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**Exploring How Parents Make Sense of Change in Parent-Child
Psychotherapy**

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Abstract

Background: Understanding how change occurs in psychotherapy is imperative in informing clinical practice. Increasing attention has been given to the role that qualitative research could play in enhancing our understanding of therapeutic change. Although quantitative research suggests that parent-child psychotherapy is effective in facilitating change, no research to date has focused on how parents make sense of their change experience.

Methods: Interpretative Phenomenological Analysis was used to analyse semi-structured interviews of eight parents who had completed parent-child psychotherapy about their understanding of change.

Results: Five master themes emerged which encapsulated participant's understanding of change. These included constructing a survivor narrative, the experience of being understood enabling further understanding, adjusting expectations and practising acceptance and feeling empowered to relinquish control. The final theme summarised how despite psychotherapy being conceptualised as a 'precious' resource, there was a sense that its limitations could negatively impact participant's wellbeing.

Conclusions: Meaningful elements of change were identified from the parents' experience. Findings were discussed in relation to previous research and limitations were examined. Implications for future research included using other qualitative methods to explore client experience. Implications for practice were noted, including enriched understanding of client change experience enabling therapists to provide a more attuned therapy.

Parent-child psychotherapy is specific a relationship-focused treatment for children who are experiencing emotional or behavioural difficulties (Lieberman, 2004). Parent-child psychotherapy is influenced by its psychoanalytic origins, which focused on the intergenerational transmission of emotional difficulties and parents' re-enactment of unresolved conflicts from their own childhood (Lieberman, Ippen, & Van Horn, 2006). It is based on the premise that early attachment relationships are pivotal for emotional well-being and create interactive patterns that are internalised and carried through later in life (Fonagy, 2003). Parent-child psychotherapy aims to help parents to hold their child in mind and think about difficulties in the context of relationships (Lieberman, 2004), to develop a reflective stance to their child and themselves (Slade, 2008). Through joint sessions, a therapist uses spontaneous interaction as the basis of therapeutic work and aim to facilitate a partnership in which parents can meet their child's emotional and developmental needs (Fonagy, 2003). The therapist shares new understandings with each member of the dyad and is interested in both the interaction between parent and child and the internal world of each member of the dyad (Chazan, 2003). Therefore, parent-child psychotherapy promotes a relational process in which increased parental responsiveness to the child's needs reinforces the child's trust in the parent's capacity to care for them (Lieberman et al., 2006).

Evidence of Change in Parent-Child Psychotherapy

In their meta-analytic review, Dowell and Ogles (2010) found that including parents in the therapeutic treatment of their child leads to greater symptom improvements than individual child psychotherapy across different therapeutic modalities. Weisz and Kazdin (2010) emphasised the importance of parental participation in

interventions with children in order to maximise the potential for change. Similarly, Slade (2008) posited that working with parents is essential in any child psychotherapy. This supports earlier theories that an unresolved parental past could have harmful effects on the psychological development of a child (Fraiberg, Adelson, & Shapiro, 1975). Research has demonstrated the efficacy of parent-child therapeutic work in improving children's behaviour (Hawley, Weisz, & Peterson, 2003; Schuhmann, Foote, Eyberg, Boggs, & Algina, 1998), improving parenting practices (Kazdin & Whitley, 2006), improving parental capacity to reflect (Slade, 2008), and decreasing parental distress (Lieberman et al., 2006) where parents report feeling more relaxed with their child (Pae, 2012). Furthermore, parent-child psychotherapy has been found to increase levels of secure attachment within the parent child dyad (Toth, Rogosch, Manly, & Cicchetti, 2006).

Findings have highlighted the importance of child-therapist and parent-therapist alliance in predicting therapeutic change (Kazdin & Whitley, 2006) and some research suggests that variables relating to parent-functioning are the most important to consider when predicting improved child outcomes (Packard, 2009). Consequently, it is a difficult and possibly meaningless task to disentangle who is changing in parent-child psychotherapy, the parent or the child.

Alternative Ways of Exploring Change

Understanding how change occurs in psychotherapy is important in informing clinical practice (Rice & Greenberg, 1984). Currently, self-report measures which focus on symptoms of 'mental disorders' are frequently used to provide an evidence-base for treatment efficacy (Clark, 2011). Likewise, the effectiveness of parent-child interventions is typically evaluated using quantitative measures (Brestan, Jacobs, Rayfield, & Eyberg, 1999). However, standardised

outcome measures rarely explore the meaning that symptom changes hold for the parent or child's life (Levitt, Butler, & Hill, 2006).

Hill (2005) suggested that given the idiographic nature of change, qualitative methodology might be most useful. However, the client's contribution to the therapeutic process is often overlooked in psychotherapy change research and recommendations for more exploratory research have been made (Rayner, Thompson, & Walsh, 2011). Clinically, therapists are tasked with identifying the needs of their client and responding to them in a helpful way. Nonetheless, there is a paucity of research examining how service-users perceive and understand this process (Ablon & Marci, 2004).

Qualitative Psychotherapy Change Research

Existing qualitative research has suggested that clients are interested in participating in research that explores their therapeutic experience (Binder, Holgersen, & Nielsen, 2010). Research has explored factors that clients describe as necessary in promoting change in therapy, such as being listened to, accepted, and understood (Poulsen, Lunn, & Sandros, 2010). Other qualitative research has provided theories around how change occurs, including being helped by an expert, getting to 'the root' of things, and having patience with oneself (Nillsson, Svensson, Sandell, & Clinton, 2007).

Midgley (2004) argued that qualitative research could bridge the gap between research and practice in child psychotherapy by providing an in depth perspective about how change occurs. Qualitative case research in child psychotherapy has suggested that facilitating the processing of parental trauma can impact the internal world of a child and lead to meaningful change (Urwin, 2007). In a qualitative follow-up study of adults who had attended child psychoanalysis, two areas of change were identified. Participants spoke about improvements in the symptoms that had lead

them to therapy and more complex changes at a deeper level of personality (Midgley, Target, & Smith, 2006).

It seems from the existing qualitative psychotherapy research that change is a complex process. Although standardised outcome measures provide useful information about the impact of an intervention, they do not aim to understand change or explore change from the client's perspective. Qualitative approaches have illustrated that change is often attributed to multiple factors. In their qualitative study, Rayner et al. (2011) concluded that the emergent themes of change were interrelated, no one theme seemed to encapsulate the participant's whole experience. The authors found that the changes participants attributed to therapy consisted of general shifts in their relationship with, and experiences of themselves. Participants conceptualised therapy as a journey and described change as a slow and unpredictable process.

Rationale and Aims

Although theory describes what parent-child psychotherapy sets out to do and research demonstrates changes for parents and children after participating, little research has been conducted into the parents' experience of this treatment or their understanding of therapeutic change (Pae, 2012).

Quantitative research and questionnaires can measure improvement but cannot pick up the more subtle aspects of the parent's experience or how they make sense of changes that occur (Packard, 2009). Furthermore, increasing arguments have been made for the relevance and benefits of qualitative research in exploring psychotherapeutic change (Castonguay, 2013). Existing qualitative research suggests that interviewing participants about their experience and understanding of change in psychotherapy is both

feasible and necessary to inform future research and clinical practice (Clarke et al., 2004)

Binder et al. (2010) argued that interviewing clients about their experience of change could provide clinicians with useful information about what elements of the process clients particularly value. Thus, how clients perceive change could have the potential to guide treatment, inform theory, and shape how services are offered. (Levitt et al., 2006). Furthermore, qualitative findings could help to sensitise therapists to client's internal processes, potentially influencing a more attuned therapy (Levitt et al., 2006).

In order to explore the process of parent-child psychotherapy in a richer way it seems important to ask parents how they understand it. Therefore, this study will seek to address the following research questions:

1. How do parents understand and make sense of change in parent-child psychotherapy?
2. What meaning does this change have for parents?

Method

Design

This study used a qualitative methodology with semi-structured interviews. Interpretative Phenomenological Analysis (IPA) (Smith, Flowers, & Larkin, 2009) was the method of analysis. IPA explores how individuals make sense of their world, in particular the meaning that experiences hold for them. IPA recognises the role of the researcher's world-view in shaping the research (Smith & Osborn, 2008). As IPA focuses on understanding and meaning, it seems an appropriate methodology for this study. Furthermore, other studies exploring how parents make sense of their experience (Hall, 2006; Smith, 1999) and how therapy is perceived (Lloyd & Dallos, 2008; Rizq

& Target, 2008) have used IPA.

IPA as a research methodology focuses on examining how individuals make meaning of their life experiences. This entails a detailed analysis of personal accounts followed by presenting and discussing these experiential themes which are paired with the researcher's own interpretation, which is an expression of double hermeneutics in practice (Pietkiewicz & Smith, 2014). In IPA the aim is to select participants in order to illuminate a particular research question, and to develop a full and interesting interpretation of the data. For this reason samples in IPA studies are usually small, which enables a detailed and very time consuming case-by-case analysis.

Brocki & Wearden (2006) argue that as an idiographic method, small sample sizes are the norm in IPA as the analysis of large data sets may result in the loss of 'potentially subtle inflections of meaning' and a consensus towards the use of smaller sample sizes seems to be emerging (p. 94).

Participants

Participants were recruited through the parent-child psychotherapy service of a Child and Adolescent Mental Health Service (CAMHS) in a large suburban town. Parent-child psychotherapy sessions were held fortnightly and all sessions involved the therapist, child and parent(s). All parents who had completed treatment in the two years prior to recruitment (2011-2013) and had given consent for contact from the service were approached. This included fourteen parents, all English-speaking. Parents with a diagnosed learning disability or whose child had since been removed from their care were excluded. With consideration of time restrictions and the suggested sample size for IPA (Smith et al., 2009), the researcher aimed to

recruit 8-10 participants.

Eight participants were recruited; seven mothers and one father. Therefore, 57% of parents who were approached agreed to participate. Seven participants were White British, one was White Irish. Ages ranged from 36 to 52 years old. Four participants had adopted children and four had biological children. Although including parents of both adopted and biological children contradicts the recommendation for a homogenous sample when using IPA, the research question focused on participants' understanding of change in psychotherapy. Therefore, it seemed more pertinent that participants had undertaken a 'homogenous' psychotherapy with the same therapist than have a similar experience of parenting generally. Five participants were married (two to each other) and three were single, six worked outside the home. Children's ages ranged from five to eleven years at the start of psychotherapy and six were boys. Presenting problems included challenging behavior, eating difficulties, anxiety and low mood. One participant had one child and other participants had two to four children. Participants finished psychotherapy one to two years ago. Length of psychotherapy ranged from one to two and a half years. Participants travel expenses were reimbursed with £10, no other incentives were given.

Procedure

Potential participants were telephoned by the service's psychotherapist to briefly describe the study. They were informed that participation was optional and would not impact their future involvement with the service. Verbal consent for a further telephone call from the researcher was then sought. This method of recruitment was chosen so that participants had the option of declining participation without contact from the researcher.

Participants who expressed interest were sent an information

sheet and consent form. Participants were phoned by the researcher; those who consented to taking part were invited to an interview and asked to bring their completed consent form with them.

Interviews

The questions for the semi-structured interview were designed to fit with IPA protocol (Smith & Osborn, 2004). A pilot interview with one participant from the psychotherapy service was undertaken to ensure that the questions were accessible. Participants were interviewed individually. Interviews lasted between 45 minutes to 1 hour 15 minutes and were recorded. Participants were reminded that the psychotherapist would not hear recordings and would only see anonymised quotes and overall themes. Limits around confidentiality due to safeguarding issues were discussed.

Data Analysis

Data was analysed using IPA (Smith et al., 2009). The procedure for IPA as described by Smith et al. (2009), was followed. Interviews were transcribed verbatim by the researcher and anonymised. The researcher read and re-read the transcripts, analysing each individually. The left-hand margin was used to note issues that seemed significant to the participants experience and relevant to the research question. The right hand margin was used to note subsequent emerging themes. These themes were then listed and clustered according to similarity, developing initial superordinate themes. Through an iterative process, the researcher interpreted the meaning behind what was said but consistently referred back to the data ensuring the interpretation captured the participant's experience. This process was repeated for each interview, themes from each were considered and connected according to similarity and richness under over-arching master-themes. Table 1 was created to document themes and identify relevant quotes. A narrative account of participant

experience was written around each theme.

Quality Assurance

The second supervisor for this research project was also the psychotherapist who initially recruited participants. The researcher discussed this regularly with the lead supervisor in order to minimise potential impact on findings. In line with Yardley's (2000) criteria for quality assurance, a number of steps were taken to address the researcher's potential biases. The researcher kept a reflective research diary in order to observe their emotional responses after each interview. The researcher also partook in a bracketing interview with a colleague to shed light on their personal beliefs and how they might impact on the interview, analysis and approach to the research question (Fischer, 2009).

Five out of eight transcripts were coded independently by the lead academic supervisor at each stage of the analysis. Codes were compared with the researcher's analysis to ensure validity. There was no complete disagreement throughout coding, any minor discrepancy between the meaning of codes/themes was discussed in order to ensure inter-coder agreement (Yardley, 2008). For example, the 'who's the patient?' sub-theme was discussed in depth to ensure agreement about what master theme captured the meaning. The lead academic supervisor emphasised how this position was being balanced by participants to make meaning from their survivor identity. The researcher agreed with this insight and thus this was incorporated in the findings. A traditional IPA approach was utilised and each step of data analysis was transparent in nature (Yardley, 2008). Smith's (2011) criteria were used to ensure that the study was trustworthy for publication. These criteria focus on transparency and coherence of analysis, clear subscription to the theoretical principles of IPA, and sufficient sampling to show evidence for each theme.

Ethical Considerations

Ethical approval was secured by the NHS Research Ethics Committee and the Research and Development department of the host NHS trust. Interviews were conducted within the CAMHS setting so that professionals known to the participant would be available to provide support. Participants were reminded of their right to withdraw at any time and provided with the researcher's contact details should they have any queries after the interview.

Results

Analysis resulted in five master themes and sixteen sub-themes described below.

Table 1
 Master Themes and Sub-Themes

<u>Master Themes</u>	<u>Quote illustrating Master Theme</u>	<u>Sub-themes</u>	<u>Number of participants contributing to sub-theme (N=8)</u>
1. From different to survivor	<i>We're obviously quite strong people to be able to deal with it all (R7, p18, 505)</i>	• Victim to survivor: Creating a reparative script	4
		• Making sense of own journey by focusing on strengths	8
2. Being understood enabling understanding	<i>Somebody reaching out, and listening to you, and understanding you, and sitting in a place of non-judgment, that no matter what you say in that room, you're not going to come to any harm, you're not going to be looked down on (R2, p7, 152)</i>	• Who's the patient?	8
		• From failure to self-compassionate	7
		• Containment and mentalizing: A parallel process	8
3. Changing expectations/acceptance	<i>The more you fight with it, the more miserable you get really, there's no point sitting there wishing that your child would turn into something its not , its not</i>	• Space to understand the meaning of damage	7
		• No quick fix	7

	<i>going to happen is it (R7, p11, 304)</i>		
		<ul style="list-style-type: none"> • Adjusting expectations 4 • Acceptance 6 • Investing in the future, leaving a legacy 6 	
4. Sharing the protective burden of control	<i>It did take me a while to get used to it because I kept wanting to sort of take over because I'd always done it (R3, p7, 162)</i>	<ul style="list-style-type: none"> • Protection of parental/professional identity 8 • Triangulation: Allowing a third 7 	
5. Being re-parented: A precious and punitive process	<i>I'm not qualified to get my son out of all these problems that both of us have caused basically, I don't know how to do it properly, so if you've got all that support and then its gone again, you're just living quite fear-based (R2, p20, 479)</i>	<ul style="list-style-type: none"> • Scarce and precious 6 • Punitive system repeating trauma 6 • Withholding expert 2 • Is it ok to be disappointed? 3 	

From Different to Survivor

This master theme encapsulates parent's descriptions of their journey and role.

Victim to survivor: creating a reparative script. Many participants described backgrounds of adversity including domestic violence, difficult childhoods and poverty. Participants seemed to take pride in their survivor identity, having found strength in enduring difficult experiences:

At least I haven't got that dread of, god what are the teenage years going to be like, cause I kind of feel that it cant get much worse (laughs) (R7, p17, 490)¹.

Participants described how adversity had empowered them as parents:

No one sort of believed me so I felt like I had to really fight my corner and I'm quite good like that, because of my childhood, I always had to defend myself (R3, p8, 184).

Four parents emphasised the importance of providing a different childhood for their children. There seemed to be a reparative narrative, a sense that parents were making up for what they had missed:

You can't change your childhood but you can change yourself as an adult and there's no way my kids were going to go through what I went through (R3, p9, 211).

Participants seemed proud of their journey and reflected on the difference between their current position and their previous, more vulnerable self:

¹ (Respondent number, page number, line number)

Seeing what we've achieved, cause we've achieved amazingly...²we came down here with black bags, we had nothing (R1, p5, 228).

Making sense of own journey by focusing on strengths.

Participants appeared to create strength-focused narratives to understand their lives. Many participants differentiated themselves from 'typical' parents. Although parents reflected on how their child might be particularly challenging, there was a sense that they too brought particular values as parents that could compensate for this difference. Moreover, that strength could be found in identifying as different:

How I parent them is very different from most of my friends that have got normal children, I certainly know that I concentrate a lot more on my children (R7, p10, 287).

These strengths were framed both in parents' tenacity and their ability to manage their child's difficulties:

Its empowerment isn't it, you don't have to take on their opinions ...you can take something from everybody and make it your own medicine (R2, p9, 207).

Some participants were explicit about their role in accessing support and eliciting change in psychotherapy. These characteristics were often framed as unusual and particular to them:

We were the people that asked for help.... I think that a number of families wouldn't be able to look for help as quickly as we did (R6, p7, 332).

Participants integrated their old and new identities by reflecting on values that have always been integral in their lives but might now be adapted. This allowed previous behaviour to be reinterpreted in a positive way:

² Ellipses: Words removed for clarity

I'm a good parent now, I know I'm a good parent, and maybe I was, back then but I just, because of my approach and how I went, I know obviously I went at it the wrong way but my intentions were always good (R1, p8, 190).

Who's the patient? This subtheme considers parent's struggle to make sense of therapy that involves exploration of parenting but where their child is the identified 'client'. Parents differed in their position to this dilemma. There was a sense that the identified patient held responsibility for the problem, thus, parents appeared to move away from this role if feeling blamed or criticised:

I find it hard when she was asking about my background because I'm thinking, well its got nothing to do with what's happened to him (R3, p14, 334).

Two participants presented practical explanations for their presence in the room:

So we used to sit in, it was never on his own, cause he was obviously under age (R3, p2, 36).

Participants seemed to balance this tension by going between positions, describing the help the child needed:

He was a damaged little boy, he needed help and he needed expert help, not help that we could give him (R5, p8, 351).

But also at times positioning themselves equally as clients in the process:

It very quickly became apparent that not only was it important for them, the therapy, but also for us to come along (R6, p5, 202).

It seemed a difficult tension to manage and participants often moved quickly between positions, identifying and dis-identifying as the client:

As much as the sessions weren't for me, obviously, I got pulled into it at times, and again that aided me as well so it just, enabled me to become a better parent I suppose (R1, p4, 90).

At other times, participants simply considered the mutuality of human interaction:

Its learning how to do that dance with each other (R2, p13, 320).

Being Understood Enabling Understanding

This master theme encapsulates the meaning participants' experiences of being understood had in enabling change.

From failure to self-compassion. Seven participants recounted feeling like a failure; both in struggling to cope as a parent but also in attending CAMHS. Participants spoke about the difficulty in bearing judgments of others:

(Partner)'s parents didn't understand why we were parenting the way we were, oh they're just kids, but if you gave (child) an inch she would spiral... yeah it was incredibly hard (R8, p6, 289).

Parents described therapy as a non-judgemental place to be honest and heard. This was positioned as pivotal in their journey of change:

You feel bad enough about yourself as it is, you know that you're failing, as a parent, I was failing massively, so to sit in that room, and to be able to be honest... and see that there is nothing on that person's face, apart from that they're listening to you and they want to help you, you know they have your best interests at heart, its phenomenal, that's the therapy in itself (R2, p7, 167).

Participants reflected on the containment they experienced. The process of sharing 'shameful' emotions, and having them normalised appeared to assuage participants' feelings of guilt:

You always feel rubbish, as a parent... and just for somebody to let us know that what we were doing was ok, there were times I didn't even like her, and it was great for somebody to say, that's normal, that was like (exhales) (R8, p2, 73).

This process seemed to enable reflection. In the absence of feeling attacked, participants were able to explore their backgrounds and current parenting style:

It wasn't that we was bad parents, she never made us feel like bad parents, it was just trying to think when you were younger, how your parents treated you, there could be aspects that you are actually doing to your child without realising you're doing it because you only know the way you were brought up (R3, p6, 130).

Participants internalised this experience and took a more compassionate position to themselves. Parts of the participants' personalities that were previously viewed as weaknesses were reinterpreted as an understandable response to their experience:

I do think I've not helped, cause I think I've been too soft, but sometimes I think that's the way I survived, that's the way I've coped (R1, p9, 419).

By being kinder to themselves, parents were able to bear difficult thoughts and feelings:

Yeah if she had been brought up by somebody else then she probably wouldn't have turned out the way she has but, I don't know it's hard, I can't change it either, I can't beat myself up about it (R7, p13, 367).

In being honest about imperfections, parents were liberated to reconnect with their values and contextualise flaws in the background of 'trying their best'. It seemed that moving from a punitive to compassionate position provided parents with resilience. Participants shifted from feeling incompetent to good enough:

Don't know if I'm doing the best job in the world or not, I can only do what I believe is right (R7, p10, 277).

Containment and mentalizing: A parallel process. This subtheme demonstrates a parallel process whereby participants who felt contained by the psychotherapist felt equipped to mentalize the needs of their child.

Participants valued an environment where expressing emotion felt safe. Through the containment of boundaries participants were empowered to find their own solutions:

She made me feel valued I suppose, she knew what a time I had with (child) but you know you got to be professional, she wasn't going to sit there and say 'oh poor you'.... but she just had a nice empathy (R1, p7, 313).

This boundaried nature of therapy was contrasted to the sense of being special and given particular attention:

I was really lucky that she was so attentive and, took such an interest in us, I think maybe she saw some sort of potential that you know we could become a good family (R2, p5, 123).

This mirrored a process of re-parenting, whereby the participant feels held in mind by the therapist and is thus able to hold their child in mind:

Watching her with (child), how she was able to sort of coax stuff out of him and the way she spoke to him, I suppose it enabled me, I learned from her to be able to communicate with him better (R2, p4, 77).

Participants reflected on their own needs:

It was not out of a desire of not wanting to respond to him, it was out of a desire to respond to him in a particular way, and that was about a need in me (R4, p18, 432).

It seemed that when parental needs were met, participants had increased capacity to mentalize their child's needs:

The ideas and the concepts and everything are fantastic but unless you're able to carry it out and see it through and revisit it, it's very difficult to get the full benefit (R6, p1, 43).

Psychotherapy was portrayed as a secure base, a consistent source of support. This seemed to energise parents, empowering them to persevere:

It just gives you confidence to keep going down the same road that you're doing.... and to have that environment to bring it back to (R8, p3, 104).

Space to understand the meaning of damage. This subtheme depicts participants' emphasis on the value of understanding behaviour and its context.

Linked to the other sub-themes, participants valued the space to process the 'damage' that had been done. Understanding their children as damaged appeared to help parents to make sense of their behaviour:

Nobody really turns around to you and says, these children aren't normal, they're scarred for life, they're damaged (R6, p6, 278).

Participants reported a shift from managing to exploring the meaning behind behaviour. Some parents described the difficulty in tolerating behaviour when faced with it everyday. Psychotherapy seemed to provide participants with space to 'see the wood for the trees':

It got us to look at the reasons behind the behaviour rather than concentrating on the behaviour, because we were able to sit down in a safe environment, and have somebody help myself, look at it, look at the behaviourwe could kind of step out of it (R8, p2, 49).

Some participants demonstrated sophisticated understanding of interpersonal dynamics. This gave participants a different

perspective and a platform from which to make sense of their own responses:

Because she felt so unhappy, she would mirror that, she would put that out, and I'm quite receptive to how other people are feeling so it would find a home within me, and then I'd mirror that back, and then we'd end up in this cycle (R8, p2, 90).

Moreover, reflection allowed participants to empathise with behaviour that previously felt intolerable. Participants reflected how small insights could lead to significant changes in how they perceive and interact with their child:

If you don't take it personally you can look at the behaviour, you can deal with the person, because you're not dealing with your own crap (R8, p12, 566).

Changing Expectations/Acceptance

This master theme encapsulates how participants adjusted their expectations of themselves, their children and parenthood.

No quick fix. All participants stressed that a 'quick fix' would not be possible:

You can't expect it to work overnight so you have to work on it (R3, p23, 551).

Parents reflected on the realisation that there is no 'magic wand' to fix everything immediately:

We didn't appreciate the difficulties that there would be, for the rest of their lives, or our lives, cause that is now a real change (R6, p7, 300).

Participants conceptualised change as a continuous process:

I see it as ongoing, it doesn't stop really (R4, p20, 492).

Related to this was the understanding that participants needed to remain vigilant to future obstacles:

It's a project, yeah, absolutely, no and you can't rest on your laurels (R8, p11, 526).

Adjusting expectations. Four participants described the need to modify expectations to be more flexible and realistic:

Over the years we have changed our expectations...I think we had quite high expectations really, and they've been modified.. to suit with reality (laughs) (R5, p5, 207).

Participants also spoke about changing expectations of parenthood, and how their experience has challenged previous assumptions:

I think before you adopt, you do sit back and think, they; come to us and after two years, we'll sort them out cause we can, doesn't happen... you learn that very quickly (R6, p6, 281).

Participants' expectations of their children seemed to be refocused away from tangible achievements to emphasising the importance of their happiness:

Subtle changes, very subtle changes...I mean some of the problems that were there are still there...but he can cope with things better now (R5, p4, 176).

In this way, parents were able to find satisfaction in things they might not have before by reframing in the positive:

Yeah small changes, small but significant little changes (R7, p16, 465).

Acceptance. This sub-theme seemed to be related to participants' ability to adjust their expectations and remain compassionate to themselves. Six participants spoke about learning to accept themselves, their children, and their situation:

Part of me would've liked a normal family (laughs) whatever that is, but I haven't got that, so, I guess its just accepting that, it is what it is (R7, p10, 269).

Participants used acceptance as a way to tolerate painful experiences that were out of their control:

The first years of his life, from which he can never recover... so it's more a feeling of, what a pity it was, that they'd gone

through this, and it would've been better if we met them earlier but, that was not to be (R6, p3, 120).

For some, this occurred by choosing not to focus on disappointments and making the best of the situation. This ability seemed to derive from parents' commitment to their children:

You don't make sense of it you just get on with it, its life, they're ours, they're our family, they're not going anywhere (R6, p7, 31).

This stoicism and decision to ignore distressing thoughts seemed to be a skill employed by parents to tolerate the intolerable:

I do think to myself sometimes maybe we've ruined (child) by taking her into our messed up family (laughs) but can't think like that really (R7, p13, 360).

It was evident that acceptance was a continuous exercise.

Participants seemed to manage a tension between holding hope and providing the best opportunities for their children, but also letting go of things that seem impossible:

We're still in the adjusting stage, see stages, I don't know, it's disappointing in some ways, but then hey-ho, you do what you, with what you have in front of you, I mean there are certain things you can't change (R5, p5, 216).

Investing in the future, leaving a legacy. A prominent theme that evolved was participants' sense of looking toward the future. Participants often conceptualised psychotherapy, and their perseverance in supporting their children as an investment:

And you know sometimes you think, oh for an easy life but, I don't think that, if you have an easy life, then you're making a rod for your own back later (R5, p7, 339).

It seemed that holding hope and focusing on their own values, allowed participants to find fortitude in managing their current difficulties:

I think hopefully it will mould them into better adults going forward, and I don't feel like school, obviously it's a major part but its just a period of her life that she needs to get through, with as much dignity and self-respect and confidence as possible, its not the be all and end all (R7, p9, 253).

Participants spoke about wanting to prepare their children for independence:

It's all part of him separating, and being able to go out and be alright in the world (R4, p19, 456).

And there was a sense that parents might some day reap the rewards of their efforts:

I love my girls more than anything, so they are worth it, they're just you know, hard work (laughs), hopefully they'll repay me in some nice way when they get a bit older (R7, p18, 509).

Some participants seemed to have started this process by emphasising their child's potential:

I couldn't have done that at 13, so she is, she's got a lot of potential (R8, p11, 492).

Furthermore, some participants expressed a desire to leave a legacy for their children, for their children to realise their efforts and resilience:

I just wanted my kids to be proud of me, I think that's what was more important, I just wanted to prove to my kids that, you know what, no matter what hits you in life, just get up and get on with it (R3, p31, 771).

Sharing the Protective Burden of Control

A significant theme was participant's battle to hold on to their identity but also relinquish some control to share their burden.

Protection of parental/professional identity. All participants emphasised their identity as a parent and for some that of a professional. These identities appeared to be protective for participants and a default position in the face of adversity. All participants portrayed themselves as having a powerful role:

I thought I was going to end up seeing him inside prison if he didn't get support and I wasn't going to allow that to happen (R3, p9, 205).

Parents spoke about their responsibility to oversee their child's care and described their role in 'holding the bigger picture'. Through this understanding of their identity, participants harnessed the energy to persevere:

Just because they're, they're difficult doesn't mean to say they deserve, well they deserve even more attention don't they, because that's my job, first and foremost (R7, p11, 297).

The overlap between personal and professional seemed important with many participants describing how their experience had impacted their choice of profession and other participants describing parenting as a job in itself. It seemed that parents used this identity to make sense of difficult experiences:

I'm not their playmate I'm their mum, so its very nice for him to be play time, fun time dad...but I've got a bigger role (R7, p15, 416).

Reverting to this expert position allowed participants to distance themselves from feeling vulnerable or experiencing judgments of others. The knowledge participants held about their children appeared to shield parents from threats to their identity:

People would say that he doesn't respect me because he doesn't go to school or whatever, but in my eyes (child) does respect me and he does idolise me, and I know through our own relationship that we've got (R1, p4, 163).

However, participants also considered how this could impede their ability to access support. Some participants reflected that their self-worth was connected to their ability to parent their child. At times, holding fixed beliefs about their role appeared to leave participants isolated with difficulties:

A social worker offered me respite and I did basically jump down her throat and I just felt, you're saying I'm a bad mum, you're saying I can't cope, no one is having my child, but I actually get why they do it now at the time I think I was in that bubble, I couldn't see the help I was offered (R3, p18, 438).

Triangulation: Allowing a third. One shift that seven participants described was the process of allowing a third person, such as partner or therapist, into their relationship with their child. Many participants described an extremely close relationship with their child:

The bond I had with him was just so overwhelming...he was my baby and, well obviously I've got other children but, I dunno, we were like joint at the hip (R3, p6, 118).

However, participants commented that this relationship could be overwhelming at times:

As soon as you give her attention, it was like this big black hole that you could never fill (R8, p3, 145).

Accordingly, participants valued the opportunity to 'offload':

We dumped everything on the poor therapist, that was fantastic, you'd walk out of here almost bouncing, cause you'd just laid it all off on somebody else (R6, p5, 204).

Sharing this burden with a third party was not an easy process.

Participants spoke about the conflict of feeling their role was under

threat yet being aware that sharing responsibility might be necessary. By prioritising the needs of their child, participants accepted that multiple parties could have a role in precipitating change:

He was going to his dad a bit more, which was nice to but also I'll be honest with you it was hard for me to let go... it's like oh, you don't want me anymore, but then you realise well actually he needs both parents (R3, p6, 141).

Likewise, some participants commented on the realisation that for their child to change and grow, they had to be their own person:

It was taking into consideration that actually he is a human being and he's not my property you know he's my child (R2, p12, 289).

Participants reflected on the benefits this shift could bring, transforming their role into a less consuming one and equipping them with emotional resources:

I can now say to her, you now need to leave me alone, I want some space... whereas before I never felt that, I felt that was some kind of failing where I needed to be superwoman (R8, p13, 593).

Being Re-parented: A Precious and Punitive Process

Linked to other themes, participants often conceptualised psychotherapy as a process of being 're-parented', thus influencing change. The final theme involved participants' experiences of psychotherapy as a cherished commodity but also one that had the potential to harm by withdrawal or absence, much like a child's relationship to their parents.

Scarce and precious. Six participants referred to the restricted financial background of psychotherapy. For some, this awareness fed into their sense of privilege in having accessed

therapy. Participants expressed gratitude but were mindful of their unique position:

There's not enough funding for it... its easy for us now to turn around and say you know CAMHS is absolutely wonderful, but the resources are finite... that's the big issue (R6, p9, 396).

This portrayal of CAMHS as a 'precious' resource enabled some participants to conceptualise change in the absence of tangible evidence:

Its very difficult to know where the girls would be if they didn't come ... all I know is, its so hard to get onto CAMHS anyway, and if they enjoy coming, they must be getting something from it (R7, p5, 145).

Other participants felt unable to assert their needs because of their sense that the service was being withheld from others:

I still felt maybe we could've had a little bit more, but then I could've pushed but I didn't, I just accepted you know, we've had a lot of help so move on (R1, p10, 463).

Punitive system repeating trauma. Associated with limited resources was the sense that psychotherapy could inadvertently re-enact traumas. Participants spoke about the system's constraints impinging on their child's well-being:

She should really have had therapy at a much younger age but it was viewed that she didn't need it (R6, p9, 399).

Participants also referred to finishing therapy, which could be experienced as rejecting or abandoning. Participants seemed to fear the change they had experienced could be undone:

It's a bit like you're being kicked out of the nest so to speak and it's like right you've just got to go and survive now so it's quite scary (R2, p18, 436).

Withholding expert. Two participants expressed confusion around the therapist's approach and seemed to struggle with some of the

mysterious aspects of psychotherapy. Participants identified access to therapy as enigmatic:

It's too veiled...you almost have to come through the back door, we know a back door exists but not everybody does, and that to me seems really unfair, really unfair (R5, p4, 153).

There was the sense that the non-directive approach could be experienced as withholding:

Maybe more of a direct approach, rather than a subtle, sit back and see which often happens, and, lack of therapist saying well do this and do that, which I fully understand but sometimes to me feels as if, they could be a bit more forward (R6, p5, 223).

Participants seemed to sometimes feel disempowered in the system:

They're very subtle things, and if you're in the field you're aware of it, but when you're outside, you're not (R5, p3, 140).

Is it ok to be disappointed? Finally, three participants expressed ambivalence about their experience. Some participants conveyed ambivalence about the benefits of therapy, and were candid about their struggle with bringing up painful emotions:

It definitely worked but I do feel that when I used to come... that coming here just kept raking up the past all the time and I'd come in feeling like I feel now, fine, but I'd end up leaving feeling quite down (R1, p2, 70).

Other participants expressed concern about unintended consequences of psychotherapy that might occur:

I don't know what the research is on this but I'm sure it helps prop up this, lack of accountability (R5, p8, 365).

However, it was notable that participants seemed hesitant to express any dissatisfaction with the service:

It was a bit disappointing, well I wasn't disappointed with the service but I was a bit disappointed with (child) (R1, p8, 365).

Discussion

The aim of this study was to explore how parents made sense of change in parent-child psychotherapy and to consider what meaning this change had for them. In summary, parents conceptualised change as a journey. Through a process of being 're-parented' or understood, parents felt held in the mind of the psychotherapist and were thus enabled to hold their child's needs in mind. Participants' difficult experiences were reinterpreted as strengths, which seemed to change their attitudes towards themselves and their children. In the absence of feeling blamed, parents felt able to be honest and access the necessary support. For some participants, ambivalence about their experience remained, and the 'precious' nature of their experience was positioned as either a facilitating or hindering environment for change to occur within.

The findings are discussed below in relation to the research question and existing literature. Notably, many themes were related to each other. This corresponded with previous literature, which found that no one theme could encapsulate a participant's change experience (Rayner et al., 2011). Furthermore, the richness of the themes highlighted the appropriateness of a qualitative approach in exploring complex phenomena, such as change in psychotherapy.

Participants created narratives to make sense of their journey. The process of story-making has been described as significant in how individuals understand their lives (Wrye, 1994). This also relates to the proposition that restructuring narrative schemas can transform an individual's perception of the world (Russell & Van den Broek, 1992).

Participants described their own childhood and their decision to parent differently. This seems connected to the psychoanalytic understanding that resolving childhood conflict allows parents to avoid unconsciously re-enacting the same patterns (Lieberman et al., 2006). Furthermore, parents portrayed themselves as active agents

that had facilitated change within therapy. This supports Bohart and Tallman's (1999) argument that the therapist's task is to provide a space in which the client can utilise their innate ability to heal.

'Who's the patient?' is a tension illustrated both in this study's findings and in research around the efficacy of parent-child psychotherapy. Parents oscillated between descriptions of how they or their child had changed. Research reflects this tension, with some studies reporting quantifiable behaviour changes in children (Hawley et al., 2003; Schuhmann et al., 1998), and others suggesting that parent functioning variables are the most important to consider (Packard, 2009).

Parents' experience of being understood enabled them to be more reflective and attuned to their child. This finding is aligned with the basis of parent-child psychotherapy, which aims to enable parents to develop a reflective stance (Slade, 2008). This also suggests a shift from a super-ego to ego position where parents move from blame to taking multiple perspectives (Hy & Loevinger, 1996). Furthermore, this increased attunement supports findings that levels of secure attachment in the parent-child dyad increase after partaking in parent-child psychotherapy (Toth et al., 2006).

Participants described shifting from a reactive to reflective stance. This supports literature that argues that once emotions are understood, an individual can use them to inform rather than control their lives (Greenberg, 2012). Furthermore, the findings emphasising the importance of a safe relationship support studies that have shown the therapeutic alliance to be the most influential component in therapy (Levitt, et al., 2006).

Parents spoke about the ability to relinquish control. This ability is identified as an important transformation in the qualitative psychotherapy change literature (Clarke et al., 2004).

The process of allowing a third into the parent-child relationship also seemed connected to the separation-individuation phase outlined in psychodynamic literature (Mahler, 1974).

Participants' descriptions of becoming more self-compassionate and accepting concurs with research showing that participants view their lives, relationship and selves in a more compassionate way after psychotherapy (Clarke et al., 2004). Furthermore, facilitating parents' ability to practise acceptance and self-compassion has been shown to improve the quality of parent child-relationships and enable parents to engage with the changing needs of their child (Duncan, Coatsworth, & Greenberg, 2009). This finding was interesting as self-compassion and acceptance are changes not typically referred to in psychodynamic literature but are prominent in 'third-wave approaches', e.g. Acceptance and Commitment Therapy (ACT). However, authors have suggested that psychodynamic approaches might alter patients' mindfulness, self-compassion and acceptance despite these not being targeted outcomes (Hayes, Stricker, & Stewart, 2014).

Participants conceptualised change as shifts in their attitudes, understandings and relationships. Although behaviour was often identified as the reason for attending parent-child psychotherapy, changes in behaviour were rarely described as a meaningful outcome. This challenges the current climate whereby standardised outcome measures, evaluating 'symptoms' such as behaviour, inform the application of 'evidence-based' interventions in mental health services (Kazdin, 2005). Therefore, the findings of this study support arguments that qualitative research might be a helpful addition to quantitative research in capturing people's perceptions of change change (Levitt et al., 2006). Moreover, the findings seem to support 'encompassing frameworks' to conceptualise change in psychotherapy, where different pathways lead to similar

results (Shapiro, 1995). In this study, participants with different life and parenting experiences seemed to make sense of change in similar ways. Therefore, the importance of a framework such as 'meaning-making' in psychotherapy could be a more clinically relevant way of understanding change.

Participants' descriptions of the 'expert' psychotherapist corresponded with previous research that found that clients valued being helped by a specialist (Nillsson et al., 2007). Findings suggested that participants feared their progress would be undone when therapy finished. This concept is documented in psychodynamic literature, which emphasises the importance of ending in consolidating therapeutic gains that have been achieved (Joyce, Piper, Ogrodniczuk, & Klien, 2007).

Limitations

One limitation of this study was the involvement of the psychotherapist who delivered the intervention in recruitment. This could have impacted participant's decision to partake in the research and the content of the interview. Participants were assured that participation was anonymous, optional and would not influence future involvement with CAMHS. However, it is still possible that parents felt obliged to participate or reluctant to express dissatisfaction. Moreover, it is possible that parents who were satisfied with their experience were more likely to take part in the study, thus biasing the sample. Furthermore, it is likely that the researcher's position as a trainee psychologist influenced the participant's responses. Parents might have felt that particular answers were expected from them.

Most participants expressed a wish for more funding in CAMHS. This could have influenced participants' comments if interviews were perceived as a platform for promoting investment.

It was notable that seven of the eight participants were female. Although this was representative of the parents who attended parent-child psychotherapy and is in line with IPA's recommendation for a homogenous sample (Smith & Osborn, 2008), it is possible that the findings are more representative of mothers' experiences than those of 'parents'. Similarly, seven participants were white British. Therefore, the findings of this study may not be relevant to parents of other ethnicities. Furthermore, participants included both parents of adopted and biological children, which would seem likely to be a significant factor. However, no differences were noted in how parents made sense of change between these two groups.

Finally, although a number of steps were taken to address quality assurance, it is always possible that the researcher's beliefs could influence findings. This was particularly pertinent as the researcher worked within a Looked After Children's team with clients who had similar experiences to many of the participants.

Practice Implications

This study confirmed that using a qualitative approach to explore change in psychotherapy is a feasible method. Qualitative approaches could be used to access service-user feedback and influence how services are shaped. These approaches could be used alongside the routine outcome measurements that many services are required to utilise. This would provide valuable information not only about the service-users experience but may also provide opportunities for exploring unexpected outcomes or service user perception of change.

The findings of this study highlight elements of change parents found most meaningful. Enriching understanding about change in

psychotherapy could help to inform clinician's work and how they interact with their clients. Building theory and research that focuses on client experience could be a helpful resource for clinicians to be led by. For example, the importance of a safe therapeutic relationship in enabling understanding was emphasised. Therefore, it seems pertinent that therapist's allow time for this relationship to form.

Feeling understood as a factor enabling change was also seen as important in the process of change. In pressurised CAMHS services, there is often the temptation to provide parents with large amounts of psychological 'knowledge'. However, these findings have illustrated parent's abilities to make their own meanings and 'knowledge' when provided with a compassionate space. What was clear from the results was that this needs to be tempered with the triangulation of the 'other' (therapist) in the relationship. This fine balance between parents meaning making and the role of the therapist as expert and third party in the relationship seems important in parent child work.

Clinicians need to take into account the impact of that long-waits and criteria can have on service users and the guilt parents may feel about others not accessing services. In addition clinicians need to be aware of the impact of service restrictions due to funding had the potential to harm by withdrawal or absence

Future Research

Qualitative methods seem to be a useful approach to further understand the complex phenomenon of change in psychotherapy. Future research could use Narrative Analysis (NA) to explore how parents speak about their change experience. NA has been described as an appropriate methodology for considering change in psychotherapy (Balamoutsou & McLeod, 2001). This study found that participants

attributed meaning to transforming narratives. Therefore, NA could provide further insight into this process.

Seven of the participants in this study were mothers. This reflected parents who attended the service and literature on parent-child interventions, which focuses predominantly on the mother-child dyad (Cohen et al., 1999). However, further research could aim to focus specifically on father's understanding of change in parent-child psychotherapy.

Finally, participants in this study generally reported satisfaction with parent-child psychotherapy. Further research could aim to recruit participants who were dissatisfied with their experience and explore what the process meant for them.

Conclusions

This was the first study to explore how parents made sense of change in parent-child psychotherapy and to consider what meaning these changes held for them. Parents told their stories of growth and transformation of identity into a more empowered position. The importance of therapeutic alliance was identified in enabling parents' understanding of their child and themselves. Parents reported increased self-compassion and acceptance for themselves, their relationships and their lives. Adjusting expectations and looking towards the future was described as crucial in this process. Participants balanced the tension of allowing another person into their relationship with their child to enable change whilst recognising some loss of role or identity. These findings add to the qualitative literature on how change is understood in psychotherapy. Some understandings of change link to psychodynamic theory and features of change that are most meaningful to parents are illustrated. The findings indicate the need for future research,

which could have significant clinical implications for professionals working with parents and for CAMHS.

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