a very long time]
708		
709	Researcher	[yes it has it's very messy]
710		
711	Susan	[mmm]
712	Sarah	erm
713	Researcher	yeah
714	Sarah	erm I don't know (.) well (.) when (.) I don't know (.) I mea:n
715		
716	Susan	for me I feel quite clear in my head at the minute cause I've not done as much reading around it as you have (.) <u>for me</u> it's like a skilled psychological approach in terms of how you interact with [other people] =
717		
718		
719		
720		
721	Researcher	[mmm]
722	Susan	= and how yo:u (.) encourage them to share their [views] =
723		
724	Sarah	[mmm]
725	Susan	= and perhaps consider their views and then there's working <u>therapeutically</u> (.) which is about that therapeutic <u>alliance</u> about working from an evidence kind of an evidence based model (.) applying specific
726		
727		
728		

729		principles and being quite (.) not pure in your approach
730		(.) but certainly more sort of focused in your approach
731		(.) and for me they're kinda (.) quite separate =
732		
733	Researcher	mmm
734	Susan	= however that would be me (.) I know everyone might
735		not feel that way (.) in our service
736	Sarah	mmm
737	Susan	I don't know do you [know what I mean?] =
738	Researcher	[it's a good way of looking
739		at it yeah]
740	Nina	mmm
741	Susan	mmm
742	Researcher	cause I am finding it quite hard to say (.) with
743		everything that's been written about it (.)
744		[to say actually] =
745	Nina	[mm::m yea::h]
746	Researcher	= this what I am talking [about] =
747	Susan	[yeah]
748	Researcher	= and I've been told I've got to try and [define it and]
749	Sarah	[yeah it must be
750		quite difficult?]
751	Researcher	(laughs)
752	Susan	= you say <u>I am not a</u> [therapist] =
753	Sarah	[no]
754	Susan	= I am a [psychologist] =
755	Sarah	[yea:h yea:h]
756	Susan	= and they are kinda quite different are [they?] =
757	Sarah	[↑yeah]
758	Susan	= for me it sounds with dad it was a very <u>psychological</u>
759		(.) <u>approach</u> (.) in terms of perhaps how you we're
760		framing it (.) how you we're wording the questions (.)
761		the space the pauses all those [things] =
762	Sarah	[mmm]
763	Susan	= you will have probably facilitated quite <u>naturally</u> (.)
764		cause you're skilled and it's what you do (.) <u>whereas</u>
765		somebody else who's from a <u>non</u> psychological training
766		may ask the same questions but in a [different way] =
767		
768	Nina	[in a different way mmm]
769	Susan	= and in a different order and not had that route=
770	Nina	yeah
771	Susan	= and I don't think that that's recognised [enough] =
772	Sarah	[mmm]
773	Susan	brilliant (.) that's a whole other thing isn't it
774	Researcher	It's relevant [though]

775	Sarah	[mmm]
776	Researcher	It's part and [parcel ↓of]
777	Sarah	[mmm]
778	Researcher	I know we've already talked about this but I just
779		wondered whether we could go into a bit more depth
780		(hhh) (.) I know you said you don't (.) erm consider
781		yourself a therapist =
782	Sarah	yeah
783	Researcher	= but I'm just wondering whether you would consider
784		yourselves <u>therapeutic practitioners</u> ? (.) whether that is
785		something you would sort of .hh say you <u>were</u> ? (.) or
786		whether it's like what you were saying (.) they're sort of
787		two (.) distinct things (1) er:m
788	Becky	=↑I don't think I do but =
789	Susan	↓I don't
790	Becky	= that's because (.) I don't think I am qualified enough
791		(.) but I know what (.) you were saying
792	Susan	mmm
793	Becky	about we actually <u>do have</u> these skills (.) but yet it was
794		like two mornings of (.) of <u>CBT</u> (.) you know a couple of
795		sessions of Solution Focused (.) and I (.) <u>I would like</u> (.)
796		for example in CBT I'm quite interested in that area (.) I
797		would like t:o (.) develop further (.) maybe get to do
798		like a years course in [CBT]
799	Susan	= [so maybe] it does come down to
800		that training (.) in terms of what you were talking about
801		confidence (.) cause when they gave us CBT it was like
802		an accredited course (.) again outside of the
803		[doctorate] =
804	Becky	[yea::h yes]
805	Susan	= over a year and a half (.) we had to have certain
806		supervision around certain cases =
807	Becky	yes
808	Susan	= for certain lengths of time (.) for certain hours (.) you
809		get a foundation certificate and du da da =
810	Becky	yea:h
811	Susan	= so maybe that's where the difference in views is
812		[coming from] =
813	Becky	[I think so]
814	Susan	= cause when I do CBT I feel like <u>I'm doing</u> CBT
815	Nina	right
816	Becky	=yeah (.) I think that is it (.) I feel like (.) I would like
817		<u>to do</u> a years course in CBT (.) and have the certificate
818		(.) and be able to then say =
819	Susan	yeah
820	Becky	= I am CBT trained (.) and therefore =

821	Susan	yeah
822	Becky	= I'm a (.) a practitioner (.) you know a therapeutic
823		[practitioner] =
824	Susan	[yeah]
825	Becky	= and so until I get to a certain level in my mind that I
826		need to be at to be able to call myself that
827	Susan	yeah
828	Becky	= I don't (.) I always [just say] =
829	Susan	[yeah]
830	Becky	= using CBT [approaches] =
831	Nina	[principles]
832	Becky	= for me [yeah] =
833	Nina	[yeah]
834	Becky	= and wouldn't at all and so I think there is a difference
835		I think you're right =
836	Sarah	yeah
837	Becky	= I think it depends on the level of [training]
838	Sarah	[yeah]
839	Becky	= you've [had] =
840	Sarah	[mmm]
841	Becky	= and we've all had enough to go [further] =
842	Susan	[mmm]
843	Sarah	[yeah]
844	Becky	= those basics
845	Sarah	= a bit like a [GP]
846	Researcher	[yeah]
847	Becky	yea:h [yea:h]
848	Researcher	[that's a good analogy]
849	Becky	= we know the areas =
850	Researcher	yeah
851	Becky	= we'd like to go further in (.) maybe people might
852		want to go further in Narrative Therapy (.) but I think
853		that's what it is
854	Susan	= it would be interesting thinking about psychologists in
855		***** (.) and I know you're not going to go *****
856		to interview them =
857	Researcher	it would be nice
858	Sarah	(h h h h)
859	Susan	= cause the training is so [different] =
860	Researcher	[yeah]
861	Becky	[yea:h yea:h]
862	Susan	= and having that contrast (.) to say (.) but actually the
863		opportunities for working therapeutically are far more
864		extensive than they are in [*****] =
865	Sarah	[are they?]
866	Nina	[really?]

867	Susan	= ↑mm:m in terms of the model cause it's the old five
868		stage code of practice you go in at <u>stage three</u> you have
869		to <u>write reports</u> (.) so (.) the training at home (.) sits
870		the way of working here
871	Nina	ah that's [interesting]
872	Becky	[↑yeah]
873	Susan	whereas <u>here</u> it sits the way of working back <u>home</u>
874		(hhhh) =
875	Nina	ah::hhh
876	Susan	= (hhhh) do you know what I mean? =
877	Researcher	yea:h interesting
878	Susan	= (hhhh) it's a bit of a miss match
879	Researcher	I don't
880	Nina	= I was just gonna say (.) that's an interesting question
881		about (.) whether (.) we would consider ourselves (1) to
882		be therapeutic practitioners I don't know that I would
883		(1) I don't know that I would call myself (.) a
884		[<u>therapeutic practitioner</u>] =
885	Susan	[mmm]
886	Nina	= but erm (.) practitioner (.) or a psychologist who (.)
887		you know in my work (.) I draw on (.) [<u>therapeutic</u>] =
888	Researcher	[mmm]
889	Nina	= approaches I think (.) yeah (.) I don't know that I
890		would =
891	Susan	mmm
892	Nina	= cause (.) I suppose I don't feel that (.) in everything
893		that I do there's some kind of (.) therapy or therapeutic
894		approach [<u>underlying</u>] it but =
895	Susan	[mmm]
896	Nina	= there are certain times when on particular pieces of
897		work I might think ok I could draw on this or I could
898		draw on this or I could draw on [<u>that one</u>]
899	Susan	[mmm]
900	Nina	= (.) so I don't know that I would say (.) you know not
901		(.) well I wouldn't say I am a [<u>therapeutic</u>] =
902	Susan	[mmm]
903	Nina	= practitioner =
904	Susan	mmm
905	Nina	= but instead that I'm a practitioner (.) psychologist (.)
906		who (1) works drawing [<u>on different approaches</u>]
907	Susan	= [it draws what you said] like
908		about the amount of roles that we have or something it
909		kinda links [<u>into that</u>] =
910	Sarah	[yeah]
911	Susan	= a little bit
912	Nina	the roles that we have?

913	Susan	= because we do have so many [hats to hold] =
914	Nina	[yea:h yea:h]
915	Susan	= that we put on and to define so [specifically] =
916	Nina	[yea:h]
917	Becky	[yea:h]
918	Susan	= it (.) would be (.) really difficult I think
919	Nina	mmm
920	Sarah	= yeah cause sometimes (.) you can be the source of
921		<u>frustration</u> (.) if you [take] =
922	Susan	[yea:h]
923	Sarah	= your role as advocate for the <u>child</u> (.) and you're in a
924		meeting where everyone is saying this child doesn't
925		belong here (.) [blah blah blah blah] =
926	Susan	[mmm]
927	Nina	[mmm]
928	Sarah	= and <u>your job</u> is to advocate for the child (.) and say
929		<u>actually</u> if you actually (.) look at (.) the day that he
930		was excluded (.) there was an incident before hand
931		where he was placed in a dustbin (.) and blah blah blah
932		blah blah =
933	Susan	mmm
934	Sarah	= you've got the headteacher who wants this child out
935		(.) and <u>you're you're</u> creating [resistance to that] =
936	Susan	[mmm]
937	Sarah	= you're a bit of a pain in the [backside] =
938	Susan	[mmm]
939	Sarah	= in that meeting (.) so (.) after people might think (.)
940		<u>god</u> she got <u>in the way</u> you know (.) blah blah (.) we
941		didn't get the outcome that [we wanted and] =
942	Susan	[yea:h yea:h]
943	Sarah	= so you can't <u>always</u> be <u>careful</u> in how you say things
944		and what [not] =
945	Susan	[mmm]
946	Sarah	= and [sometimes] =
947	Susan	[mmm]
948	Sarah	= it's your job to provide (.) you know (.) the other
949		[<u>perspective</u>] =
950	Susan	[mmm]
951	Sarah	= and you know (.) <u>not</u> make it easy for schools to
952		permanently exclude [kids] =
953	Susan	[mmm]
954	Sarah	= if they haven't done (.) everything that they should
955		have done =
956	Susan	mmm
957	Sarah	= and sometimes making people consider things from
958		another point of <u>view</u> (.) can be very <u>difficult</u> (.) and (.)

959		people can get very [<u>defensive</u> (.) ↑sometimes] =
960	Susan	[mmm]
961	Sarah	= I'm sure (.) <u>in a meeting</u> (.) I've done this (.) I've
962		said a few things (.) and been really annoyed (hhhh)
963		and maddened a few people (.) but that's <u>my job</u> as
964		part of being an [↑ <u>advocate</u> ↓so]
965	Susan	[mmm]
966	Researcher	yeah
967	Susan	yeah absolutely
968	Researcher	do you think it's important (.) that you (.) you're able to
969		explor:e whether you want to (.) erm continue down a
970		<u>therapeutic</u> (.) sort of (.) erm route =
971	Susan	mmm
972	Researcher	= like you said about doing the one year training after
973		the [<u>training or</u>] =
974	Nina	[↓yeah]
975	Researcher	= do you think (.) it should be part of (.) <u>future training</u>
976		(.) you know sort of the (.) the three year doctorate (.)
977		or do you think you need that sort of space (.) to sort of
978		qualify (.) get in the role and decide what sort
979		[of avenue] =
980	Susan	[mmm]
981	Researcher	= you want to <u>go down</u> (.) as a <u>practitioner</u> (.) before
982		you sort of
983	Nina	= you know (.) <u>I really</u> like the sound of your
984		[<u>training (hhhh)</u>] =
985	Susan	[(hhhh)]
986	Nina	= [<u>I wish I trained in ***** (hhhh)</u>] =
987	Susan	[(hhhh)]
988	Nina	= that [<u>sounds amazing</u>] =
989	Becky	[yeah]
990	Researcher	[yeah]
991	Sarah	[yeah]
992	Nina	= cause I think that actually you would be saying (.) ok
993		(.) we are gonna give you (.) these skills (.) we're
994		gonna (.) you know (.) train you (.) and then you know
995		(.) you make the choices as a psychologist once you're
996		out there [<u>and practicing</u>] =
997	Susan	[mmm]
998	Nina	= as to whether or not you continue with those things
999		(.) cause I kinda feel like it would be more difficult for
1000		me <u>now</u> to =
1001	Sarah	mmm
1002	Nina	= I'd have to look up the [<u>courses</u>] =
1003	Susan	[yeah]
1004	Nina	= and <u>I'd</u> have to go to [<u>my PEP</u>] =

1005	Researcher	[right ok]
1006	Nina	= and say (.) <u>could you</u> fund (.) or could you (.) or I'd
1007		have to do [myself] =
1008	Susan	[yes]
1009	Nina	= whereas (.) if I'd <u>had that</u> (.) throughout
1010		[my training] =
1011	Susan	[mmm yeah]
1012	Nina	= then I would (.) just be making the decision (.) as to
1013		(.) how <u>much</u> I wanted to incorporate that (.)
1014		[in my work]
1015	Susan	[mmm yeah]
1016	Researcher	[yeah]
1017	Nina	I really like the idea of doing [more] =
1018	Susan	[mmm]
1019	Nina	= during <u>training</u>
1020	Susan	= but I know its changing now (.) in England now (.)
1021		with bursaries and more time =
1022	Becky	↓yea:h
1023	Susan	= but you guys are worked to the [<u>bone</u>] =
1024	Becky	[mmm]
1025	Susan	= in terms of work (.) we had three [month
1026		placements] =
1027	Sarah	[yeah]
1028	Susan	= then you might have a [month off] =
1029	Sarah	[yeah]
1030	Susan	= then you would have another three month placement
1031		(.) and so it facilitated you being able to do (.) like
1032		you've got three CBT cases to do (.) inside this space of
1033		time (.) and you were given the time to [do ↑it] =
1034		
1035	Nina	[mmm]
1036	Becky	[mmm]
1037	Susan	= so you know what I mean (.) its kinda like a bigger
1038		change all [round] =
1039	Nina	[mmm]
1040	Susan	= isn't it =
1041	Researcher	yeah
1042	Becky	yeah
1043	Sarah	yea:h (.) so that would mean (.) would (.) cause I think
1044		the best time to do it (.) is when you're on you're
1045		[<u>doctorate</u>] =
1046	Becky	[yeah]
1047	Nina	[yeah]
1048	Sarah	= cause that's when you're learning about the <u>job</u> (.)
1049		you're thinking about the different ways of
1050		[doing it] =

1051	Researcher	[mmm]
1052	Susan	↑absolutely
1053	Sarah	= you've got the [time to be able to] =
1054	Susan	[mmm]
1055	Sarah	= and that's the whole <u>point</u> [isn't it?] =
1056	Susan	[yeah]
1057	Sarah	= of the training (.) whereas I think you're training
1058		sounds fantastic (.) on <u>mine</u> it was a bit of this a bit of
1059		this a bit of [that] =
1060	Nina	[yeah]
1061	Sarah	= I still didn't feel like I'd <u>mastered</u> (.) or really
1062		understood any of it [(.) in (.) detail] =
1063	Nina	[mm::m]
1064	Susan	[mm::m]
1065	Sarah	= and there's no way (hhhh) I would be able to [<u>do that</u>
1066		↓now] =
1067	Nina	
1068		[yeah]
1069	Sarah	= in <u>fact</u> (.) I even look back at some things that I did
1070		(.) when I was a <u>trainee</u> that I just wouldn't be able to
1071		do now =
1072	Nina	mmm
1073	Sarah	= so (.) I think hopefully with the [<u>bursary</u>] =
1074	Susan	[yeah]
1075	Sarah	= there is the opportunity to explore more in depth (.)
1076		case work (.) hopefully in (.) in more [detail] =
1077	Nina	[yeah]
1078	Sarah	= I mean if you can't use it on you're doctorate when
1079		can [you do it?] =
1080	Susan	[yeah]
1081	Nina	[mmm]
1082	Sarah	= and so when you start the <u>profession</u> (.) you've got a
1083		more <u>detailed</u> understanding [and you know which
1084		ways] =
1085	Nina	[yea:h (.) you can
1086		choose your ways]
1087	Sarah	= ↓you want to go with
1088	Susan	cause the trainees that are coming are surplus to
1089		numbers at the minute aren't they?
1090	Nina	[yeah]
1091	Sarah	[yeah]
1092	Susan	= and that's very [different to how it has been before?]
1093		
1094	Sarah	[yeah] [yeah]
1095	Nina	yeah
1096	Sarah	= you're basically doing the same job (.) on much less

1097		(.) for a lot less ↑money
1098	Nina	yeah
1099	Susan	yeah
1100	Nina	mmm
1101	Researcher	yeah
1102	Sarah	I think [cause we had to] =
1103	Susan	[(hhhh) silent nodding]
1104	Sarah	= (hhhh) you've got to do the job on you know on you
1105		know[fifteen grand less]
1106	Nina	[yea::h]
1107	Researcher	that's true yea:h that's true
1108	Becky	= we had to=
1109	Researcher	yea:h it's difficult
1110	Becky	= we had to do (.) a piece of therapeutic [casework]
1111	Sarah	[yeah]
1112	Becky	= as part of the (.) the doctorate that had to be six
1113		sessions (.) but again I was doing (.) thinking (.)
1114		[I've <u>not</u> had] =
1115	Nina	[the same]
1116	Becky	= enough <u>training</u> =
1117	Nina	the same
1118	Becky	= but yet it was like it was thought this was important
1119		[in the job] =
1120	Nina	[the same]
1121	Sarah	[mmm]
1122	Becky	= and this was something we were gonna learn (.) we
1123		had to do at least ↑ <u>six sessions</u> write (.) [a (.) <u>report</u>]
1124	Sarah	[yeah yeah]
1125	Nina	same
1126	Sarah	yeah
1127	Becky	and this is with really (.) <u>complex</u> people and I'm
1128		thinking (.) oh my god (.) this is nice I've got the time
1129		[but I haven't got] =
1130	Sarah	[yea:h I know]
1131	Becky	= the skills
1132	Nina	I felt exactly like that (.) I remember having the
1133		sessions at Uni (.) and then I got to the <u>point</u> where I
1134		was like <u>hang on a minute</u> this is just (.) not (.) this
1135		does not [feel right] =
1136		[↑yea:h]
1137	Nina	= because they told us (.) we're going to train you in
1138		CBT (.) na ni na ni na:a =
1139	Becky	yeah
1140	Nina	= and I remember going <u>back</u> (.) in one of the sessions
1141		before the end saying (.) <u>look</u> what are you saying to
1142		us? that when we've finished this

1143	Becky	yeah
1144	Nina	= we (.) <u>should</u> (.) <u>be</u> (.) qualified (.) to be able to do
1145		CBT and go out there and kind of do the sessions (.)
1146		and I was just like (.) because I <u>don't feel</u> this is
1147		equipping us to be able to do that (.) and after kinda
1148		thrashing it out and having a big discussion they sort of
1149		said ok well (.) what we're doing (.) is (.) we are erm
1150		(1) you know kinda giving you the <u>principles</u> of CBT for
1151		you (.) to be able to use (.) in your work and I was like
1152		ok you know cause I just wanted to [be clear] =
1153		
1154	Becky	[mmm]
1155	Researcher	[yeah]
1156	Nina	= about whether they were saying to us (.) <u>we're</u>
1157		<u>training</u> you to do [CBT]=
1158	Researcher	[yeah]
1159	Nina	= because that's what they were initially saying to us
1160		and I was like actually [I don't feel like] =
1161	Researcher	[mmm]
1162	Nina	you are (.) [you know] =
1163	Researcher	[mmm]
1164	Nina	= and then they kind of (.) sort of conceded a bit and
1165		they were like [(.) you know] =
1166	Researcher	[mmm]
1167	Nina	= these sessions will give you an understanding of the
1168		principles [underlying CBT] =
1169	Researcher	[mmm]
1170	Nina	= which you can then go out and use in your work (.)
1171		cause I had [that same thing] =
1172	Becky	[yea:h]
1173	Nina	= you had to (.) they asked us to work with two
1174		children (.) and do six sessions of CBT (.) and then (.)
1175		write a [report on that] =
1176	Susan	[mmm]
1177	Nina	= and I just kinda (.) I felt really uncomfortable [doing
1178		that] =
1179	Becky	[mmm]
1180		yeah yeah]
1181	Nina	= cause I just didn't feel like [I was] =
1182	Susan	[mmm]
1183	Nina	[<u>trained</u> to the level] =
1184	Susan	[mm::m]
1185	Nina	= to be able to do it the way they wanted us to
1186	Susan	mm::m
1187	Becky	the only thing we were <u>trained</u> in (.) cause in the
1188		second year (1) we had erm (1) we got a certificate in

1189		counseling like we had [regular sessions] =
1190	Susan	[mmm]
1191	Becky	= erm (.) and we got (.) you know the basic counseling
1192		skills (.) like Person Centered ↓Counseling (.) but the
1193		↑reason we got that is because there was someone from
1194		the University who was teaching on the masters course
1195		who was there who could come in and
1196		[deliver those] =
1197	Researcher	[mmm]
1198	Becky	= it wasn't like which sort of therapeutic approach
1199		would you like to become <u>more</u> [skilled in] =
1200	Nina	[right]
1201	Susan	[mmm]
1202	Becky	= because I wouldn't have <u>chosen</u> [person centered] =
1203		
1204	Susan	[yeah]
1205	Becky	= [cause actually] =
1206	Susan	[mmm mmm]
1207	Becky	= a lot of those skills you are <u>learning</u> [through the
1208		course] =
1209	Nina	[mmm mmm]
1210		
1211	Becky	= and for the job (.) erm so we did get a qualification in
1212		that (.) but for me that wouldn't have been the
1213		approach I would have chosen to become [more skilled
1214		in] =
1215	Sarah	[mmm]
1216	Becky	= and I think (.) like I've talked about CBT particularly
1217		in my <u>PDR</u> (.) erm and I think if there was a <u>one day</u>
1218		<u>course</u> (.) you might be able to get to go on it but (.)
1219		like (.) I did find a one [<u>year course</u>] =
1220	Researcher	[mmm]
1121	Becky	= where you'd get a certificate and then go onto the
1122		masters but it's like three [thousand (hhhh)] =
1123	Sarah	[mmm]
1124	Becky	= for the [year for then?] =
1125	Susan	[mmm mmm]
1126	Becky	= you might be allowed to go on it (.) if you but it'd
1127		probably be [funded]
1128	Nina	[if you fund it yourself] =
1129	Becky	= fund it yourself yeah [so that's] =
1130	Researcher	[mmm]
1131	Becky	= the hard thing about trying to get [further qualified
1132		now] =
1133	Researcher	[yea:h]
1134	Becky	= as opposed to incorporating it in the doctorate =

1135	Researcher	yeah
1136	Becky	= erm
1137	Sarah	but that's really important because I think there's a
1138		<u>danger</u> by saying yes EPs (.) are very well placed to do
1139		it (.) very very qualified blah blah blah .hh so taking
1140		like the thing that you mentioned about the CBT (.)
1141		that's on the doctorate they had a bit of CBT [but
1142		actually] =
1143	Susan	[mmm]
1144	Sarah	= you haven't been properly <u>trained</u> in the same way
1145		that [you have] =
1146	Susan	[mmm mmm]
1147	Sarah	= so then (.) we (.) there's these expectations placed
1148		upon you (.) I remember erm after University I did the
1149		counseling (.) so you had the opportunity (.) so <u>you</u>
1150		<u>might</u> think you're doing something (.) but urm (.) you
1151		<u>might think</u> you're working in a [certain way] =
1152	Susan	[mmm]
1153	Sarah	= you might think you're being all reflective and what
1154		not (.) but some of those training courses <u>actually</u> make
1155		you <u>realise</u> (.) that what you're doing (.) you get a
1156		much closer look at what you're doing so even things
1157		like (.) recording yourself hearing yourself back getting
1158		other peoples views on [what you're doing] =
1159	Nina	[mmm]
1160	Sarah	= and things <u>like that</u> (.) that (.) it's opportunities like
1161		that which really help you sharpen your [practice] =
1162	Nina	[mmm]
1163	Susan	[mmm]
1164	Sarah	= and make you <u>actually</u> pick up <u>skills</u> (.) and think
1165		about it <u>rather</u> than having a brief introduction to
1166		[something] =
1167	Becky	[mmm]
1168	Sarah	= and you think you're doing [<u>something</u>] =
1169	Susan	[mmm]
1170	Sarah	= when actually you might <u>not</u> be =
1171	Researcher	no
1172	Susan	mmm
1173	Sarah	= but then you have that expectation in place you know
1174		you're a psychologist (.) you know about CBT blah
1175		you're giving (.) when you do something you think well
1176		<u>actually</u> (.) I haven't had the <u>opportunity</u> to practice and
1177		do this (.) in (.) in a way that (.) you know=
1178	Susan	mmm mmm mmm
1179	Sarah	= like formal training might (.) so I think (.) we [should
1180		all] =

1181	Susan	[mmm]
1182	Sarah	= I don't know (.) I think there's a danger of it as well
1183		(.) there's not too much [expectation] =
1184	Susan	[mmm]
1185	Sarah	= and that (.) you know (.) if (.) you know (.) but you
1186		know if (.) services (.) that you they want you to work
1187		therapeutically or you know (.) you're going to be doing
1188		CBT (.) well [invest in it then] =
1189	Susan	[yeah]
1190	Researcher	yeah
1191	Sarah	= if you're gonna do it do it properly (.) rather than just
1192		(.) you know that whole thing about (.) that's the sort
1193		of models that we had at University (.) where you have
1194		a couple of sessions on therapeutic <u>stories</u> or CBT or
1195		whatever (.) and you go away and you write your essay
1196		and I had exactly the same thing (1) oh dear =
1197	Nina	(hhhh)
1198	Researcher	(hhhh) yeah yeah
1199	Sarah	= you know <u>what am I doing?</u> (.) and it all felt a bit
1200		amateur and a bit =
1201	Researcher	yeah
1202	Sarah	= making it up (.) in comparison
1203	Nina	yeah
1204	Sarah	= to (.) you know (.) more =
1205	Nina	yeah
1206	Sarah	formal stuff
1207	Susan	= but other teams don't hold the same anxiety around it
1208		do they? they say (.) oh we're using CBT <u>approaches</u> (.)
1209		and they've probably had far less <u>training</u> than [we
1210		have had] =
1211	Researcher	[mmm]
1212	Susan	= or we're using the Solution Focused or we're using or
1213		we're using (.) and they are really promoting these
1214		<u>skills</u> and we tend not to do that (.) because we do feel
1215		this way [about it] =
1216	Researcher	[mmm]
1217	Sarah	[mmm]
1218	Susan	= or whatever (.) and for me I find that quite difficult
1219		cause you've got teams then who are less (1)
1220		professionally qualified to perhaps be [delivering] =
1221	Researcher	[mmm]
1222	Sarah	[mmm]
1223	Susan	= who are then promoted within in schools as being
1224		able to [deliver] =
1225	Sarah	[yeah]
1226	Susan	= I am just thinking of some in the outreach service in

1227		the city that [I work in]
1228	Sarah	[yeah]
1229	Researcher	I think that came out in another conversation about erm
1230		(.) if EPs aren't gonna be the ones that do it given their
1231		level of skill and [training] =
1232	Susan	[mmm]
1233	Researcher	= then there's going to be people doing it that's maybe
1234		[even less qualified] =
1235	Nina	[less qualified]
1236	Researcher	= and confident
1237	Susan	= I don't feel the anxieties <u>around</u> the work we're
1238		[discussing here (hhhhh)]
1239	Researcher	[(hhhh)]
1240	Sarah	that's due to the [lack of (.) understanding]
1241	Nina	[understanding (.) of]
1242	Susan	[<u>absolutely</u> (.) yeah it is] but schools
1243		don't know that you [know what I mean?]
1244	Nina	[yeah yeah]
1245	Sarah	= <u>I don't know</u> (.) I think schools prefer (1) well (.) in
1246		(.) i think my schools say this needs an ep this can't go
1247		to [so and so] =
1248	Susan	[mmm]
1249	Sarah	= and I think they <u>get</u> that more complex stuff [comes
1250		to us] =
1251	Susan	[mmm]
1252	Sarah	= and that we bring [<u>something different</u>] =
1253	Susan	[mmm mmm mmm]
1254	Sarah	= [you know rather than] =
1255	Susan	[mmm]
1256	Sarah	= not that I'm being negative [about] =
1257	Researcher	[no]
1258	Sarah	= other [services] =
1259	Researcher	[hhhh]
1260	Sarah	= we <u>don't</u> [have] =
1261	Researcher	[yeah]
1262	Sarah	= the narrow focus (.) you know (.) even with
1263		something saying that (.) you know if you could do CBT
1264		the fact that you've got those anxieties around it (.)
1265		shows that you understand the [limitations]
1266	Susan	[<u>absolutely</u>] I
1267		completely <u>agree</u> but I think it's just that other teams
1268		and services <u>promote</u> themselves more they even put it
1269		on leaflets and that =
1270	Sarah	yeah
1271	Susan	= and then that fills that gap [doesn't it?] =
1272	Nina	[mmm]

1273	Susan	= that [we're pulling out of] =
1274	Researcher	[yeah]
1275	Nina	[mmm mmm mmm]
1276	Susan	= the gaps filled [and]
1277	Nina	[yeah]
1278	Researcher	[yeah]
1279	Sarah	= but they always end up coming [back to us]
1280	Susan	[hhhh]
1281	Sarah	[hhhh]
1282	Becky	[hhhh]
1283	Sarah	you need to go back to your EP (.) [alright then] =
1284	Susan	[hhhh]
1285	Sarah	= but that always happens though doesn't it? this needs
1286		your EP now I've done with this <u>child</u> (.) it's complex
1287		[over to you]
1288	Nina	[hhhh]
1289	Becky	[controversial hhhh]
1290	Researcher	(hhhh) (.) erm (.) I just wondered what you thought
1291		about (.) what the future holds in terms of EPs working
1292		therapeutically (1) ↓cause I know you said about
1293		investing in it (.) if you're gonna <u>do it</u>
1294	Nina	yea::h
1295	Sarah	depends if it impacts on ↑ <u>outcomes</u>
1296	Researcher	yeah
1297	Sarah	doesn't it? (.) depends (.) I think it's hard to know
1298		which way (.) erm EP work is gonna go in the future
1299		with <u>academies</u> erm (.) <u>power</u> of the Local <u>Authority</u> (.)
1300		and I think the picture (.) the <u>working</u> styles of EPs is
1301		gonna be different [nationally] =
1302	Researcher	[mmm]
1303	Sarah	= I think (.) well this is what I think (.) over the next
1304		<u>five ten</u> years you might not have your traditional
1305		educational psychology services (.) particularly if (.) you
1306		know (.) there's clusters of schools that and academies
1307		and trusts and (.) you know the Local [Authority] =
1308		
1309	Researcher	[mmm]
1310	Sarah	= does have less control over what happens in schools
1311		(.) erm .hh which might mean (.) that you might have
1312		more freedom (.) as an individual EP you might be less
1313		constrained by [time allocation] =
1314	Researcher	
1315		[mmm]
1316	Sarah	= but I think the picture (.) about EP practice in
1317		[<u>general</u>] =
1318	Researcher	[mmm]

1319	Sarah	= might be quite varied (.) [erm] =
1320	Researcher	[mmm]
1321	Sarah	= over the next five to ten years anyway (.) erm just
1322		cause I mean there's a lot of changes (1) and we
1323		haven't really seen the impact of them just yet (.)
1324		[but] =
1325	Researcher	[mmm]
1326	Sarah	= you know I think education is looking very very
1326		different you [know] particularly =
1327	Susan	[mmm]
1328	Sarah	= particularly the way we work (.) is likely to change
1329		quite a lot (.) so I I wouldn't like to say what I think (.)
1330		I don't even know what EPs will be doing in five to [ten
1331		years] =
1332	Researcher	[yeah]
1333	Susan	[mmm]
1334	Sarah	= ↓and so
1335	Susan	= I think we've got a massive responsibility and I know
1336		there's all those influences as well (.) but as a group of
1337		professionals to drive our own [profession] =
1338	Nina	[mmm]
1339	Sarah	[yea:h]
1340	Susan	= and we're not (.) but that needs a focus (.) doesn't it
1341		or [something?] =
1342	Nina	[yeah]
1343	Susan	= but I think we have that responsibility as well (.) to
1344		carve that out [for ourselves]
1345	Becky	[yeah]
1346	Researcher	= it's really interesting listening to what you're saying
1347		and how much it mirrors what (.) other EPs are [saying
1348		really] =
1349	Susan	[mmm]
1350	Becky	[mmm]
1351	Researcher	= you know (.) I think (.) I think in some respects there
1352		is (.) I think people know where they want to be going
1353		[with things] =
1354	Nina	[yeah]
1355	Researcher	= and I think there's some really interesting things have
1356		[come out] =
1357	Becky	[mmm]
1358	Researcher	= and it's about (.) like you say [negotiating] =
1359	Becky	[mmm]
1360	Researcher	= it's about where (.) we want to head [as a profession]
1361		
1362	Becky	[it
1363		doesn't fit] in this service (.) it doesn't feel like (1) that

1364		there will be a drive towards us (.) being more trained
1365		more therapeutically =
1366	Researcher	right
1367	Becky	= in the next few years (.) at that doesn't feel like it's
1368		(.) in fact that (.) I've been here four years and when I
1369		first came I'd just missed two full days on CBT =
1370	Researcher	right
1371	Becky	= I think it was CBT and it almost feels like that was
1372		done <u>four years [ago]=</u>
1373	Researcher	[right]
1374	Becky	= and that was two full days in the [team] =
1375	Nina	[wow]
1376	Becky	= and so the people who have been here quite a while
1377		have had [that] =
1378	Researcher	[mmm]
1379	Becky	= and that will cover it (.) for a while =
1380	Researcher	yeah for a while
1381	Becky	= I think that's how I always felt when I brought
1382		[it up] =
1383	Researcher	[yeah]
1384	Becky	= oh we had two days you know back then but (1) I
1385		think it it would only be if like (coughs) you could push
1386		it yourself through the PDR or [something] =
1387	Researcher	[yeah]
1388	Becky	=that is my feeling about (1) [where the service is at] =
1389		
1390	Nina	[mmm mmm mmm]
1391	Becky	= at the moment in terms of their priorities (.) [that it's
1392		(.) not] =
1393	Nina	[mmm]
1394	Becky	= and it and I don't think <u>it will be</u>
1395	Nina	= I think it's gonna be interesting to see how it goes (.)
1396		I think (.) the whole way that things are going now (.)
1397		with the academies agenda and the [free schools] =
1398		
1399	Becky	[mmm]
1400	Nina	= I think (.) I don't know whether it's gonna be (.)
1401		something that comes from (.) the <u>training courses</u> (.)
1402		or whether it's something that comes [from the
1403		services] =
1404	Becky	[mmm]
1405	Nina	and you know things that are happening <u>already</u> but (.)
1406		cause it kinda feels like (.) <u>I don't know</u> (.) <u>I don't know</u>
1407		(.) my feeling here is that like (.) like I think there's a
1408		thing that EPs you know the profession at the moment
1409		is going (.) <u>we need to</u> (.) I say going but it has

1410		probably been for years really saying (.) that we need
1411		to define our contribution we need to ensure that (.)
1412		people know what it is that we do and we can do
1413		something that's <u>different</u> to everyone else that's out
1414		there (.) but whether that's gonna be us trying hold
1415		onto the statutory <u>thing</u> as a thing we'd be able [to do]
1416		=
1417	Becky	[mmm]
1418	Nina	= or us trying to say you know <u>what</u> (.) there is <u>more</u>
1419		that we can [do] =
1420	Susan	[mmm]
1421	Nina	= and there's <u>more</u> that we can offer (.) and I think (.) <u>I</u>
1423		<u>think</u> ↑ personally that (.) erm (1) developing those skills
1424		(.) as a profession working <u>therapeutically</u> could be a
1425		really good way to [↑go] =
1426	Susan	[mmm]
1427	Nina	= it's just whether that's a way that's seen by a large
1428		(1) part of the [profession] =
1429	Susan	[mmm]
1430	Nina	= whether than be that training [courses] =
1431	Susan	[mmm]
1432	Nina	= or that be (.) erm (1) you know people working in the
1433		profession sort of day to day kinda take that as a as a
1434		way that they [wanna go]
1435	Susan	[mmm]
1436	Becky	[mmm]
1437	Susan	= for me one of our major strengths of us being in a
1438		position to do this because we also work systemically
1439		with the [schools] =
1440	Nina	[yeah]
1441	Sarah	[mmm]
1442	Susan	= so rather than working individually we can also
1443		[influence] =
1444	Nina	[mmm]
1445	Susan	= using those approaches systemically [as well]
1446	Nina	[yeah]
1447	Sarah	mmm
1448	Susan	= so do you know what I mean (.) it's something about
1449		how we work at the moment (.) best supports working
1450		therapeutically [systemically]
1451	Nina	[yeah]
1452	Sarah	[yeah]
1453	Susan	= and if you took it away and you were just doing
1454		individual [working] =
1455	Sarah	[yeah]
1456	Nina	[mmm]

1457	Susan	= the impact would be pretty much ↓reduced I think
1458	Researcher	= a lady who is on our course is a trained
1459		psychotherapist and that was one of the reasons that
1460		she wanted to come into (.) educational psychology =
1461	Becky	right
1462	Nina	right
1463	Researcher	= cause she felt she wasn't having an impact
1464	Becky	yeah
1465	Nina	mmm
1466	Researcher	= with that one child to have the [impact on]
1467	Becky	[yea::h]
1468	Nina	[yea:h yea:h]
1469	Researcher	the whole system
1470	Sarah	= I think when I first started (.) training I had more
1471		anxiety (.) I was expecting to do more therapeutic work
1472		
1473	Researcher	mmm
1474	Sarah	and I'm happy (.) I mean I would like to do some more
1475		therapeutic work but I think I understand the role of the
1476		EP a lot more now it has taken a very long time cause
1477		it's such a <u>bizarre job</u> =
1478	Researcher	yeah
1479	Sarah	= it's very hard to define to other people <u>what</u> you
1480		actually [<u>do</u>] =
1481	Researcher	[yeah]
1482	Sarah	= but once you actually <u>do it</u> that's the best way of
1483		understanding how you have an impact and (.) I still
1484		struggle now to even explain what it is [<u>that I do</u>] =
1485	Researcher	[yeah]
1486	Sarah	= other than I do a lot of it and I am busy [<u>doing it</u>]
1487	Researcher	[yeah]
1488	Sarah	but I think when I first started training I didn't
1489		understand exactly what an [<u>EP did</u>] =
1490	Susan	[mmm]
1491	Sarah	= so I think I felt (.) the need to do [<u>more</u>] =
1492	Susan	[mmm]
1493	Sarah	= cause that's kind of the more sort of traditional
1494		[<u>understanding</u>] =
1495	Susan	[mmm]
1496	Sarah	= that <u>I had (.) of it (.)</u> but I don't really have (1) cause
1497		I quite enjoy the more systemic stuff and actually
1498		looking at the impact you can have (.) skilling up <u>staff</u>
1499		and looking at their erm looking at the way they
1500		perceive <u>difficulties</u> (.) looking at the way they work
1501		with <u>parents</u> (.) looking at how (.) information is shared
1502		across <u>schools</u> (.) looking at (.) you know differentiation

1503		(.) there's a whole host of things other ways that you
1504		can influence [impact or] =
1505	Susan	[mmm]
1506	Sarah	= you know helping staff see things from a child's point
1507		of <u>view</u> or actually understanding a little bit more about
1508		difficulties with behaviour and things <u>like that</u> (.) so
1509		that's (.) so there's lots and lots of other ways that we
1510		have an impact so (1) I would like (.) I would like the
1511		opportunity to do more therapeutic work if I could do it
1512		<u>properly</u> (.) but equally I wouldn't want to go down the
1513		route of doing lots and lots of individual work (.) all the
1514		time cause I think there's lots of other ways that (.) we
1515	can [have an impact] =	
1516	Susan	[mmm mmm]
1517	Sarah	= with lots of other things [that we can] =
1518	Susan	[mmm]
1519	Sarah	= [do]
1520	Susan	[mmm mmm] and I think by the very nature of the
1521		fact that you work you're working within a system (.) so
1522		you're aware of your [system] =
1523	Sarah	[yeah]
1524	Susan	= that you work within your cluster of schools will be
1525		very [different] =
1526	Sarah	[yeah]
1527	Susan	= [to mine]
1528	Sarah	[yeah of course]
1529	Susan	because no two systems are the same which is so
1530		different say if you were doing [individual working] =
1531	Sarah	[mmm]
1532	Susan	= the differences within the variables can be different or
1533		massively [reduced] =
1534	Sarah	[yeah yeah]
1535	Susan	= so I think that's where the profession (.) wont
1536		struggle so much to say (.) [what is our role?] =
1537	Sarah	[yeah yeah]
1538	Susan	= because it is so so different what [we all do] =
1539	Nina	[yeah]
1540	Becky	[hhhh]
1541	Susan	= just the four of us fundamentally principally are the
1542		same but actually in action on the [ground] =
1543	Sarah	[yeah]
1544	Becky	= [everyday] =
1545	Sarah	[yeah]
1546	Susan	= it can vary beyond belief
1547	Sarah	= but in the same way a teacher might interpret a
1548		scheme of work and teach it differently =

1549	Susan	yeah
1550	Sarah	= and
1551	Nina	mmm
1552	Susan	= but still within that there's so many (.) fewer
1553		[variables isn't there] =
1554	Sarah	[yes (.) yeah yeah]
1555	Susan	= you know what [I mean?]=
1556	Sarah	[yeah]
1557	Susan	= we might like there's a stupid amount of variables
1558	Sarah	yeah yeah (.) we're very hard to pin down
1559		[aren't we?] =
1560	Susan	[yeah]
1561	Sarah	= yeah well we're very [very different] =
1562	Susan	[mmm mmm mmm]
1563	Sarah	= which is why (.) trying to get us all to define therapy
1564		is or whatever is (hhhh)
1565	Susan	(hhhh) ↑mad absolutely mad
1566	Sarah	(hhhh)
1567	Susan	(hhhh)
1568	Researcher	(hhhh) yea:h
1569	Nina	that article actually (.) that Tommy McKay wrote was it
1570		not called the fall and [rise of therapy?] =
1571	Researcher	[(laughs) yeah]
1572	Nina	= I think it is just gonna keep [on going] =
1573	Researcher	[yeah I think so]
1574	Nina	= going like that
1575	Researcher	= yeah I keep picking up (.) erm special editions from
1576		like 1985 and it's still the [same arguments]
1577	Nina	[yea:h]
1578	Becky	[yea:h]
1579	Researcher	= every sort of article that I read on it is the same sort
1580		of arguments (.) different author you know it's =
1581	Susan	yeah
1582	Researcher	= crazy really yeah (.) when was this written? (hhhh)
1583	Nina	= we seem to do that (.) have the same arguments all
1584		the [time] =
1585	Researcher	[yeah]
1586	Nina	= ↑I don't know we just never really seem to arrive [at
1587		anything] =
1588	Researcher	[to solve it]
1589	Nina	= (hhhh) yeah =
1590	Researcher	= so you sort of feel it is a messy area
1591	Nina	it is very messy (.) the job is messy
1592	Researcher	yeah
1593	Nina	EPs are messy
1594	Researcher	(hhhh)

1595	Sarah	we're awkward really [(hhhh)]
1596	Researcher	[(hhhh)]
1597	Nina	[yeah we are (1) yeah we are]
1598 1599	Sarah	= I honestly think (.) we all wouldn't be able to agree on anything really =
1600	Researcher	(hhhh)
1601 1602	Sarah	I think part of that also means that (.) sometimes I think it's a lot to do [with containment]=
1603	Researcher	[yeah]
1604 1605 1606	Sarah	= you know we don't have the need (.) sorry I only work with children up to the age of five and I've done my half a term now [that's it] =
1607	Researcher	yea:h
1608	Becky	mmm
1609 1610 1611 1612 1613 1614	Sarah	we can deal with the messyness (.) we can deal with the complexity .hhh and that partly is because of the conversations that we <u>have</u> our <u>training</u> the <u>broader</u> perspective (1) so even I think that's why schools <u>do</u> come to us and as I said before we are the ones that still [end up] =
1615	Susan	[mmm]
1617	Sarah	= picking up the cases =
1618	Researcher	mmm
1619	Sarah	because we don't have that neat and tidy [remit] =
1620	Susan	[mmm]
1621 1622	Sarah	= because the kids that we work with don't have neat and tidy [difficulties] =
1623	Susan	[mmm]
1624 1625	Sarah	= and that sometimes is what keeps us going .hhh (.) irrespective of what we [call it] =
1626	Susan	[mmm]
1627	Sarah	= how we do it or how we define it =
1628	Susan	yeah
1629 1630	Sarah	= cause as practitioners we can deal with that messyness
1631	Researcher	mmm
1632	Susan	mmm
1633	Researcher	I would agree with that thank you very much

Focus group 3

Line	Speaker	Text
1 2 3 4	Researcher	I'd like to talk about therapeutic practice today as part of my research towards my thesis (.) erm (.) I wondered if you could talk to me about some of the <u>therapeutic practice</u> (.) you have done as an EP?
5	Lucy	mm:m
6	Researcher	I don't know who wants to start? (hhhh)
7 8 9 10 11 12 13 14 15	Jenny	Well my own perspective is that I think (.) it's a it's a good thing good thing in terms of trying facilitate <u>positive change</u> (.) I have had experience of some EPs who've been qualified for a <u>while</u> having quite strong views (.) negative views about us engaging in that kind of work (1) but I've also similarly had some EPs who think it's <u>great</u> but the <u>time management</u> is probably more of a difficulty (.) but I personally think [it's great] =
16	Researcher	[mmm]
17 18	Jenny	= and <u>actually</u> you apply the skills in lots of different ways when you work with children anyway
19 20	Peter	= I agree I think (.) we're always engaged therapeutically =
21	Jenny	yeah
22 23 24 25	Peter	= anyway (.) through our discussions the way we listen (.) the way we speak (.) the models of psychology that are in the back of our [minds] =
26	Jenny	[mmm]
27	Lucy	[mmm]
28	Peter	= communicating with people =
29	Researcher	yeah
30 31	Peter	= an I don't see it as either working therapeutically [or not] =
32	Jenny	[mmm]
33 34 35	Peter	= there's just a continuum to (.) traditionally what people might see of you engaging one to one with a child for a [few sessions] =
36	Jenny	[mmm]
37	Peter	= or even just for one [session] =
38	Jenny	[mmm]
39 40	Peter	= and I think it's a great <u>role</u> that we (.) can play and I just think it's a shame that sometimes the systems

41		(hhhh) [around that] =
42	Lucy	[mmm]
43	Peter	= make it difficult for us to engage in more than that
44	Lucy	= I don't think it's always <u>called</u> therapeutic practice (.)
45		like Peter said (.) we do lots of <u>things</u> that would
46		probably come under that <u>category</u> but we wouldn't use
47		that [explicit term] =
48	Jenny	[mmm]
49	Lucy	= with our clients particularly <u>schools</u> they maybe
50		wouldn't (1) erm (.) know what we meant if we said we
51		wanted to work therapeutically or they'd maybe (1) erm
52		(.) would think oo:h (.) that's a bit more of a [clinical
53		psychology role] =
54	Jenny	[mmm]
55		mmm]
56	Lucy	= but I think it's more around how we embed those
57		things into our practice (.) so things like <u>nurture</u> groups
58		could be seen as [therapeutic work] =
59	Jenny	[mmm]
60	Lucy	= erm but it's quite (.) common practice (.) within the
61		education system so maybe it's the terminology erm (1)
62		but I think it's quite (1) key (.) to a lot of what we do
63		and certainly what I do erm (1) perhaps because of the
64		(.) psychologist that I wanted to be erm (.) that
65		therapeutic element of it fits (.) me as a
66		[psychologist] =
67	Jenny	[mmm]
68	Lucy	= so yeah it's good to work in an authority that allows
69		you the freedom [to do that] =
70	Jenny	[mmm]
71	Peter	[yeah]
72	Lucy	= it's promoted we get a lot of [training] =
73	Peter	[mmm]
74	Lucy	= around different approaches and (.) erm (.) like you
75		were saying the old fashioned end of things (.) they
76		don't seem to be around this authority [so much] =
77	Peter	[mmm]
78	Lucy	= so it's [↑positive]
79	Jenny	[↑mmm]
80	Fay	yeah I think that's quite interesting because (.) I don't
81		think I've ever (.) I've always had a difficulty <u>using</u> (1)
82		the word (.) [therapy] =
83	Lucy	[mmm]
84	Fay	= it all goes back to how you define the term therapy
85		(.) is it the same as therapeutic <u>working</u> ? is it the same
86		as drawing on different therapies (.) and I've always

87		been very reticent to (.) label any work that
88		[I do] =
89	Lucy	[mmm]
90	Fay	= as being therapy or as being <u>therapeutic</u> [actually]
91	Peter	[mmm]
92	Fay	= I don't call it as such I don't label it like that (1) for
93		myself and I definitely don't label it when i am
94		[doing work] =
95	Lucy	[no]
96	Fay	= so even <u>though</u> [I am] =
97	Lucy	[(cough)]
98	Fay	= drawing on strategies that people may (.) call
99		<u>therapeutic strategies</u> (.) it's not something that I
100		would (.) be very explicit (.) about saying and I don't
101		think I use the label (.) [therapeutic] =
102	Lucy	[no]
103	Fay	= um (.) word (.) or therapeutic strategy when I am
104		talking to schools when I am talking about (.) you know
105		when I'm (.) <u>planning</u> the work that I'm going to
106		[be doing so] =
107	Lucy	[mmm]
108	Jenny	[m::m]
109	Fay	= it's quite (.) yeah (hhhh) (.) it's quite interesting I
110		think (.) to hear that people [are quite] =
111	Lucy	[mmm]
112	Fay	= free to (.) you know and comfortable about doing it
113		(.) I've always been a little bit (1) <u>reticent</u> (.) because I
114		think that people will have different definitions of that
115		word (.) and different expectations of
116		[what it is (.) that (.)] =
117	Lucy	[that's true]
118	Jenny	[yeah]
119	Fay	= would be placed (.) on <u>me</u> if I was to ↓raise that
120	Researcher	mmm
121	Jenny	I think for me because (.) I'm (.) I'm in my third year
122		currently at ***** (.) working in down the road (.) I
123		better not say the name (.) erm (.) one of the
124		expectations for us during year two is we would do <u>CBT</u>
125		(.) with (.) you know (.) real integrity to the model (.)
126		so we had to actually carry out (.) I think I did six
127		therapeutic sessions with a [young person]
128	Lucy	[really?]
129	Jenny	= yeah
130	Lucy	wow
131	Jenny	= that was the expectation (.) you could <u>select</u> which
132		ever therapeutic (.) you know(.) paradigm you

133		[wanted to] =
134	Lucy	[yeah]
135	Researcher	[mmm]
136 137	Jenny	= but most people chose CBT because there are lots of books to give you guidance [I guess (hhhh)] =
138	Lucy	[(hhhh)]
139 140 141 142 143	Jenny	= but in my previous role as an assistant EP we got the three day training so I sort of felt a little more comfortable (.) but certainly a lot of people on the course found it <u>really quite</u> challenging (1) to have to do <u>that</u> and position themselves (.) as a (.) therapist [I guess] =
144	Lucy	[mmm]
145	Peter	[mmm]
146	Lucy	[yeah]
147 148	Jenny	= because what you were saying about expectations and [assumptions ↓so]
149	Lucy	[mmm]
150	Fay	= I find CBT very [interesting] =
151	Lucy	[↑mmm]
152	Fay	= and I'm always trying to get onto [courses] =
153	Lucy	[mmm]
154 155 156 157 158	Fay	= but it's not a (1) you know (.) when I think maybe do think a child would benefit (.) from looking at a more in depth form of <u>therapy</u> or <u>therapeutic work</u> (.) I (.) I've always been a little bit reticent to say oo::h I'll do it (hhhh) (.) despite having had the input =
159	Lucy	yeah
160 161	Fay	= I don't know (.) if it's due to the fact that actually I just need to (.) to [face that <u>fear</u> and do it] =
162	Peter	[mmm mmm I think]
163	Fay	= or not
164	Peter	= I think we're very well [<u>placed</u> to do that] =
165	Jenny	[mmm I agree]
166 167 168 169	Peter	= because not only are we (.) to different degrees (.) had training in those practices (.) but we also understand the context within (.) <u>the school</u> of <u>why</u> that approach is being taken =
170	Jenny	yeah
171 172 173 174	Peter	= and why that child <u>is</u> having some one to one intervention (1) um and on our course at ***** (.) similar (.) on the second year is <u>devoted</u> to [<u>therapeutic work</u>] =
175	Jenny	[oh right]
176 177	Peter	= and you get the equivalent of your counselling certificate

178	Jenny	↑uhhhh
179	Peter	= through that (.) which includes tapping into different
180		models (.) of working (.) erm (.) with the hope we
181		would come out [being able to do] =
182	Jenny	[yeah yeah]
183	Peter	= <u>therapeutic work</u> in inverted commas =
184	Lucy	gosh
185	Peter	= but as I say (.) it's hard to get (.) schools to see (.)
186		that schools tend to see that if the child that needs the
187		work it would be clinical [psychology that would do it]
188	Jenny	[yeah]
189	Lucy	[mmm]
190	Peter	= it would be [CAMHS] =
191	Jenny	[yeah]
192	Peter	= and they are quite surprised when I say I could do
193		some work with [that child] =
194	Lucy	[mmm]
195	Peter	= they seem very ↑keen
196	Fay	= as a therapist? as a counsellor? or as a psychologist?
197	Peter	as a psychologist
198	Jenny	you're applying sort of [cognitive behavioural =
199	Peter	[absolutely]
200	Jenny	= approaches yeah yeah
201	Peter	= yeah I wouldn't call myself a therapist (.) I'd call
202		myself an (.) educational and child psychologist but
203		using therapeutic models
204	Jenny	and it seems to depend an awful lot on your training
205		[doesn't it?]
206	Fay	[miaow (hhhhh)]
207	Jenny	[(hhhh)]
208	Lucy	definitely
209	Fay	I think yes it makes sense to use (.) therapeutic models
210		(.) but is that doing (1) therapy
211	Peter	↓I dunno
212	Lucy	I think it's just [words]
213	Fay	[I know I know]
214	Researcher	do you think it's dependent upon your training and
215		which (.) University you did your training?
216	Lucy	definitely mmm
217	Researcher	what sort of experiences
218	Lucy	definitely yeah
219	Researcher	and what sort of therapeutic type work (.) you were
220		introduced to
221	Lucy	= anything that (sighs) I can't can't even sum (1) sum
222		it up really (hhhh) (.) (1) erm very positive in terms of
223		(1) erm (.) being aware of therapeutic practice and

224		therapeutic models (.) but <u>not so</u> heavily (1) erm (.)
225		<u>invested</u> in <u>training</u> us in <u>them</u> (.) we had lots of
226		[<u>tasters</u> and things] =
227	Jenny	[mmm]
228	Researcher	[mmm]
229	Lucy	= but not necessarily to the extent where *****
230		were (.) then (.) actually (1) <u>competent</u> to deliver (.) we
231		we just got lots of [<u>tasters</u> in things]
232	Jenny	mmm
233	Lucy	erm
234	Researcher	what University was that?
235	Lucy	***** (.) we were very much consultation based (.)
236		problem solving based (.) so I guess then removing
237		yourself from that [<u>within child</u>] =
238	Peter	[mmm]
239	Researcher	[mmm]
240	Lucy	= which maybe I guess is what therapy [<u>is seen as</u>] =
241	Researcher	[yeah]
242	Peter	[mmm]
243	Lucy	= .hhh (.) erm (.) but as a <u>toolkit</u> and having that (1)
244		erm (.) <u>knowledge</u> first of that (1+) it's <u>there</u> that's
245		been useful from the training (.) but that's something
246		that (.) I've had to develop through CPD in the [<u>workplace</u>] =
247	Peter	[mmm]
248	Researcher	[right]
249	Jenny	[mmm]
250	Lucy	= not to the extent that ***** have done =
251	Researcher	right
252	Lucy	= erm (.) so I guess the <u>emphasis</u> on the <u>Doctorate</u> (.)
253		at ***** is about consultation (1) so their not
254		selling themselves as a (.) erm educational psychology
255		course that will skill you up to use therapeutic practices
256		just (.) I know they need to make you aware them (.)
257		they would be [<u>silly not to</u>]
258	Peter	[mmm]
259	Jenny	[mmm]
260	Researcher	[mmm]
261	Jenny	= whereas at ***** erm (.) it probably lies between
262		the two what the two of you have described (.) again
263		we did get a lot of tasters and actually having had the
264		three day initial <u>CBT</u> training and then comparing to (.)
265		what the rest of the trainees and myself included <u>got</u> on
266		the <u>course</u> (.) I thought that's just really dipping your
267		toe in you know (.) that scared me a little bit though
268		actually (.) I've had that bit of extra training and I feel a

269		little bit more confident but then I really
270		[don't feel competent] =
271	Lucy	[yeah]
272	Researcher	[mmm]
273	Jenny	= but they'd had even less so I was wondering what
274		sense they [made of it?] =
275	Lucy	[mmm]
276	Jenny	= and how they would apply it [I guess] =
277	Lucy	[mmm]
278	Jenny	= so yes we got lots of tasters but there would be the
279		expectation you would work <u>therapeutically</u> rather than
280		deliver <u>therapy</u>
281	Peter	(coughs)
282	Lucy	yeah
283	Jenny	yeah
284	Lucy	mmm
285	Peter	= in my mind (coughs) it doesn't matter whether I've
286		spent a year on that course doing <u>that</u> (1) or whether
287		(.) I'm then (1) going on to CPD and doing a course
288		<u>about</u> CBT and then applying what (.) skills I have as a
289		[<u>psychologist</u>] =
290	Jenny	[mmm]
291	Peter	= because at the end of the day I see them as
292		[interchangeable] =
293	Lucy	[yeah]
294	Peter	= in that you've got to have a good knowledge of that
295		[model] =
296	Jenny	[yeah it]
297	Lucy	[yeah]
298	Peter	= you don't need to [get on] =
299	Lucy	[yeah]
300	Peter	= an intensive three day course (.) and then <u>really</u> what
301		are you [<u>actually</u> (.) you're using]
302	Lucy	[mmm]
303	Peter	= your [skills] =
304	Lucy	[yeah definitely]
305	Peter	= as a <u>psychologist</u> as a <u>listener</u> <u>understanding</u> your
306		skills through <u>consultation</u> erm (.) and your skills of
307		talking and listening =
308	Jenny	mmm
309	Peter	= within that
310	Lucy	= and like you say (.) knowing <u>why</u> (1) this (.)
311		particular (.) tool or (.) [<u>intervention</u>] =
312	Peter	[yeah]
313	Lucy	= is appropriate for that child in that [<u>context</u>] =
314	Peter	[yeah]

315	Jenny	[mmm]
316	Fay	[mmm]
317	Lucy	= or that school in that context (.) you know
318	Peter	= yeah (1) and I'm surprised that (.) some EPs seem
319		very (.) over (.) I feel some EPs are overly cautious of
320		(1+) using therapeutic models and I just (.) I see it as a
321		[great tool] =
322	Lucy	[mmm]
323	Peter	= that <u>we can use</u> and that is based on (.) good
324		principles (.) of listening to people <u>speaking</u> (.) <u>caring</u>
325		<u>for people</u> (.) facilitating [positive change] =
326	Lucy	[mmm]
327	Peter	= through [a model] =
328	Lucy	[mmm]
329	Peter	= and I don't see myself as a <u>CBTer</u> or a <u>motivational</u>
330		<u>interviewer</u> or a <u>counsellor</u> I see myself as a
331		psychologist but with a <u>tool kit</u> of different approaches
332	Fay	= so can I ask a question (hhhh) =
333	Peter	(hhhh)
334	Lucy	(hhhh)
335	Fay	= so would (.) do you see yourself (.) as because you
336		mentioned that (.) you know that you use a therapeutic
337		<u>model</u> (1) or you use therapeutic <u>models</u> (1) is that how
338		you would (.) would describe yourself as a psychologist
339		that uses therapeutic <u>models</u> ?
340	Peter	I would describe myself as a psychologist who uses a
341		range of models
342	Fay	mmm
343	Peter	not just [therapeutic]
344	Lucy	[mmm] (.) I wouldn't even go that far I just
345		would say I was a psychologist (hhhh)=
346	Jenny	(hhhh)
347	Peter	but then again =
348	Lucy	(hhhh)
349	Peter	= if I listened to you in a [consultation I could say to
350		you] =
351	Lucy	[that's it that's it]
352	Peter	= you're interested in cognition (.) you're interested in
353		(1) unhelpful thoughts (.) was that linked to any CBT
354		training? =
355	Lucy	mmm
356	Peter	= it [might not be] =
357	Lucy	[mmm]
358	Peter	= but I would imagine that each thing you <u>say</u> (.) has
359		some [sort of] =
360	Lucy	[there's a] connection to something

361	Peter	= yeah
362	Lucy	yeah well that's how [you become]
363	Peter	[and you're adept] at using it
364	Lucy	yeah
365	Peter	it becomes unconscious [competence]
366	Lucy	[yeah]
367	Jenny	[mmm]
368	Fay	[yeah] it's within your
369		repertoire isn't it?
370	Peter	(coughs) yeah (.) you just (.) do
371	Fay	yeah (.) it's just (.) what you (.) just do
372	Lucy	= and when we have done little bits of <u>training</u> (.) it's at
373		the forefront of your <u>mind</u> you go out (.) and you might
374		practice [a little bit of that] =
375	Researcher	[mmm]
376	Peter	[mmm]
377	Jenny	[mmm]
378	Lucy	= and you think oh yeah oh that (.) cause there are <u>so</u>
379		many things that we learn about or that are available to
380		us like on that list thing <u>we've just</u> done (.) when you
381		look into something it's fresh in your mind and you
382		think [I can do] =
383	Fay	[(laughs)]
384	Lucy	= that there's just too (.) much (.) too much to hold
385		onto at any one time
386	Jenny	mmm
387	Lucy	so it's sometimes (.) it's about (.) where [you <u>are</u>] =
388	Jenny	[mmm]
389	Lucy	= where you've <u>been</u> who you've been talking to and
390		what you've been reading
391	Jenny	=what time you [<u>have</u> available to you] =
392	Lucy	[(hhhh) yeah what time you have
393		yeah]
394	Jenny	= a lot of the time isn't it?
395	Lucy	= how a case is presented to you (.) erm (1) cause a
396		lot of the time (.) you perhaps don't think (.) down a
397		<u>therapeutic</u> route because that (.) conjures up this
398		image of time consuming [and] =
399	Peter	[mmm]
400	Jenny	[mmm]
401	Lucy	= but (.) like you say actually the practices and how we
402		go about working with a child or a case (.) is (1)
403		probably is [very much] =
404	Peter	[one of the]
405	Lucy	= based around those practices anyway
406	Peter	= one of the courses that we were offered to go on was

407		the (.) <u>CBT</u> bits and [pieces course] =
408	Lucy	[mmm]
409	Fay	[mmm]
410	Peter	= which is about grabbing opportunities to use (.) CBT
411		type [conversations] =
412	Jenny	[uhhhm that sounds helpful]
413	Peter	= without having one to one sessions [per week]
414	Jenny	[↑mmm]
415	Peter	= by incorporating that incorporating that into
416		[practice]=
417	Jenny	
418		[that sounds] really helpful yeah
419	Peter	= that fits with our way of working pretty [much] =
420	Jenny	[mmm]
421	Fay	in terms of your question (.) I trained at ***** and
422		we sort of (.) you know we dipped our toes into
423		different things (.) I don't (.) but I don't think (.) that it
424		was <u>explicitly</u> (.) the <u>doctorate</u> (.) that <u>formed</u> my views
425		or my <u>approach</u> (.) to carrying our therapeutic (1) work
426		I supposed (.) I think it comes from before then =
427		
428	Lucy	mmm
429	Fay	= I suppose it has to do with what your <u>exposed</u> to isn't
430		it? =
431	Jenny	yeah
432	Fay	= I think I probably went into into the course into the
433		(.) profession thinking actually (1) clinical psychologists
434		do that =
435	Lucy	yeah
436	Fay	= you know (.) and maybe because there wasn't such a
437		focus in <u>my</u> course to (1) <u>draw</u> on those therapeutic
438		interventions (.) we were exposed to it we dipped our
439		toes I just (1+) carried on (hhhh)
440	Lucy	= whereas I probably went in thinking I want to be a
441		clinical but I'd done mainly education [(hhhh)] =
442	all	[(hhhh)]
443	Lucy	= I'm gonna do as much of it as [I can (hhhh)] =
444	Jenny	[(hhhh)]
445	Lucy	= that was the other good thing about the <u>training</u> (.)
446		we did do a lot of cross over and presentations <u>to</u> (.)
447		the <u>clinicals</u> and [visa versa and they presented to us]
448	Jenny	[(coughs) oh that's nice (.) yea:h]
449	Lucy	so we did (.) have an awareness of where they were
450		coming from =
451	Fay	mmm
452	Lucy	= in terms of their training and it was very much the

453		therapy route =
454	Jenny	mmm
455	Lucy	= but within (.) that lots of strategies that we could
456		grab and [take on and] =
457	Jenny	[mmm]
458	Lucy	= erm (.) and use them in school and in classrooms
459	Jenny	certainly on my course (.) we were (.) the therapeutic
460		element which forms quite a well a <u>large enough</u> part of
461		year two (.) erm was delivered by a clinical
462		psychologist (.) who used to be an educational
463		psychologist who crossed over you know (.) erm (.) but
464		one of the things that rings in my mind was <u>still</u> (.) was
465		I sort of agree with you on this (.) he sort of said (.)
466		well hang on you're there with all these skills plus and
467		all of this knowledge about various models and blah
468		blah blah (.) ↑what you gonna do? are you gonna wait
469		until the difficulties you can see emerging in a child's
470		thinking or whatever (1) or an adult's [thinking around
471		that child] =
472	Lucy	[mmm]
473	Jenny	= ↑are you gonna do something or are you gonna leave
474		it until it gets bad enough to go down the
475		[↓clinical route?] =
476	Lucy	[mmm yeah]
477	Jenny	= and really sort of tried to emphasise <u>that way</u> of
478		approaching it I think (.) and that's been really helpful
479		=
480	Lucy	mmm
481	Jenny	= not seeing it as a this child needs [therapy] =
482	Lucy	[yeah]
483	Jenny	= you know (.) what can we work [on together] =
484	Lucy	[mmm]
485	Jenny	= to help that child =
486	Lucy	= this child needs (.) there's a situation that needs
487		some support (.) [and] =
488	Jenny	[mmm]
489	Lucy	= who has got us (.) and it's not always <u>us is it</u> we work
490		with
491		[other people]
492	Jenny	[yeah yeah]
493	Researcher	mmm it's quite interesting what you were saying as well
494		about being quite well placed (.) which sort of feeds into
495		what you were saying about (.) clinical psychologists
496		being seen as the next step like a CAMHS referral or
497		[something like that] =
498	Jenny	[yeah yeah]

499	Researcher	= whereas maybe because we're working in schools and
500		working within the <u>system</u> around the child =
501	Jenny	it's a different tier
502	Researcher	= if we didn't do it (.) then who sort of (.) would? =
503	Lucy	[mmm]
504	Jenny	[yeah definitely]
505	Researcher	= I'm curious as to whether you would consider
506		yourselves to be therapeutic practitioners (.) I know
507		[maybe (hhhh)] =
508	All	[(hhhh)]
509	Researcher	= I think we have touched on this already a little bit (.)
510		I think (.) but I just wondered whether you <u>would</u>
511		describe yourselves as therapeutic practitioners?
512	Jenny	probably the first thought that came into my mind was
513		probably not =
514	Researcher	right
515	Jenny	= just because of the terminology really (.) um (.) I see
516		myself like psychologist first and foremost =
517	Researcher	yeah
518	Jenny	= drawing on a range of models and yeah (1) but not
519		therapeutic necessarily
520	Researcher	ok
521	Fay	yeah (.) [no (hhhh)] =
522	All	[(hhhh)]
523	Fay	= again for the same reasons I think the terminology
524	Lucy	mmm mmm
525	Fay	and the expectations that go with that <u>terminology</u> (.) I
526		know that (.) like you were saying it's just words and it
527		doesn't really matter so (.) I might not necessarily see
528		myself as a therapeutic practitioner but that doesn't
529		[<u>mean</u> that (.) I am not] =
530	Lucy	[you might do different things]
531	Jenny	[yeah]
532	Fay	= yeah doing things differently to you (hhhh) =
533	Lucy	yeah
534	Fay	= you know so it's just (1) labelling =
535	Jenny	mmm
536	Fay	= it's language (1) and ↓what do we do with that?
537	Jenny	= it's a bit of a barrier though [isn't it?] =
538	Fay	[it is]
539	Jenny	= for us never mind anybody else
540	Lucy	= it's a hard question to answer in some respects cause
541		(.) I want to say to you what do you [<u>mean</u> by that?]
542		=
543	Jenny	[mmm]
544	Fay	[mmm]

545	Lucy	= and then I'll tell you the <u>answer</u> (.) erm because it's
546		almost [somebody's interpretation] =
547	Fay	[yes]
548	Jenny	[yes]
549	Researcher	[yes]
550	Lucy	= of what a therapeutic practitioner is (.) <u>and</u> (.) maybe
551		what I hold as a therapeutic practitioner in <u>my head</u> is
552		very different =
553	Peter	mmm
554	Lucy	= to what you =
555	Researcher	yeah
556	Lucy	= do (.) do YOU have a (.) have you got a definition
557		↓for your?
558	Researcher	= erm not yet [(h h h h)] =
559	all	[(h h h h)]
560	Researcher	= erm part of the [literature review] =
561	Lucy	[yeah]
562	Researcher	= was to sort of try and (1) unpick that <u>term</u> (.) and I
563		handed it in (.) sort of (.) saying something similar
564		[to yourself] =
565	Lucy	[yeah]
566	Researcher	= and it came back to me saying that I <u>did</u> need to
567		[sort of define define it] =
568	Lucy	[yeah you need to define it]
569		
570	Fay	(h h h h)
571	Researcher	= (h h h h) but (.) it's is really difficult =
572	Lucy	it is
573	Researcher	= because it does mean so many [different things] =
574	Lucy	[yeah]
575	Researcher	to so many [different people] =
576	Peter	[mmm]
577	Researcher	= and it's a really <u>messy</u> [area within the literature]
578	Lucy	[yea:h]if I said to my <u>schools</u>
579		(.) I am an educational psychologist and a therapeutic
580		practitioner then I think (1) they would (.) <u>then</u> start
581		asking (.) so can you do? so can we not refer to
582		[CAMHS and refer to you?] =
583	Jenny	[yeah]
584	Lucy	= for [x y and z] =
585	Jenny	[mmm]
586	Lucy	= it [conjurers up] =
587	Jenny	[it creates a shift]
588	Lucy	= ↑yea::h (.) it conjures up this (.) ere I guess an
589		expert (.) in something and I don't feel like I'm an
590		[expert in (.) something] =

591	Jenny	[mmm mmm]
592	Lucy	= therapeutic if that makes sense (.) but yeah I have
593		lots of (.) knowledge (.) about lots of [different things]
594	Jenny	[mmm]
595	Researcher	the [erm] =
596	Lucy	[it makes me want to sit on the fence (hhhh)]
597	Researcher	= the definition I found in the dictionary is that
598		therapeutic is something (.) that has a good effect on
599		the body and the mind and that's from the dictionary
600		(hhhh) (.) so I think I was sitting very much on the
601		fence with that one (.) because (.) I was being pushed
602		to define it (.) so I thought I'm just going to look up (.)
603		what (.) it says in the dictionary
604	Jenny	= it goes back to that facilitating change again doesn't
605		it? =
606	Researcher	yeah
607	Jenny	= and how you define therapeutic
608	Lucy	mmm
609	Peter	I'm not as scared [of the term] =
610	Fay	[(hhhh)]
611	Researcher	[(hhhh)]
612	Peter	= and if somebody said as part of your work (.) they
613		said what are you? I'd say a psychologist or an
614		educational and child psychologist .hhh I've never said
615		to someone I'm a [therapeutic practitioner] =
616	Lucy	[no]
617	Jenny	no
618	Peter	= but if somebody said is it part of your <u>role</u> ? (.) are
619		you a therapeutic practitioner (.) as <u>part</u> of your <u>role</u> ?
620		(.) then I would answer <u>yes</u> (.) and if school (1) felt
621		they wanted (.) if a school approached me like what you
622		were saying about (.) them saying to you well could I
623		approach you rather than approaching [CAMHS] =
624		
625	Lucy	[yeah]
626	Peter	= if they said that to me and <u>if I felt</u> I'd got the skills
627		and experience (1) to be able to <u>do</u> what they were
628		[asking] =
629	Jenny	[mmm]
630	Peter	= then I would (.) be [happy to do that] =
631	Lucy	[yeah]
632	Peter	= as long as it fitted in with the systems of what else I
633		[had to provide the school] =
634	Lucy	[yeah] when I was thinking (.) when I was <u>saying that</u>
635		(.) like (1) the heavy (.) cases they want [family
636		therapy] =

637	Jenny	[yeah]
638	Lucy	= you [know] =
639	Jenny	[yeah]
640	Lucy	= and that is <u>too</u> (.) uncomfortable for me =
641	Peter	yeah
642	Lucy	= so then my response would be (.) you still need to refer =
643		
644	Peter	= exactly [but each case]
645	Lucy	[but then there are] other things where
646	Peter	[yeah
647		but each case]
648	Lucy	[I'd say
649		↑yeah]
650	Peter	yeah
651	Lucy	= and quite happily but this is going to be a sustained
652		piece of work =
653	Peter	yes
654	Lucy	= it's not just a one [off or] =
655	Jenny	[mmm]
656	Lucy	= it's I don't know [(h h h h)]
657	Fay	[(h h h h)]
658	Jenny	= there is something in that [knowing when (.) where
659		the [<u>boundaries</u> are <u>actually</u>] =
660	Peter	[<u>absolutely</u> that's a really good point]
661	Lucy	[yes]
662	Jenny	= actually <u>no</u> that's [beyond my]
663	Lucy	[yeah]
664	Peter	[if we don't feel competent]
665		enough to do a piece of work (.) I feel we've got an (.)
666		[<u>obligation</u>] =
667	Jenny	[mmm]
668	Peter	= a duty of <u>care</u> =
669	Lucy	course we do
670	Peter	= that we don't do that piece of work and then it'd be
671		signposted and I would [certainly do that]
672	Jenny	[mmm mmm]
673	Fay	= yea::h (.) do you think then that's giving people the
674		impression that we do (.) <u>light touch</u> (.) ↓work then?
675	Lucy	if what? (.) if we [say?]
676	Fay	[if we say] you know (.) we can only
677		go so far in terms of being a therapeutic <u>practitioner</u> (.)
678		erm anything over and beyond <u>that</u> (.) you know
679		
680	Lucy	= no I think it's more about capacity isn't it or WE'RE
681		probably not <u>tied</u> the same (.) or we are tied <u>more</u> (.)
682		when you get to CAMHS they've got clear and complex

683		needs haven't they? so maybe by that point
684	Jenny	(.) and the way they operate they've got a set number
685		of <u>sessions</u> [dedicated to this case] =
686	Lucy	[mmm]
687	Jenny	= i guess (.) whereas <u>we</u> probably don't work in that
688		↑way? (.) very ↓often (.) unless schools request it (.)
689		then it goes back to whose paying for that service (.)
690		and whose sort of dictating (.) how (.) the time (.) if it's
691		[time allocation] =
692	Lucy	[mmm]
693	Jenny	= how that time is going to be used
694	Lucy	there's a different emphasis on educational
695		psychologists I think (.) so the <u>light</u> touch thing it
696		doesn't come into it (.) I think it's just (1) our pressures
697		(.) [of time maybe] =
698	Jenny	[mmm]
699	Lucy	= would make me think well (.) I can't invest what
700		should be invested in this =
701	Fay	yea:h
702	Lucy	= so maybe I could do some of the work but actually i
703		haven't (.) got the time or the capacity to do it (1) so
704		the light touch thing (.) I <u>may</u> be a <u>brilliant</u> person to do
705		it (.) but the systems don't allow that (1) so you might
706		refer on to [CAMHS]
707	Fay	would you as easily and quickly say that you are a
708		behaviourist practitioner? or a cognitive (.)
709		practitioner?
710	Lucy	[(hhhh)]
711	Fay	(hhhh) if there are labels for that?
712	Peter	I don't know what a [behaviourist practitioner?] =
713	Lucy	[(hhhh)]
714	Peter	behaviourist? or behavioural?
715	Fay	again we're just talking about terminology here (1)
716		whichever
717	Peter	so if you said to me do you see your role as
718		incorporating things to do with <u>behaviour</u> (.) helping
719		schools with behaviour? I would say <u>yes</u> (.) if you said
720		(.) do you see yourself helping schools look at
721		cognition? (.) I would say <u>yes</u> (.) do you see yourself
722		helping with therapeutic aspects? I would say [<u>yes</u>] =
723	Fay	[so that (hhhh)]
724	Peter	[that doesn't] mean I
725		am a [ther-a-pist] =
726	Lucy	[therapist]
727	Peter	= no I don't put that <u>above</u> my other work (.) I put that
728		alongside equal to (.) the other pieces that I do and I

729		would quite happily (.) if you look at how often (.) I
730		was just thinking about it then (.) when I was <u>training</u>
731		(.) I offered to do some (.) <u>three sessions</u> one to one
732		work with a young erm (.) with a boy (.) who was about
733		eleven and after the first (hhhh) session it <u>all</u> fell apart
734		(.) he was taken into care in an emergency situation
735		and out of the county and that stopped (.) but I did
736		agree to do that work and recently there was a piece of
737		work that (.) the school and I felt this other child could
738		benefit <u>from</u> (.) doing some one to one <u>work</u> but that
739		somebody from <u>Barnardo's</u> had already <u>started</u> some
740		work and I said well in that case what I will do (.) is
741		support <u>that</u> person and talk through the case with
742		them in (.) <u>supervision</u> rather than working directly (.)
743		so I'm not going out there (.) constantly [(hhhh) doing
744		CBT] =
745	Lucy	[yeah (hhhh)
746		you're not selling yourself (hhhh)]
747	Peter	= and that's over a period of <u>three years</u> that's
748		[been my input] =
749	Lucy	[(hhhh)]
750	Peter	= I would like to do <u>more</u> (.) and I think it would be
751		beneficial to do more but it doesn't always kinda fit
752		[with the systems] =
753	Lucy	[no no]
754	Jenny	[mmm]
755	Fay	= I was just wondering if it had anything (hhhh) to do
756		with (.) you know (.) therapeutic is kinda like the new
757		big thing really I think (.) in terms of twenty years ago
758		behaviourism was =
759	Peter	right
760	Fay	= or in terms of thirty years ago or fifty years ago
761		cognitive assessment was the thing to do (.) it seems as
762		though therapy is now (1) the [popular thing]
763	Jenny	[popular] (.) that ties in
764		with attachment theory being so popular at the
765		[minute as well] =
766	Fay	[yea:h]
767	Jenny	= I guess that means looking at the child from a
768		psychodynamic perspective I guess
769	Peter	= I'd be <u>worried</u> if I went into every school and did a
770		cognitive assessment [on every child] =
771	Lucy	[yea::h course you would]
772	Peter	= I would even be worried if I went in and worked
773		[therapeutically in inverted commas] =
774	Jenny	[yes]
775	Peter	= with every child (.) I see it (.) as (.) they are all tools

776		(.) and it's part of my job as a <u>psychologist</u> to listen to
777		the story the someone's telling me and thinking <u>actually</u>
778		I wonder if this [would help] =
779	Lucy	[mmm]
780	Peter	= and seeing <u>each</u> tool as to best fit the situation
781	Jenny	= and there's not such a clear cut distinction between
782		any of those tools that [you were using] =
783	Peter	[yeah]
784	Jenny	= I get they would sort of merge would'nt they? and
785		that's why it's maybe hard ↓to
786	Peter	= even a cognitive assessment is an intervention
787		[because you are] =
788	Jenny	[yeah]
789	Peter	= feeding back to the [child] =
790	Lucy	[yeah]
791	Peter	= and you're in a relationship with that [child] =
792	Jenny	[mmm]
793	Peter	= and doing a job together
794	Jenny	mmm
795	Researcher	I suppose that (cough) sort of fits with (.) what I
796		wanted to talk about next really (.) because as you
797		were talking about therapeutic work being in vogue (.)
798		the literature would suggest that it's sort of gone (.) in
799		a big cycle in terms of where the profession is heading
800		(.) and how EPs want to position themselves (.) I think
801		a lot of that has come from traded services and this
802		idea of being community psychologists? =
803	Fay	yeah
804	Researcher	= erm and also (.) and some Universities now use the
805		title educational and child [psychologist] =
806	Fay	[yeah]
807	Researcher	= rather than just educational psychologist (.) erm (.)
808		so I was just wondering whether you could talk to me a
809		bit more about what the future might hold for EPs
810		working therapeutically (.) I know you said you wanted
811		to do maybe more of it (.) just in the current climate
812		I'm curious about where you see the EP (.) identity of
813		the EP going (.) and how that fits in terms of working
814		therapeutically?
815	Jenny	= just talking about traded services that's (.) kinda
816		pertinent to the service I'm working in at the minute (.)
817		and we're <u>just</u> moving towards traded services from
818		September .hhh and erm a great buy back and all the
819		rest in schools (.) and we've been talking a lot about (.)
820		right (.) so what's the work going to look like? (.) are
821		schools going to want to do the more extended
822		sustained [pieces of work] =

823	Lucy	[mmm]
824	Jenny	= or are they going to want the kinda of (.) you know
825		quick hit (.) you know assessments report kinda thing
826		(.) so I <u>guess</u> it depends on what schools want (.) but I
827		think that would be around relationships with staff (.)
828		and sort of talking to them about what might be helpful
829		(.) and we could do maybe a couple of sessions or
830		whatever I guess (.) I think it depends <u>a lot</u> on the
831		actual <u>client</u>
832	Lucy	= I think as (1) Local Authority work is looking like it's
833		changing more and more (.) and private psychology is
834		maybe (.) less of a (.) demon I think we're being
835		pushed out of our boundaries a little bit (.) and we're
836		being forced to think a bit more creatively (.) you know
837		do we really just want to keep going in (.) and doing
838		one off assessments for children and then writing
839		reports that give the same set of recommendations (.)
840		<u>when</u> they're paying for it (.) if they're paying for it (1)
841		erm or will they start (.) or will the clients being schools
842		sit back and think (.) we'd like a bit more for our <u>money</u>
843		what else can we offer?
844	Peter	[mmm]
845	Jenny	[mmm]
846	Lucy	what else can we get from the psychologists? (.) erm (.)
847		whether we're educational psychologists by title but
848		then we're expected to work across (1) [boundaries (.)
849		to some extent] =
850	Jenny	[mmm mmm]
851	Lucy	= I think we probably do need to maintain that <u>unique</u>
852		selling point but actually that's broadening I think (.) it's
853		not just about (.) the <u>learning</u> aspects or doing a
854		cognitive assessment erm (.) it is about thinking a bit
855		more creatively about how (.) you empower the staff or
856		the schools to work with the children (.) and yeah
857		there's going to be scope still to work with [individual
858		children] =
859	Jenny	[mmm]
860	Lucy	= but I think erm it's (.) <u>it is</u> shifting (.) it's slow (.) but
861		I think it is [slowly moving erm]
862	Jenny	[↑mmm]
863	Fay	= to more longer term (.) [intervention or
864		therapeutic?]
865	Lucy	[well well broad well yeah]
866		just more what we can offer is not so [pigeonholed]
867	Fay	[mmm]
868	Lucy	= and not just seeing our role with [schools either] =
869	Researcher	[yea:h]

870	Lucy	= so maybe working in <u>children's homes</u> and maybe
871		working with [boarding schools or] =
872	Researcher	[mmm]
873	Lucy	= ere independent (.) ↓er:m
874	Fay	= but would it be fair to say that the reason why it's (.)
875		shifted (.) is because we as a [profession have been
876		pushing?] =
877	Lucy	[yeah perhaps we're
878		pushing the boundaries ourselves] cause we (.) the
879		doctorate gives you so much more information (.) I'm
880		sure than the one [year master's] =
881	Jenny	[mmm]
882	Lucy	= could ↑ever (.) so you're <u>exploring</u> more (.) and
883		you're opening the opportunities up (.) so if you skill
884		yourself up (.) then being put back into a box (.) you're
885		kinda <u>fighting</u> to get out again =
886	Jenny	yeah
887	Lucy	= cause you know that there's <u>more</u> out there (.) you
888		know that and [actually we <u>could</u> do <u>that</u>] =
889	Researcher	[mmm]
890	Lucy	= because you've almost been kind of ↑ <u>skilled</u> up to do
891		↓more
892	Jenny	mmm
893	Fay	= I think it will be interesting what happens (.) because
894		there are all these weird and
895		[wonderful things] =
896	Jenny	[mmm]
897	Fay	= that we want [to do] =
898	Lucy	[↑yea:h]
899	Fay	= that we think others will benefit from <u>us doing</u> (.) but
900		at the end of the day it will come down to [the <u>demand</u>]
901		
902	Lucy	[yeah] =
903	Fay	= and what is being <u>placed</u> on <u>us</u>
904	Peter	mmm
905	Fay	= and as a profession (.) I think we are going to want to
906		survive (.) and how much are we going to cave into that
907		
908	Lucy	= it's that (.) thing as well isn't it (.) if we're moving out
909		into community psychology have we lost the identity
910		of being [educational psychologists?] =
911	Fay	[mmm]
912	Lucy	= it's like what's the important (.) part of it (.) I guess
913		(.) isn't it?
914	Fay	yeah
915	Lucy	= does it matter what kind of

916	Jenny	[↑yea::h]
917	Lucy	[psychologist] [you are]
918	Researcher	[yeah]
919	Jenny	well I'd <u>love</u> to do much more (.) work with <u>parents</u> for
920		example =
921	Lucy	yeah
922	Jenny	= so rather than doing the individual casework around a
923		child looking more systemically (.) or working more with
924		<u>staff</u> (.) and I think schools can see that's actually more
925		beneficial [longer term] =
926	Lucy	[mmm]
927	Jenny	= but they're not always (.) up for (.) you doing a
928		[piece of (.) work]
929	Lucy	[I think it's] yeah they don't always [know] =
930	Jenny	[no]
931	Lucy	= what they're expecting either (.) was it Peter who was
932		saying *****? erm since they became traded
933		they've (.) the school were very much holding onto
934		what they were used to (.) an EP coming in and doing
		[assessments]
935	Peter	[mmm]
936	Lucy	but because they've slowly experienced [something
937		else] =
938	Jenny	[(coughs)]
939		mmm]
940	Lucy	= they've then relaxed (.) that <u>need</u> (.) for an
941		assessment (.) and now they're starting [to shift]
942	Jenny	[mmm]
943	Peter	= they've seen the value of [other work] =
944	Lucy	[yeah it's that isn't it?]
945	Peter	= so schools know what <u>work</u> (.) what <u>range</u> of work we
946		can offer (.) <u>and</u> (.) until they've experienced [that] =
947		
948	Lucy	[yeah]
949	Peter	= way of working (.) [oh right that's] =
950	Lucy	[that's good idea]
951	Peter	= what's gonna work at our school
952	Jenny	mmm mmm (1) what we've done is we've put together
953		a menu of service that we've not shared with schools
954		yet (.) but we've put it under the five headings of
955		assessment intervention (.) training research and
956		consultation and kind of giveN a few different examples
957		of what we can offer as a team =
958	Lucy	mmm
959	Jenny	= in the hope that at least one of us can do it well
960		enough you know [(h h h h)] =

961	Fay	[(h h h h)]
962	Jenny	= and we're just gonna wait and see what <u>comes</u> back
963		from <u>schools</u> because <u>they</u> [don't know what's] =
964	Lucy	[no they don't]
965	Jenny	= what is [possible I guess]
966	Lucy	[yea:h yea:h]
967	Jenny	= till [we]
968	Lucy	[mmm]
969	Fay	= how we will we know (.) until we get the feedback
970		from them?
971	Jenny	yeah
972	Fay	isn't it
973	Jenny	exactly
974	Fay	= and maybe they will go through (.) I don't know (.) a
975		cycle actually (.) we <u>know</u> all the weird and wonderful
976		things that <u>you do</u> [and we still] =
977	Jenny	[stick with the same thing]
978	Fay	= want the casework thank you very much (.) and (1) I
979		don't know in ten years time when we have assessed all
980		the <u>children</u> [(h h h h)]
981	All	[(h h h h)]
982	Peter	[I still think] there's a role for us even after
983		they've got a menu (.) and then saying (.) we think we
984		need <u>this</u> to help in this [situation] =
985	Jenny	[yes]
986	Peter	= then helping through conversation (.) cause I think
987		that's one of the skills [psychologists have] =
988	Lucy	[yes I was gonna say]
989	Peter	= is looking at problems (.) identifying (.) asking the
990		[right questions] =
991	Lucy	[right yeah]
992	Jenny	[mm:m]
993	Peter	= and then thinking <u>what</u> might be useful <u>is</u> that <u>really</u>
994		going to [answer the question] =
995	Lucy	[yes]
996	Peter	= or <u>solve</u> what they want (.) or actually have they just
997		picked it up
998	Lucy	=and that's right isn't it (.) it's that [questioning and
999		that listening] =
1000	Peter	[uh huh]
1001	Lucy	= we should then be able to say (.) what about if
1002		we try
1003	Peter	mmm
1004	Lucy	mmm
1005	Researcher	do you get many schools that sort of (.) ask you to do
1006		any therapeutic type work? (.) as part of (.) you know

1007		say (.) I think this child needs (.) I know I've been in a
1008		meeting and somebody has said can you offer some (1)
1009		therapeutic (.) type work
1010	Peter	no I've never heard a school ask that (.) [although] =
1011		
1012	Lucy	[no I haven't]
1013	Peter	= although I have <u>suggested</u> it when I've seen a need
1014		for it (.) <u>or</u> if somebody's said we need CAMHS to
1015		[do this] =
1016	Jenny	[mmm]
1017	Peter	well I have then said then it might be something I'm
1018		able [to offer] =
1019	Lucy	[mmm]
1020	Peter	= if it [fits]
1021	Lucy	[mmm] yea:h they don't tend to ask
1022	Peter	no
1023	Researcher	do you think there is a little bit of a gap there between
1024		(.) the more complex (.) cases and those children that
1025		are maybe [bubbling] =
1026	Jenny	[mmm]
1027	Researcher	= and need some input from <u>somewhere</u> whether that's
1028		from us or
1029	Lucy	= I think it's the restrictions (.) of (.) ere you know we
1030		go in from this service with a support and planning
1031		meeting that's got specific <u>headings</u> (.) we're almost
1032		guiding them to (.) think about it (.) and at the back of
1033		their mind they're probably thinking right we've got <u>ten</u>
1034		<u>hours</u> and for these <u>ten hours</u> they've already got an
1035		idea of how they want to [spend that time] =
1036	Researcher	[yeah yeah]
1037	Jenny	[mmm]
1038	Lucy	= and who they want it spending with (.) or how or
1039		[whatever] =
1040	Researcher	[yeah]
1041	Lucy	= it's almost like there's like (1) a lockdown on their
1042		thinking because (1) they they've not got that
1043		<u>knowledge</u> about what we can [do I guess] =
1044	Jenny	[mmm]
1045	Lucy	= in some ways have they? we don't have a section on
1046		there that says ahhh would any children benefit from
1047		our [therapeutic input] =
1048	Researcher	[(hhhh)]
1049	Fay	maybe we should have?
1050	Lucy	maybe we should have (hhhh)
1051	Fay	(hhhh)
1051	Researcher	do you think as a service we are getting (.) <u>harder</u> to

1052		reach (.) in terms of schools accessing what we <u>can</u> do?
1053	Lucy	= no I think (.) it maybe comes with confidence (.) if
1054		you've got a new school you can see it as either (.) I'll
1055		(.) just (.) see (.) how it goes (.) or I'm going to push
1056		the boundaries and I want [this this and this] =
1057	Jenny	[yeah]
1058	Fay	[yeah]
1059	Lucy	= because [I can] =
1060	Jenny	[mmm]
1061	Researcher	[yeah]
1062	Lucy	= er:m (.) i think it's down to how you want to work as
1063		[a psychologist] =
1064	Researcher	[yeah yeah]
1065	Lucy	= what you <u>believe</u> in as well =
1066	Researcher	yeah
1067	Lucy	= and how you want to
1068	Peter	= and I think I would be uncomfortable if there was a
1069		[section] =
1070	Lucy	[yeah (hhhh)]
1071	Peter	= and when I was evaluating (.) for example the
1072		children's names here you would [liked to be theraped]
1073		=
1074	Lucy	[(hhhh) yeah]
1075	Peter	= it [wouldn't be] =
1076	Jenny	[(hhhh)it wouldn't be right]
1077	Peter	= it wouldn't be right [would it?]
1078	Researcher	[(hhhh)]
1079	Lucy	no but you know they don't always know that we've
1080		got
1081	Fay	(hhhh)
1082	Peter	= but [knowing] =
1083	Lucy	[the training like CBT] and stuff
1084	Peter	= knowing that is something we [<u>can</u> offer] =
1085	Lucy	[yeah]
1086	Peter	= is [useful] =
1087	Lucy	[yeah]
1088	Peter	= because there might be a conversation where it is
1089		[gonna work]
1090	Researcher	[yeah]
1091	Lucy	= and it is being mindful when you're in schools and
1092		having these conversations isn't it? that (.) we need to
1093		<u>push</u> if we think it's the right thing
1094	Peter	yeah and again each psychologist in the service will
1095		have had different training different [experiences] =
1096	Researcher	[yeah]
1097	Peter	= different personal strengths and therefore might be

1098		better suited working in a <u>consultation</u> [model] =
1099	Researcher	[yeah]
1100	Lucy	[mmm]
1101	Peter	= you know (.) we all overlap (.) but there is always
1102		[going to be] =
1103	Lucy	[mmm]
1104	Peter	= different people (.) particularly interested in <u>reading</u>
1105		and dyslexia and [literacy] =
1106	Lucy	[mmm]
1107	Peter	= and some of us more of an interest in behaviour you
1108		[know] =
1109	Lucy	[yeah]
1110	Peter	= that's <u>human beings</u> we could never all do exactly the
1111		same thing
1112	Lucy	= no (.) it's like going in (.) when you get a new
1113		[school] =
1114	Peter	[yeah]
1115	Lucy	= and they've had an EP before you (.) they have (.)
1116		some expectation and then when you do something
1117		different =
1118	Peter	yes
1119	Lucy	= we've never <u>done</u> this =
1120	Fay	(hhhh)
1121	Lucy	= it's either a ooh good we haven't done that [before or
1122		a bad] =
1123	Researcher	[a
1124		mad panic]
1125	Lucy	= we've never had that [before] =
1126	Fay	[(hhhh)]
1127	Lucy	= it's what they know isn't it =
1128	Jenny	yeah
1129	Lucy	= what they've been exposed to in the past (.) but
1130		[(hhhh)]
1131	Fay	[(hhhh)]
1132	Jenny	(hhhh) certainly with that case when I <u>did</u> deliver those
1133		sessions with the child and the parents as well for a few
1134		of the sessions (.) the only way I was able to do that (.)
1135		was by saying to the school this will <u>not</u> be part of your
1136		allocation (.) which is [interesting isn't it]
1137	Peter	[yeah]
1138	Lucy	↑aah:::h
1139	Jenny	yea:h (.) because I think they would have been very
1140		reluctant to spend that once you've done (.) [the <u>case</u>
1141		<u>formulation</u>]
1142	Lucy	[yea:h]
1143	Jenny	= takes so <u>long</u> you know it would have taken up three

1144		full hour sessions I'd say (.) <u>at least</u> (.) ↑more
1145	Researcher	and did you feel they wanted to see some sort of result
1146		at the end of it as well? some way of knowing it had
1147		worked?
1148	Jenny	= right so yeah (claps hands together) [it's done] =
1149	Researcher	[(h h h h)]
1150	Lucy	it's [<u>fixed</u>]
1151	Researcher	[yeah yeah]
1152	Jenny	= wave the magic wand yeah
1153	Peter	= but I think (.) I wonder <u>actually</u> if that is a key issue
1154		for us as EPs working in a school working in context and
1155		working with families (.) is that if we <u>did</u> do some
1156		<u>therapeutic work</u> (.) I think we would be better placed
1157		than somebody in <u>CAMHS</u> cause we would then be able
1158		to <u>tie</u> that (.) to different (.) [<u>parts</u>] =
1159	Jenny	[mmm]
1160	Lucy	[yeah]
1161	Peter	= we would be able to speak to the school [teacher] =
1162	Lucy	[yeah]
1163	Peter	= and say well this has moved on in (.) this child's
1164		[thinking]
1165	Lucy	[yeah you can] reflect back
1166	Jenny	[exactly]
1167	Peter	= and then you'd be able to look at it systemically and
1168		holistically rather than (1) [driving to] =
1169	Jenny	[yeah]
1170	Fay	[mmm]
1171	Peter	= CAMHS in [their building] =
1172	Lucy	[yeah]
1173	Peter	= expecting them to be fixed and [come back] =
1174	Jenny	[mmm]
1175	Peter	= which is a very [medicalised model]
1176	Lucy	[mmm]

Focus group 4

Line	Speaker	Text
1 2 3 4	Researcher	I am just interested to hear you talk about EPs working therapeutically and what sort of work you might have done that might be considered (.) therapeutic or you might consider it to be therapeutic?
5 6 7 8	Carla	I think it's an interesting <u>debate</u> erm (.) a lady that I work with (.) in <u>her</u> interview for the post at an unnamed authority .hhh erm (clears throat) was told we didn't do that because we're not clinical psychologists
9	Researcher	right
10 11 12 13 14 15	Carla	but the way that she <u>talks about</u> therapeutic approaches is very much in that (1) bounded erm (.) you implement it <u>fully</u> (.) you work in a certain <u>way</u> for a certain time period (.) using a certain approach (.) so her (.) concept of therapeutic is perhaps less (.) <u>flexible</u> =
16	Researcher	mmm
17	Carla	= than we've covered =
18	Researcher	right
19 20	Carla	= erm I very much feel that I <u>dabble</u> in therapeutics rather than ↓practicing therapeutically
21	Researcher	right
22 23 24 25 26 27 28 29	Lisa	mmm I think it's something you very much negotiate with (1) school with parents and it's very much a kind of (.) individual <u>case</u> ↑decision that's made really (.) as to what might be ↓entailed what might be involved (.) erm and in terms of the the <u>range</u> of therapeutic interventions that you may try (.) that would be dictated by (1) the <u>dynamics</u> in the individual situation really (1) that's my experience anyway
30	Carla	mmm
31	Researcher	↓is that everybody's experience or?
32 33	Nancy	I think erm your right in identifying (.) I think there is a massive variation in what is defined as therapeutics =
34	Researcher	yeah
35	Nancy	= and everything from (.) ↓you know three times a

36		week to ↑six years to erm a one session (.) can be
37		called therapeutic (1+) erm so you need to know what
38		you're [talking about] =
39	Researcher	[mmm]
40	Nancy	when you mean <u>therapeutics</u> it can everything from (.)
41		a Solution Focused one off session (.) <u>to</u> a (.) you know
42		psychodynamic analysis .hhh (1) erm (.) some of those
43		<u>aren't</u> appropriate for educational psychology to get
44		[involved with] =
45	Researcher	[mmm]
46	Nancy	= and erm (.) some <u>are</u> (.) I (1+) cause this is my area
47		(hhhh) my thesis has been on this as well (.) I've got a
48		(.) I would say that erm (.) well I could probably talk
49		for the whole forty minutes (hhhh) so I'll try not to [hog
50		it] =
51	Researcher	[mmm]
52	Nancy	= erm I think there's if we're gonna work
53		<u>therapeutically</u> if if we are gonna engage with people at
54		the level of their emotions and their emotional <u>hurts</u> (.)
55		we erm (.) I don't think <u>presently</u> that the training (.)
56		um (.) neither the <u>training</u> nor the in service <u>support</u> (.)
57		is set up (.) and is sufficiently robust (.) to support EPs
58		to work in that way (.) erm (.) and systems within
59		school are woefully inadequate (.) erm you know I did
60		some therapeutic work (.) a <u>minimum</u> intervention (.)
61		three interventions with aN (1) anxious (.) stroke
62		slightly Aspergery (.) <u>boy</u> (.) moving from secondary
63		from primary to secondary .hhh erm (.) the first time I
64		went to see him (.) we met in an annexe next to the
65		dining room where there were dining tables and boxes
66		and junk (.) and ten minutes into the session two ladies
67		came in and said they were from the dental service and
68		wanted to [use the room] =
69	Researcher	[(hhhh)]
70	Nancy	= we were shunted <u>off</u> (.) into a <u>cupboard</u> (.) and I'm
71		not kidding you it was a cupboard with brooms and erM
72		(.) mops and buckets (.) cause that was the only room
73		left in the school where we could meet (.) well you can't
74		do therapeutic practice in that way and (.) .hhh I felt (.)
75		<u>angry</u> for on my own behalf and (.) for the child and not
76		<u>surprisingly</u> (1) you know his (.) he was oh no I'm fine
77		about going to secondary school I'm not worried
78		[at all] =
79	Researcher	[mmm]
80	Nancy	= and we didn't' talk about anything (.) if there was
81		anything worrying him (.) we didn't really get to it
82		because he (.) that's not a setting in which (.) you relax

83		(.) and talk to somebody about things that are worrying you =
84		
85	Researcher	mmm
86	Nancy	= so (.) so erm (.) so (.) some schools are better than that and especially some [secondary schools] =
87		
88	Researcher	[mmm]
89	Nancy	= have designated rooms to use for those [kinds of things] =
90		
91	Researcher	[mmm]
92		
93	Nancy	= but there are many schools that <u>aren't</u> set up (.) because they <u>don't understand</u> what's involved they're not ↑set up (.) to working in that way
94		
95		
96	Carla	yeah
97	Researcher	mmm
98	Nancy	mmm
99	Carla	= I would completely agree with that (.) and the systems and the emotional safety in engaging [in that work] =
100		
101		
102	Researcher	[mmm]
103	Carla	= and I think <u>at times</u> we can (.) at a [low level] =
104	Researcher	[mmm]
105	Carla	= but I think it is that (.) both in terms of training and in terms of (.) how your EP work is negotiated with schools that really needs to really be developed =
106		
107		
108	Researcher	mmm
109	Carla	= so we think of the other agencies that do it (.) <u>they</u> really emphasise needing stability in the system around the child before they can even think about it =
110		
111		
112	Researcher	mmm
113	Carla	= and will <u>refuse</u> to [pick up a case] =
114	Researcher	[yeah]
115	Carla	= and then we're going in and saying oh I'm a psychologist and who I can do that (.) I think we have to be really careful <u>ethically</u> about (1+) going (.) <u>entering</u> that territory without the support around it
116		
117		
118		
119	Nancy	=yeah (.) cause what you know (.) if a child gets upset in a session (.) what systems are there [within school?] =
120		
121		
122	Carla	[mmm]
123	Nadine	[mmm]
124	Nancy	= when you [disappear] =
125	Carla	[yeah]
126	Nancy	= you know you can get parental permission to <u>do it</u> (.) obviously you get parental permission to do the <u>work</u> (.) but do the parents really understand (.) is (.) is it
127		
128		

129		[<u>well informed?</u>] =
130	Carla	[mmm]
131	Nancy	= and are they there to support that child are they
132		<u>themselves</u> in a strong enough emotional position to
133		support that child if if (.) issues should arise from
134		[what] =
135	Researcher	[yeah]
136	Nancy	= the work that you're doing or they should you know
137		they start ↓acting out
138	Nadine	= and it probably depends on the <u>depth</u> of work or (.)
139		how deep you want to go as well =
140	Carla	mmm
141	Researcher	mmm
142	Nadine	= and as people were talking I was thinking about
143		supervision and the need for supervision =
144	Carla	mmm
145	Nadine	= and erm (.) also it's interesting how you've got
146		different <u>types</u> you've got Cognitive Behavioural
147		Therapy Narrative Therapy =
148	Researcher	mmm
149	Nadine	= you know whether you're a purist and follow
150		something <u>through</u> (1) or indeed whether you want to
151		work <u>therapeutically</u> without following a particular (1)
152		er::m (1+) approach =
153	Researcher	mm::m
154	Nadine	= following it through
155	Researcher	mmm
156	Nadine	= and that could be in all manner of work not just (.)
157		specifically erm .hh going into a therapy session (.) but
158		erm (.) in every in all the interactions you have (.)
159		maybe in terms of a <u>position</u> [you take] =
160	Researcher	[mmm]
161	Nadine	= interactions with other people
162	Researcher	mmm
163	Carla	↓mmm mmm
164	Nancy	you know you mention [supervision] =
165	Researcher	[mmm]
166	Nancy	= and I think (.) I think (.) it's not (.) it's not erm (.)
167		the EPs are also vulnerable (1) erm (.) when you're
168		working (.) you know ninety-nine per cent of the time
169		your probably perfectly adequately trained to do
170		that work =
171	Researcher	mmm
172	Nancy	= but there's always going to be those one off situations
173		potentially when you're working <u>therapeutically</u> (.)
174		where you have a child who <u>actually</u> has much more

175		profound difficulties (.) and (.) the EP (.) may (.) not be
176		sufficiently aware of (.) how those difficulties might
177		impact <u>them</u> (.) are or (.) how to manage that situation
178		safely erm (.) and advertently open up
179		[something] =
180	Researcher	[mmm]
181	Nancy	= that could be dangerous (.) I mean I think most of
181		the EPs are sufficiently trained they <u>are</u> aware they can
182		do that and care for the child and ↓themselves (.) I'm
183		not sure supervision arrangements in <u>many</u> services are
184		adequate .hh i don't think they are and I don't think EPs
185		really (.) they don't engage with their own guidelines
186		about [supervision] =
187	Nadine	[uh huh]
188	Carla	[mmm]
189	Nancy	= if you look at the BPS there are very clear guidelines
190		about what supervision is and how it should practiced
191		(.) I have never seen it practiced in that ↑ <u>way</u> erm (.) I
192		I think I <u>have</u> an <u>awareness</u> of four five services .hhh
193		and I don't think I've seen it practiced <u>adequately</u> even
194		by their own guidelines =
195	Researcher	mmm
196	Nancy	= erm (.) which is a bit (.) [<u>worrying</u>]
197	Nadine	[what would] adequate
198		supervision ↓look like?
199	Nancy	erm a (.) <u>boundaried</u> safe relationship with someone
200		who (.) who can (.) in that <u>relationship</u> hold superiority
201		in order to (.) be a challenge and a <u>support</u> (.) to
202		somebody (.) who brings their issue (1) so it (.) that
203		person can be a <u>peer</u> (.) but in the context of the
204		supervision they have permission to be in a role where
205		they (.) can <u>challenge</u> that person and take <u>action</u> if
206		they feel that something is (.) going a rut (.) going
207		amiss erm but (.) in the same way the <u>supervisee</u> needs
208		to feel <u>absolutely</u> safe that isn't a manger that isn't
209		going to <u>judge</u> them =
210	Nadine	mmm
211	Nancy	= but is somebody that is going to be there for <u>them</u> (.)
212		to support <u>them</u> and have sufficient maturity and
213		experience to be able to (.) sorry (.) oh yeah the
214		supervisor can support <u>them</u> =
215	Nadine	mmm
216	Nancy	= and the supervisor will have sufficient maturity erm to
217		be able to offer that emotional and practical support to
218		[the supervisee] =
219	Nadine	[I think] I have that with my supervisor
220	Nancy	mmm

221	Nadine	= she's very good she's a practicing family therapist so
222		she's =
223	Carla	mmm
224	Nadine	= knows her stuff
225	Nancy	she's also your manager
226	Nadine	yeah but she's (.) not (.) directive in in the way that
227		kind of many <u>managerial</u> (1) .hhh you know I was
228		talking about earlier about [normative supervision] =
229	Nancy	[yea::h]
230	Nadine	= and she's <u>not</u> like [that]
231	Nancy	[no] no (1) ↓no no
232	Carla	I suppose I'd question whether that's modelled through
233		in terms of qualified EPs though (.) isn't it (.) cause we
234		have quite high frequency supervision and it seems like
235		it's (.) edging towards the quality of the clinical
236		supervision relationship (.) and others (.) [aren't] =
237	Nancy	[mmm]
238	Carla	= but observing the qualified EPs they might have
239		supervision [once a <u>term</u>] =
240	Nancy	[mm::m]
241	Researcher	[mmm]
242	Carla	= but if <u>you were</u> practicing therapeutically for a high
243		proportion of your [casewor:k]
244	Researcher	[mm:m]
245	Nancy	[mmm]
246	Carla	= then I would feel that you'd need <u>more</u> than that to
247		(.) even if it was if was in terms of checking in with (.)
248		your emotional well being
249	Nancy	yeah
250	Researcher	mmm
251	Carla	= making sure you're fit to <u>practice</u> (.) [really]
252	Researcher	[mmm]
253	Nancy	[mmm]
254	Lisa	I think particularly as well given that therapeutic work
255		(1) often we kind of perceive is <u>us</u> being a room with a
256		child =
257	Carla	mmm
258	Lisa	= er::m (1+) but for me I suppose it's working (.) in
259		partnership with parents and schools <u>as</u> ↑well (.) so
260		there's almost a shared understanding of of the <u>issues</u>
261		at play really so =
262	Carla	mmm
263	Lisa	= so the need isn't specifically with the child
264	Carla	mmm
265	Lisa	= but there is a number of (1) of of <u>influences</u> I
266		suppose (.) that need to I suppose be better understood

267		(.) and it's fostering that (.) understanding to begin with
268		that I'm not (.) trying to <u>fix</u> little Johnny
269		[or or going in] =
270	Carla	[hhhh]
271	Nadine	= you see that would be therapeutic rather than
272		therapy
272`	Nancy	↓yeah
273	Lisa	↑yeah
274	Carla	yeah
275	Lisa	yeah
276	Nancy	well I mean in that sense almost everything we do
277		should be therapeutic
278	Carla	yeah
279	Lisa	it should yes
280	Researcher	would you consider yourselves therapeutic
281		practitioners? (1+) is that a term you would sort of use
282		to describe yourselves or
283	Nancy	and again that would depend on [how you] =
284	Researcher	[yeah]
285	Nancy	= would define therapeutic if you use it (.) like the way I
286		did then (.) [then yes]
287	Researcher	[do you think] there needs to be a bit
288		more (.) I mean (1+) I think it's the nature of the beast
289		that it is such a messy (.) it is very <u>messy</u> isn't that
290		<u>word</u> but (.) do you think it needs to be clearer or do
291		you think there needs to be some sort of boundary (.)
292		as to what that word means and what it entails or do
293		you think it's ok for it to mean ↓different things (.) to
294		different people (.) at different authorities
295	Nancy	= what purpose would there be in having it clearer?
296	Researcher	I'm just curious in terms of (.) for me (.) to ask now
297		and sort of say (.) do you consider yourselves
298		<u>therapeutic practitioners</u> ? I'm wondering whether it's a
299		stumbling block (.) cause a lot of people have said that
300		(.) they've asked me you know define therapeutic and I
301		sort of said I'm struggling with that <u>myself</u> really (hhhh)
302		I'm just wondering whether it (.) it becomes a
303		stumbling block to any sort of =
304	Nancy	mmm
305	Researcher	= further <u>discussion</u> (.) on (.) things because people
306		don't have that <u>shared</u> (.) understanding of
307	Nadine	= what do we think the differences are between
308		<u>therapeutic and therapy</u> ?
309	Nancy	well I [would say] =
310	Researcher	[(hhhh)]
311	Nancy	= well (.) yeah (.) I would say therapy is when you

312		actually <u>set out</u> (.) to carry out an intervention (.) in
313		some [school] =
314	Nadine	[mmm]
315	Nancy	= of thought even if it's a <u>combination</u> of schools of
316		thought .hhh erm (.) you set out to address well being
317		with a child <u>specifically</u> =
318	Researcher	right yeah
319	Nancy	= a <u>therapeutic</u> intervention (.) so that's therapy a
320		therapeutic intervention could be <u>absolutely</u> anything
321		that has an impact on the <u>well-being</u> of the <u>child</u> (.) so
322		you might carry out a BAS and that'd be <u>therapeutic</u> =
323	Researcher	right
324	Nancy	= because you you raise that child's self-confidence by
325		saying <u>oh look</u> how [clever you are] =
326	Researcher	[yeah]
327	Nancy	= you might not be doing well in your lessons but
328		<u>actually</u> you've got real potential or =
329	Researcher	right
330	Nancy	= ↓or something like that =
331	Researcher	yeah
332	Nancy	= it's sort of a clumsy idea but erm
333	Researcher	= so anything could be sort of a <u>conversation</u> or
334	Nancy	= anything could be therapeutic but I think (1+) on one
335		hand but you could say I'm going to work
336		therapeutically <u>meaning</u> you're going to address well
337		being directly =
338	Researcher	mmm
339	Nancy	= rather than <u>indirectly</u> by looking at [something] =
340	Researcher	[right]
341	Nancy	= that you know you're <u>consciously</u> saying (.) this child
342		has an emotional problem or a behavioural problem and
343		I'm going to address it (1) by doing something (.)
344		therapeutic =
345	Researcher	right
346	Nadine	huhmmm
347	Nancy	= which would be (.) therapy
348	Nadine	so this is with kids isn't it ? the whole thing is about
349		with children
350	Researcher	= it could be (.) whatever you felt it could be really (.)
351		because some people have talked about (.) as I did
352		about sort of the impact on (.) like you could be
353		therapeutic with a [teacher or] =
354	Nadine	[mmm]
355	Researcher	= or a [parent or] =
356	Nadine	[mmm]
357	Researcher	= a lot of people have talked about the [<u>systems</u>] =

358	Nadine	[mmm]
359	Researcher	= <u>around</u> (.) EP practice and how
360	Nadine	= <u>so</u> the stuff that I did in termS of around <u>reflecting</u>
361		teams is that <u>therapeutic</u> or <u>thera-py</u> ? (.) because I <u>did</u>
362		go out (.) initially to provide a restorative space (.)
363		specifically to address their emotional well
364		[being] =
365	Researcher	[mmm]
366	Nadine	= so is that <u>thera-py</u> or <u>therapeu-tic</u> ?
367	Nancy	I'd say it was <u>therapeutic</u> (1+) and it could be (.) that
368		that <u>model</u> could be <u>used</u> as <u>therapy</u>
369	Researcher	(1+) mmm
370	Nadine	mmm
371	Nancy	if the person engaging with it wanted it to be
372	Nadine	mmm
373	Nancy	I agree I think (.) I think it makes it very difficult to
374		study [this area] =
375	Researcher	[yeah]
376	Nancy	because it's (.) there are no clear dividing lines between
377		this kind of (1) you know it kind of merges into each
378		other =
379	Carla	= and I wonder whether there's another layer of
380		difficulty in your sample ↑answering it? =
381	Researcher	mmm
382	Carla	= because as well as answering big T [little t] =
383	Researcher	[mmm]
384	Carla	= and how far does therapeutics go before it becomes
385		[therapy] =
386	Researcher	[mmm]
387	Carla	= you're also asking people who (.) haven't really
388		clearly defined their [↑role] =
389	Researcher	[mmm]
390	Carla	= and I wonder whether there's some hesitance against
391		saying right <u>yes</u> (.) I'm a therapeutic
392		[practitioner] =
393	Researcher	[yes]
394	Carla	= I am a therapeutic [EP] =
395	Researcher	[yeah]
396	Carla	= cause that's a very complicated concept =
397	Researcher	yeah
398	Carla	= I wonder whether if they're both playing into each
399		other
400	Researcher	yeah (1) yeah
401	Lisa	= but <u>conversely</u> (.) I suppose (.) it could be
402		<u>empowering</u> (.) I mean in one capacity that it could be
403		used is (.) is based on kinda an isolated experience of

404		<u>mine</u> erm (.) if you've got a young person whose
405		experiencing erm (.) you know not necessarily distress
406		(.) but is uncomfortable with themselves (.) and is
407		experiencing pretty negative emotions you know on a
408		daily basis quite regularly (.) erm (.) and you've gotta a
409		TA who works quite closely with that child or young
410		person but can't for the life them see what it is they're
411		are doing to <u>help</u> and they are desperate to help (.) and
412		if you kinda help them to get used to the idea <u>actually</u>
413		you are kinda working quite <u>therapeutically</u> with this
414		young person you might not realise it =
415	Researcher	mmm
416	Lisa	= and then (.) <u>then</u> use the term therapeutic and
417		unpack it (.) and for them to kind of <u>realise</u> I suppose
418		that (.) they <u>are</u> having an [impact] =
419	Researcher	[mmm]
420	Lisa	= upon this child's life and their well-being they might
421		not see it on a daily <u>basis</u> (.) but that it's <u>there</u> (.) I
422		think that can be quite empowering as well so (.) as
423		<u>well as</u> something we would perhaps <u>withdraw</u>
424		[from] =
425	Researcher	[mmm]
426	Lisa	= and say ooh we've got to be careful the way that we
427		as practitioners use the term therapeutic (.) it can also
428		be used in quite [a positive] =
429	Researcher	[mmm]
430	Lisa	= way I suppose with ↓stakeholders
431	Carla	that's a <u>really</u> [interesting point] =
432	Nadine	[yeah]
433	Carla	= because I think that we're (.) far more keen to use
434		the term with <u>others</u> =
435	Researcher	mmm
436	Carla	= like when I describe my teaching <u>practice</u> I describe
437		(1+) a therapeutic relationship .hhh and teaching
438		therapeutically =
439	Researcher	mmm right
440	Carla	= if I describe my EP practice I go [↑arghh urm urm]
441	Nancy	[mmm]
442	Researcher	[yeah]
443		interesting yeah
444	Nancy	why is that then?
445	Researcher	yeah
446	Carla	I don't know (1) I <u>think</u> in my current role I wonder
447		whether to describe myself as a therapeutic practitioner
448		I am <u>presenting</u> (.) a skill set above (.) that what
449		[↑I have]

450	Nadine	[expectation]
451	Researcher	and yet [when you were?]
452	Carla	[whereas as a teacher] I felt like well that's
453		(.) what (.) I was (.) doing at a <u>teacher level</u> I'm not
454	Researcher	yeah
455	Carla	kind of
456	Researcher	yeah
457	Nancy	ah
458	Researcher	that's interesting
459	Nancy	= can I can I
460	Carla	= yeah
461	Nancy	= I was gonna say I think that's <u>really really</u> interesting
462		=
463	Researcher	yeah
464	Nancy	= cause I think there is (.) erm one of my participants
465		in my research talked about the hierarchy within
466		psychology ↓really that clinical [psychologists] =
467	Researcher	[right]
468	Nancy	= are considered sort of (.) they're not consid (.) it's <u>not</u>
469		a <u>real</u> thing =
470	Researcher	no
471	Nancy	= you know the BPS doesn't recognise it =
472	Nancy	no
473	Nadine	mmm
474	Nancy	= but there's an <u>unwritten</u> kind of (.) you know felt
475		[reaction that] =
476	Nadine	[huhmmmm]
477	Nancy	= clinicals are better than [us] =
478	Researcher	[right]
479	Nancy	= erm and they have the right to call themselves (.)
480		therapeutic practitioners [and] =
481	Researcher	[right]
482	Nancy	= we don't and I think that's where (.) that's a really
483		interesting dynamic within [educational psychology] =
484	Researcher	[yeah]
485	Nancy	= where educational psychologists <u>lack</u> self-belief and
486		self [↑confidence erm] =
487	Researcher	[mmm]
488	Carla	[uhmm]
489	Nancy	= and you know one of the <u>possible</u> reasons for that is
490		(.) cause because we're not (.) so close to the medical
491		model as (.) clinical [psychologists] =
492	Researcher	[mmm]
493	Nancy	= often <u>are</u>
494	Researcher	mmm
495	Nancy	I'm not saying they always (.) necessarily practice in

496		the medical model <u>way</u>
497	Researcher	mmm
498	Nancy	but they are seen as (.) and they are <u>employed</u> within
499		[the NHS] =
500	Researcher	[yeah]
501	Nancy	= so they are seen as sort of part of the medical system
502		where we're not (.) and therapy is seen as something
503		that is [part of] =
504	Researcher	[mmm]
505	Nancy	= health and [healing] =
506	Researcher	[mmm]
507	Carla	[umhh]
508	Nancy	= you know <u>rather than</u> how we how we would <u>practice</u>
509		it (.) which is much more (.) you know much more in
510		you know relational [interaction] =
511	Researcher	[mmm]
512	Nancy	= [interactional]
513	Carla	[umhh]
514	Nancy	= holistic [process]
515	Carla	[umhh]
516	Researcher	[mmm]
517	Nadine	you know at the beginning where you were saying (.)
518		about you we're not (.) sure (.) about (.) whether the
519		(.) EP erm (.) training was adequate enough (.) what
520		did you mean by that? because <u>that's</u> probably part of
521		what you were thinking about (.) now [in terms of] =
522	Carla	[are they]
523		connected in any way?
524	Nancy	= well except (.) I'd also say (.) I'm not sure about
525		clinical psychology training cause I'm not as familiar
526		[with that] =
527	Researcher	[mmm]
528	Nancy	= but I don't think they would emphasise what I think
529		needs to be there (.) if people are going to practice
530		[therapeutically] =
531	Nadine	[uh hum]
532	Nancy	= which I would believe is to do with developing
533		personal awareness wh ah (.) in a much <u>more</u> [targeted
534		way]
535	Carla	[mmm]
536	Nancy	= developing personal awareness and personal
537		awareness <u>skills</u> and maybe even <u>all</u> psychologists
538		should have a year's worth of their own personal
539		<u>therapy</u> (.) to develop those <u>skills</u> (.) as part of the
540		training <u>if</u> we want to work in [this way] =
541	Researcher	[mmm]

542	Nancy	= and I think [that's key] =
543	Nadine	[reflectivity]
544	Nancy	= yeah developing reflective practice (.) developing
545		<u>knowing</u> our own vulnerabilities (.) our own <u>weaknesses</u>
546		erm our own (.) <u>strengths</u> or the issues in our lives that
547		might make us particularly vulnerable to one area of
548		work or (.) or particularly strong at working in one
549		particular area (.) but knowing what that
550		[area is] =
551	Researcher	[mmm]
552	Nancy	= and knowing when we're (.) I mean <u>all</u> of us has a
553		certain level of awareness when things are getting tricky
554		(.) but it's knowing that sooner so [that we] =
555	Nadine	[mmm]
556	Nancy	= can kind of stop ourselves or seek support
557		[or help] =
558	Nadine	[mmm]
559	Nancy	= ↓more immediately (.) if we're going to work
560		therapeutically
561	Researcher	mmm
562	Nancy	having said that it's a real [messy area] =
563	Researcher	[mm::m]
564	Nancy	= because I think (.) whenever you're engaged (.) I
565		think <u>everybody</u> in the caring profession [<u>needs that</u>] =
566	Carla	[mmm]
567	Nadine	[mmm]
568	Researcher	[yeah mmm]
569	Nancy	= to practice safely (.) so that's policemen doctors
570		nurses teachers .hhh all psychologists (.) so (.) but
571		that's (hhhh) =
572	Researcher	mmm
573	Nancy	= so (hhhh)
574	Researcher	I suppose I am just curious because I think there's
575		some (.) erm (.) there is quite a split (.) almost
576		between some schools especially in more residential
577		schools where you've got a therapy (.) area and you've
578		got teachers that (.) teach and there's quite a big
579		divide between like the two (.) and they don't seem to
580		come together very well do they education and the
581		therapy side (.) I'm just curious cause I know you were
581		saying about being a teacher =
582	Carla	yeah
583	Researcher	= and feeling that you were erm working <u>therapeutically</u>
584		(.) but yet you didn't have the same level of training as
585		you do now the same level of awareness that you do
586		now but yet you felt

587		[more confident] =
588	Carla	[mmm]
589	Researcher	= being classed as a <u>therapeutic</u> practitioner than you
590		do now (.) I think that's quite interesting
591		[really] =
592	Carla	[mmm]
593	Researcher	= and I was thinking about all the <u>front line</u> workers or
594		what you would consider <u>front line</u> workers where
591		children are maybe (.) coming to them with (.)
592		difficulties and whether they (.) and whether they would
593		consider [themselves] =
594	Carla	[mmm]
595	Researcher	= therapeutic practitioners
596	Carla	yeah
597	Researcher	= I think it's an interesting =
598	Lisa	= it really is I think it's always going to be a bit of a (.)
599		messy subject and I think it depends on the <u>individual</u>
600		(.) erm (1+) I mean you asked about our individual
601		experiences of therapeutic [work] =
602	Researcher	[mmm]
603	Lisa	= and I (1+) my experiences of individual children and
604		young people aside (.) it's been an interesting
605		experience to go <u>through</u> (.) with my <u>schools</u> erm (.)
606		because within (.) my EPS and my Local Authority
607		therapeutic work's kind of (.) [<u>unheard of</u>] =
608	Carla	[mmm]
609	Lisa	= and if you haven't kind of got an EP going in with a
610		(.) psychometric assessment then there's something
611		wrong or there's something <u>untoward</u> going on so it's
612		been a bit of a (.) culture <u>shift</u> for them I think (1) erm
613		(1) and I'm not sure whether a lot of (.) teachers and
614		head teachers think of me working therapeutically with
615		children and young [people] =
616	Carla	[mmm]
617	Lisa	= it's very much focused on the issue [at hand] =
618	Researcher	[mmm]
619	Nancy	= and you take it from there rather than saying <u>right</u> I
620		am going to be a therapeutic practitioner I'm going to
621		work therapeutically with this child or ↓young person
622		er:m
623	Researcher	= they don't seem to go very well together do they? =
624	Lisa	no
625	Researcher	= there's almost a different mind set within a school
626		isn't there [about]
627	Nancy	[and] yet if you <u>go</u> in (.) with some of the
628		[ideas] =

629	Researcher	[yeah]
630	Nancy	= that you're hearing about [today] =
631	Researcher	[mmm]
632	Nancy	= so if you <u>go in</u> (.) ere you know (.) with *****
633		things with nurture [groups] =
634	Researcher	[yeah]
635	Nancy	= <u>or</u> ***** thing with multi element [plans] =
636	Researcher	[yeah]
637	Nancy	= if you go in (.) <u>or</u> the work you were [doing] =
638	Researcher	[yeah]
639	Nancy	= everybody (.) [here] =
640	Researcher	[yeah]
641	Nancy	= <u>everything</u> that (.) <u>all</u> of you are [doing] =
642	Researcher	[yeah]
643	Nancy	= has the potential therapeutic [impact] =
643	Researcher	[yeah]
644	Nadine	[yeah]
645	Nancy	= er::m (.) but if you don't put therapeutic on it (.)
646		then schools are happy to [accept it] =
647	Researcher	[yea::h]
648	Nancy	= you know say let's do <u>nurture groups</u> cause that's to
649		do with <u>attachment</u> and they think oh yeah I can
650		[do that] =
651	Researcher	[yeah]
652	Nancy	= <u>or</u> let's look at transition (hhhh) processes particularly
653		for these kids that are coming out of (.)
654		[secure units]
655	Researcher	[mmm]
656	Nancy	= you know just the very fact that you sit down I mean
657		I asked (.) I felt there wasn't opportunity to unpack but
658		you know when I said to you [why] =
659	Carla	[mmm]
660	Nancy	= why can't you do [something]
661	Carla	[mmm]
662	Researcher	[yeah]
663	Nancy	= I wanted to talk a bit more about that but it wasn't
664		really appropriate to do it just [then but]
665	Carla	[I wondered] some of the
666		things what you said and whether it was actually a (.)
667		therapeutic (.) [encounter]
668	Nancy	[yeah] what you were doing with
669		them was [therapeutic] =
670	Carla	[mmm]
671	Researcher	[yeah]
672	Nadine	= erm and I I (.) it was lovely that you know the way
673		you were saying [how] =

674	Carla	[mmm]
675	Nadine	= every time you went in you said well we've got
676		[two more] =
677	Carla	[yeah]
678	Nancy	= we've got one more this is the last one that is exactly
679		hpow it is with short term [counselling] =
680	Carla	[mmm mmm]
681	Nancy	= erm and people work <u>with</u> (.) the <u>limitations</u> and get
682		what they <u>can</u> out of the [systems] =
683	Carla	[mmm]
684	Nancy	= even with that very limited contained and
685		[boundaried] =
686	Carla	[mmm]
687	Nancy	= work so
688	Carla	mmm
689	Nancy	erm
690	Carla	mmm
691	Nancy	yeah so I think it's
692	Carla	mmm
693	Researcher	do you think it places too much expectation on EPs if
694		you call something <u>therapeutic</u> ? too [much] =
695	Nadine	[mmm] it's the
696		↑expectation
697	Carla	and I wonder when you'd been talking erm part of my
698		role is to sit on a panel and (.) supervise the counsellor
699		that goes into my schools and (.) him going in has
700		<u>raised</u> the things like who is a ↑ <u>client</u> (.) so he goes in
701		to do counselling and <u>we</u> on the panel all understand it's
702		about the emotional needs of the child and what they
703		choose to bring or not bring is (.) immaterial because
704		it's about that child (.) but schools have really struggled
705		and one of (.) my cases who didn't really <u>engage</u> with it
706		very well was told before he started it (.) this man's
707		gonna come in to work on your behaviour yeah he's
708		fixing your [behaviour] =
709	Researcher	yeah
710	Carla	= <u>which</u> (.) is a completely <u>different</u> [intervention] =
711	Nancy	[yeah]
712	Researcher	[yeah]
713	Carla	= and a different style so I'm wondering whether to call
714		something <u>therapeutic</u> (1) it also raises (.) I'm doing
715		this (.) although you are doing everything <u>for</u> the child
716		(.) it also put's you across (.) further in that way
718	Researcher	yeah
719	Carla	I don't know
720	Nancy	= in a better way you mean (.) because it's not a

721		[behaviour intervention]
722	Carla	[I suppose if there was a] better way =
723	Nancy	yeah
724	Carla	= but I wonder if that's part of the negotiations around
725		it and like you were saying about your schools and how
726		they would respond [to you] =
727	Lisa	[mmm]
728	Carla	= explicitly saying
729	Researcher	yeah
730	Lisa	there's a lot of stigma attached to it sometimes <u>positive</u>
731		and negative
732	Carla	[mmm]
733	Researcher	[mmm]
734	Nancy	I think there's also an expectation (1+) probably
735		perpetrated by the [medical model] =
736	Carla	[mmm]
737	Nadine	= and I don't think CAMHS necessary <u>means</u> this
738		[to happen] =
739	Carla	[mmm]
740	Nancy	= or clinical psychologists but that if you you kind of
741		send them away to [CAMHS or] =
742	Carla	[mmm]
743	Nancy	= or to a [doctor or] =
744	Carla	[mmm mmm]
745	Nancy	= a clinical psychologist [they're fixed] =
746	Researcher	[yeah yeah]
747	Nancy	= with a tablet or something and they [come back] =
748	Researcher	[mmm come]
749		back and they're alright
750	Nancy	= whereas if you're doing it in the school it's much more
751		messy they can see the process
752	Researcher	yeah
753	Nancy	and personally I think that's much better but it might
754		require [some] =
755	Researcher	[mmm]
756	Nancy	= educating of schools =
757	Researcher	yeah
758	Nancy	= to understand the different processes
759	Nadine	talking about stigma we're we're I'm setting up some
760		sort of parenting support groups for my schools =
761	Researcher	mmm
762	Nadine	= and erm one of the parents that I asked said they'd
763		be happy to come along as long as is it isn't
764		therapy =
765	Researcher	right
766	Carla	mmm

767	Nadine	= so I think you're right I think [there is a <u>stigma</u>]
768	Researcher	[quite frightening] yeah
769		for some people isn't it to think ooh
770	Carla	= so what did you call it?
771	Nadine	= just support
772	Nancy	is there? [(h h h h)]
773	Nadine	[(h h h h)]
774	Nancy	ok
775	Nadine	(h h h h)
776	Researcher	so you've turned it
777	Nancy	it's the <u>word</u>
778	Researcher	it's the word
779	Nancy	yeah I agree
780	Researcher	yeah (h h h h)
781	Nancy	mental health is another [one] =
782	Researcher	[yeah]
783	Nancy	= that gets a really bad press erm (.) in one of my in
784		one of my reports I'd put something (.) cause I'd
785		thought or in my <u>head</u> (.) to describe somebody as
786		having a mental health difficulty is politer than saying
787		that they're <u>↑depressed</u> =
788	Researcher	right
789	Nancy	= or erm (.) but I got feedback from a school that the
790		parent wasn't <u>happy</u> about that and they'd rather I'd
791		said that they were depressed (h h h h) =
792	Researcher	right right interesting
793	Nancy	= but in my own head it was kind of =
794	Researcher	yeah
795	Nancy	= oh that's fine I didn't mind either way I thought I was
796		being politer (.) more polite that it was [erm] =
797	Nadine	[use] of
798		language
799	Nancy	= yea:h definitely and cultural differences
800	Researcher	yeah when I spoke to **** about it he said I could write
801		my whole thesis on erm (1) what therapeutic is
802		[(h h h h)] =
803	Nancy	[yeah]
804	Researcher	= and mental [health] =
805	Carla	[mmm]
806	Researcher	= and defining it [(h h h h)] =
807	Carla	[mmm definitely] definitely
808	Nancy	I think I wrote three pages trying to [sort it out] =
809	Researcher	[yeah (h h h h)]
810	Nancy	(h h h h)
811	Researcher	it's really difficult
812	Nadine	I've still got to add something one of my viva things got

813		to (.) clarify that a little [bit] =
814	Researcher	[ahhh]
815	Nancy	= what do I mean by therapeutic ↓mmm
816	Researcher	did you define it then?
817	Nancy	yeah
818	Researcher	in the end
819	Nadine	yeah I might (.) read it out tomorrow
820	Researcher	(hhhh)
821	Nadine	I've printed all my definitions out on a separate sheet
822	Researcher	yeah
823	Nadine	so if anyone was interested I'll email it to them (hhhh)
824	Researcher	yeah I'm interested (hhhh) (.) I am curious as to
825		whether erm (.) whether you could talk to me about
826		what the future holds in terms of EPs working
827		therapeutically especially (1) as we're sort of entering a
828		time where there's <u>traded</u> services (.) and academies
829		and (.) negotiating the work that we do I'm just
830		wondering what peoples
831	Carla	= I perceive that as we need to <u>drive</u> that and it needs
832		to be on the agenda for when we're discussing
833		commissioning or discussing (.) how an EP service has
834		(.) their agreements with their setting that therapeutics
835		is part of that that <u>discussion</u> (.) I think there's a real
836		danger that if we aren't explicit about it (.) and we
837		aren't explicit about other aspects of our role then we
838		won't get to [do them] =
839	Researcher	[mmm]
840	Carla	= because we think I see this as really a time where (.)
841		we need to be saying this is what we [↑offer] =
842	Researcher	[mmm]
843	Carla	= and working out how that will work rather than
844		waiting to be directed
845	Researcher	= or letting it evolve
846	Carla	yeah
847	Nadine	what do we offer? =
848	Carla	everything
849	Nadine	= in terms of therapeutic
850	Carla	= if services pulled back I think everything [we offer]
851	Nadine	[mmm mmm
852		mmm]
853	Lisa	I think as Nancy mentioned as well we're school ↑ <u>based</u>
854		very often there's a stigma of actually going to clinic or
855		to hospital [where as] =
856	Nancy	[mmm yeah]
857	Lisa	we [can] =
858	Nancy	[huge] potential

859	Lisa	= get there you know when we're in school and with
860		children and young people but as well (.) you know as
861		you mentioned with traded services <u>looming</u> (1+) it's
862		hard (sigh) to imagine therapeutic work ever being
863		deemed as core business I don't think it will ever be (.)
864		the sort of
865	Nadine	↑yeah
866	Carla	= it needs to get some evidence base behind it and a
867		sales pitch on it
868	Nadine	mmm
869	Nancy	↑possibly (.) I don't I don't if you've read there's been
870		two (.) erm (1+) mental health two reports that have
871		come out from the government in 2011 =
872	Researcher	right
873	Nancy	= both to do with mental health (.) and erm (.) sort of
874		saying mental health is everybody's business there's no
875		health without mental health I think that's
876		[the title] =
877	Researcher	[mmm]
878	Nadine	[mmm]
879	Nancy	= there's no health without mental health (.) so I think
880		the government doesn't need convincing that there
881		needs to be interventions to both prevent and to
882		<u>improve</u> mental health difficulties erm (.) but (.) wha (.)
883		I and I think what's also interesting is that in one of
884		them they acknowledge the CAMHS service is not fit for
885		[purpose] =
886	Carla	[mmm]
887	Nancy	= cause they're completely overstretched and they
888		haven't got the training and the facilities to deliver now
889		<u>they're</u> talking primarily about erm (1) erm (.) CBT
890		interventions erm (.) but not <u>entirely</u> they do also talk
891		about relational type therapeutic interventions .hhh and
892		I think (1) erm (.) that there is <u>scope</u> for us to take hold
893		of this and say <u>look</u> we have the [training] =
894	Carla	[mmm]
895	Nancy	= we have the knowledge and we're on the ground in
896		schools [and] =
897	Carla	[mmm]
898	Nancy	= we can do some of this pick up some of this
899		[work] =
900	Carla	[mmm]
901	Nancy	= interestingly (.) I've heard people <u>say</u> that they (.)
902		that the <u>academies</u> are [asking] =
903	Researcher	[mmm]
904	Nancy	= for therapeutic interventions

905	Researcher	= that's come up a lot [actually] =
906	Nancy	[that's what] they want
907	Researcher	= a lot of schools [have] =
908	Nancy	[↑yeah]
909	Researcher	= they've been asking [for it] =
910	Nancy	[↑mmm]
911	Researcher	= erm they've
912	Nancy	= and now they're now suddenly <u>free</u> to ask [for it] =
913	Researcher	[mmm]
914	Nancy	= and if we're [there] =
915	Researcher	[mmm]
916	Nancy	= and we're saying well we can do this [for you] =
917	Researcher	[mmm]
918	Nancy	= that they don't want all the statutory stuff (.) well
919		they do still want the statutory stuff but [they're] =
920	Researcher	[yeah]
921	Nancy	= gonna need less of [that] =
922	Researcher	[yeah]
923	Nancy	= because the money will be topped the money will be
924		theirs without having to go through jump through the
925		hoops
926	Nadine	= but what about what you were saying about the (.)
927		adequacy of the training for EPs currently (.) in
928		therapeutic work
929	Nancy	yeah
930	Nadine	I want to know a little bit about that because [(h h h h)]
931		=
932	Nancy	[(h h h h)]
933	Nadine	= if we're saying we can offer [everything] =
934	Carla	[(h h h h)] mmm
935	Nadine	= to do therapeutics but there was that point raised
936		<u>about</u> the adequacy of the <u>training</u> then can we offer
937		everything?
938	Nancy	well I see I think if you (.) we can all go away and <u>learn</u>
939		all the techniques (.) the family therapy techniques (.)
940		you know actually there are loads of models out there
941		and it is our responsibility to make sure that we know
941		what we're doing before going and trying to <u>do them</u> (.)
942		but I think the most significant thing (.) <u>is</u> self reflective
943		practice and supervision (.) that's that's the (.) <u>I think</u>
944		that's the bit in the training that
945		[needs to be] =
946	Nadine	[mmm]
947	Nancy	= erm encouraged and supported more
948	Researcher	do you think that extends to the EP Local Authority or
949		the sort of (.) where you work whether that's for a Local

950 951		Authority or a private sort of company or whatever?
952	Nancy	whoever is employing [the EP] =
953	Researcher	[whoever yeah]
954 955	Nancy	= needs to be to make sure that if they want EPs to work like that (.) the EP is given the [resources] =
956	Nadine	[mmm]
957	Nancy	= to be able to receive that kind of support =
958	Researcher	right
959 960 961 962 963 964	Nancy	= another (.) this is going off at a tangent but if if we're moving towards traded services then we're inevitably moving away from the time allocation model but I think .hhh erm (.) currently systems (1) don't encourage therapeutic work because the time allocation [model] =
965	Researcher	[mmm]
966 967 968	Nancy	= crushes it really you can't work therapeutically with the time allocation model (.) particularly if it's very (.) tight and it's very (.) [limited] =
969	Researcher	[mmm]
970 971	Nancy	= particularly if you've only got six sessions in a school you [can't see] =
972	Researcher	[mmm]
973 974	Nancy	= children therapeutically cause there's only enough just time to do the statutory work =
975	Researcher	mmm
976	Nancy	= so (.) erm (1+) so
977	Nadine	= time
978 979 980 981 982 983 984 985	Researcher	= is there anything else you want to say about that or anything else you want to discuss before we finish (.) that you feel is important it's quite interesting because a lot of the stuff you've been saying like the <u>time</u> and the erm (.) and the clinical I had one person saying (.) in the last one that they wanted to be a <u>clinical</u> psychologist but they had done more <u>education</u> so they ended up being an educational [psychologist] =
986	Nadine	[mmm]
987 988	Researcher	= but they'd done quite a lot of <u>training</u> with the clinical =
989	Carla	↑mmm
990 991 992	Researcher	= at ***** .hhh erm (.) and she was saying that was <u>good</u> because (.) she learnt a lot of the skills (.) that are maybe (.) transferable across the two
993	Carla	[mmm]
994	Nancy	[yeah] I think that's good
995	Researcher	= but within an educational setting (.) so I think it's

996		really interesting how you've sort of touched on (.)
997		similar things
998	Carla	I think it's interesting that as the health model moves
999		more towards primary mental health workers and
1000		mental health is everyone's business and that front line
1001		staff need to be the ones that can [do that] =
1002	Researcher	[mmm]
1003	Carla	= at the same time we're not saying (.) and that
1004		includes ↑ <u>us</u> =
1005	Nancy	[mmm]
1006	Researcher	[right]
1007	Carla	= and we could offer the supervision to those front line
1008		staff I think we're still [kind of] =
1009	Nancy	[yeah]
1010	Nadine	we do
1011	Nancy	we're beginning to do that in *****
1012	Researcher	mmm
1013	Carla	there's pockets but in terms of it being a
1014	Nancy	= yeah (.) it's not organised over the country [↓no]
1015	Carla	[mmm]
1016	Nancy	↓I agree
1017	Nadine	yeah we were offering reflective team supervision to
1018		social workers in [training] =
1019	Researcher	[right] mmm
1020	Nadine	= they've been [coming] =
1021	Nancy	[not just] those in training
1022	Nadine	= oh no (.) yeah they come to us and we also go out to
1023		the (.) different locality [teams as] =
1024	Researcher	[mmm]
1025	Nadine	= we go to different erm
1026	Nancy	it works with <u>varying</u> degrees of success depending on
1027		who's the EP [(hhhh)] =
1028	Nadine	[who's the EP]
1029	Nancy	= who's facilitating and how <u>invested</u> they are in the
1030		ideas
1031	Researcher	yeah
1032	Nancy	umm
1033	Researcher	do you find that there is quite a lot of variation in (.)
1034		sort of EPs that want to sort of consider themselves to
1035		work in a therapeutic way and those that are sort of (.)
1036		quite =
1037	Carla	yeah
1038	Nancy	definitely
1039	Carla	definitely
1040	Nancy	actually (hhhh)
1041	Researcher	= that's not our role that's not what [we do] =

1042	Nancy	[no]
1043	Researcher	= so there's quite a
1044	Nancy	= cause they came into the ↑ <u>profession</u> for very
1045		different reasons to do a different job and that's
1046		perfectly acceptable that's not how they want to work
1047	Researcher	right (1+) do you see a future for EPs (.) going down a
1048		<u>more</u> therapeutic route (.) or do you think it's just
1049		gonna (1) stay as it is (.) or do you think it's [gonna go
1050		(.) backwards (hhhh)] =
1051	Lisa	[I think we'll continue to do it]
1052		we'll still do it but might call it a [different thing]
1053	Researcher	[a different] thing
1054		(.) right
1055	Lisa	= but in terms of working therapeutically whether it's
1056		scheduled in as some kind of block of sessions or not
1057		(.) I think we'll very much still have a focus on (.) on
1058		looking to the emotional well-being of children and
1059		young people [families] =
1060	Carla	[mmm]
1061	Lisa	= school staff <u>every</u> single [time] =
1062	Carla	[mmm]
1063	Lisa	= I think that's a big part of what we are about really
1064		isn't it?
1065	Nadine	= and also looking at (.) our own therapeutic
1066		[well being]
1067	Lisa	[yes]
1068	Nancy	[mmm]
1069	Carla	[mmm]
1070	Nancy	I think it's (.) curious that when the governments (1)
1071		<u>heading</u> down an even <u>more</u> academic route (.) I think
1072		there seems to be a ground swell within the <u>profession</u>
1073		that moves towards (.) <u>therapeutics</u> =
1074	Researcher	right
1075	Nancy	= maybe (.) but maybe I'm wrong in that cause that's
1076		just (.) my experience (.) my limited experience
1077	Researcher	right (.) what do you [mean?]
1078	Carla	[↑mmm] (.) oh that's really
1079		interesting
1080	Nancy	well I guess because this is what I've been studying too
1081		I'm <u>more</u> aware of people that think in the way
1082		that I do
1083	Researcher	yeah
1084	Nancy	but I think (.) and ***** is very much (.) of that
1085		opinion as well .hhh that there seems to be <u>a lot</u> of
1086		people I'm aware of who are <u>really</u> excited about you
1087		know sort of reflective [practice] =

1088	Researcher	[mmm]
1089	Nancy	= therapeutic [ideas] =
1090	Researcher	[yeah]
1091 1092	Nancy	= looking at the wellbeing of the children <u>ahead of</u> their academic [ability] =
1093	Researcher	[right] I see
1094 1095 1096	Nancy	= not that (.) my daughter's just trained as a teacher done a PGCE at the ***** of education in ***** and they also seem very much of [this opinion] =
1097	Researcher	[mmm]
1098 1099	Nancy	= so I'm just <u>aware</u> of quite a lot of voices coming from different dynamics who are all [arguing] =
1100	Researcher	[mmm]
1101 1102 1103	Nancy	= for this kind of <u>work</u> (.) but the Government is kind of saying no we must get back to rote [learning poetry] =
1104	Researcher	[right yeah]
1105	Carla	[arhhhh]
1106 1107 1108	Nancy	= and getting the grades up on these academic subjects we don't want any of these waffling nonsense [subjects] =
1109	Researcher	[right]
1110 1111 1112	Nancy	= .hhh so I think that's curious and I don't know whether that's (.) in reaction to the Government or erm (1) or it's just that the profession goes in [cycles] =
1113	Researcher	[yeah]
1114 1115 1116 1117	Nancy	= you know and we're moving into a cycle where we think more of about therapeutic approaches (.) erm than we have in the last twenty or thirty years (.) I don't know
1118 1119	Carla	I wonder whether it's it's it's where there's more of the gap ↑now? =
1120	Nancy	mmm
1121 1122 1123	Carla	= because I've found that when I go into my schools cause we're (.) presented as complex needs I get (.) EBD and mental health primarily =
1124	Researcher	right
1125 1126	Carla	= erm and (.) there's less need for the EP to be involved around [literacy] =
1127	Nancy	[mmm]
1128	Researcher	[yeah]
1129	Carla	= or to be involved [around] =
1130	Researcher	[mmm]
1131	Carla	= physical [needs] =
1132	Researcher	[mmm]
1133	Carla	= I wonder with whether as the education profession in

1134		general becomes more [skilled up] =
1135	Researcher	[yeah]
1136	Carla	= and skilled up [around] =
1137	Researcher	[yeah] =
1138	Carla	diagnosis of [Autism] =
1139	Researcher	[yeah]
1140	Carla	= all those kind of things whether this part that
1141		therapeutic practice could be really useful for this is the
1142		area where there [is the gap]
1143	Researcher	[yeah interesting]
1144	Nancy	I don't know what other people feel but I also feel (.) I
1145		go into a primary school and somebody's got a child's
1146		got a learning difficulty (.) the teacher knows more than
1147		me about how to deliver literacy [programmes] =
1148	Nadine	[(h h h h)]
1149	Researcher	[yeah]
1150	Nancy	= and I think I feel a bit of a <u>fraud</u> some [how] =
1151	Researcher	[(h h h h)]
1152	Nancy	= I think it would be a really good idea if you did [blah]
1153		=
1154	Researcher	[h h h h] yeah yeah
1155	Nancy	= and I don't know really anything about [teaching
1156		blah] =
1157	Researcher	[yeah
1158		yeah]
1159	Nancy	= because I was a secondary school [teacher] =
1160	Researcher	[yeah] I agree with
1161		you there
1162	Nancy	= and I think what I <u>do know</u> is about [attachment] =
1163	Researcher	[yeah]
1164	Carla	[mmm]
1165	Nancy	= and you know how to work with Autism and (.) you
1166		know how to work with a child that's experienced
1167		trauma or loss I can offer [to that] =
1168	Carla	[mmm]
1169	Researcher	[yeah]
1170	Nancy	= something in there and I've learn't how to make
1171		suggestions and it's frightening actually how sometimes
1172		they haven't thought of things that (.) I think well I'm
1173		not even a primary school teacher and I knew
1174		[that bit erm] =
1175	Researcher	[yeah]
1176	Carla	[yeah]
1177	Nancy	= but on the other hand that's mostly not [the case] =
1178	Researcher	[mmm]
1179	Nancy	= and I think our role is more about facilitating (.)

1180		where you say well actually what have you tried well
1181		what could [you do?] =
1182	Researcher	[yeah]
1183	Nancy	= and they come up with brilliant [ideas] =
1184	Carla	[mmm]
1185	Nancy	= and ideas I [would] =
1186	Carla	[mmm]
1187	Nancy	= never of thought of because I'm not I [wasn't a] =
1188	Researcher	[yeah]
1189	Nancy	primary school teacher [erm so] =
1190	Nadine	[mmm]
1191	Nancy	= erm (.) so yeah (.) so I think a we need to take hold
1192		of the skills we [have got] =
1193	Researcher	[yeah]
1194	Nancy	= and promote them rather than trying to hang onto
1195		something that actually teachers are [taking over] =
1196	Researcher	[yeah]
1197	Nancy	= because there's some of the them that are so well
1198		trained and they do masters level qualifications so
1199		they're [developing] =
1200	Researcher	[mmm]
1201	Nancy	= reflective [practice] =
1202	Researcher	[mmm]
1203	Nancy	= and ideas about [research] =
1204	Researcher	[mmm]
1205	Nancy	= erm
1206	Nadine	mmm
1207	Researcher	do you think we could be jack of all trades master of
1208		none or try and
1209	Carla	mmm
1210	Nancy	yeah
1211	Researcher	(hhhh)
1212	Nancy	yeah do what people expect
1213	Researcher	focus on one
1214	Nancy	yeah
1215	Researcher	on something that we are good at and sell that
1216	Nancy	yeah
1217	Researcher	and drive that
1218	Nancy	yeah
1219	Carla	interesting
1220	Researcher	(hhhh)
1221	Nancy	(hhhh)
1222	Researcher	is there anything else anybody would like to talk about
1223		before we finish
1224	Nancy	you've got five hours of transcribing there (hhhh)
1225	Researcher	I'll stop it there then

