



Experiences of adolescents and their guardians with a school-based combined individual and dyadic intervention

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Experiences of adolescents and their guardians with a school-based combined individual and dyadic intervention

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5 **Title:** 'Experiences of adolescents and their guardians with a school-based combined
6 individual and dyadic intervention'
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11 **Abstract**
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16 The quality of parent-child relationships during adolescence has the potential to impact
17 adolescents' mental health. The current study explored how seven young people (11-15
18 years old) might experience a two-component intervention (Method of Levels therapy-MOL
19 and a parent-child activity). Young people chose how often to engage in the intervention
20 during a four-month period. On completion, six participants were interviewed. Interviews
21 were audio recorded, transcribed verbatim and analysed using thematic analysis. Three
22 main themes were generated: 1) Shared Goals and MOL (subthemes relevant to both
23 Shared Goals and MOL); 2) Shared Goals (elements relevant to the Shared Goals activity
24 only); and 3) MOL- (one subtheme representative of MOL only). The most helpful aspect of
25 the two-component intervention both for young people and their parents was the opportunity
26 to talk. The intervention facilitated helpful conversations that increased participants
27 awareness and broadened their perspective on the topics discussed. This process helped
28 participants find solutions to their problems. Young people and parents reported that through
29 the use of the Shared Goals activity their communication and relationships improved. Young
30 people stated that MOL offered them the opportunity to figure things out for themselves.
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50 **Keywords:** parent-child relationship, counselling, communication, Perceptual Control
51 Theory, Method of Levels
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Introduction

Most mental health difficulties start during adolescence and can have devastating effects (Jones, 2013; A. Powers & Casey, 2015). During adolescence, the parent-child relationship typically experiences increased tension and conflict as guardians and adolescents re-negotiate rules, roles and responsibilities (Shearman & Dumlao, 2008; Vyas, Birchwood, & Singh, 2014). Evidence suggests that “family relationships make the biggest difference to young people’s well-being, as children who feel closer and argue less often with their guardians are far happier” (Children’s Society, 2018, p. 5). Walsh (2016) argues that good communication is key to families functioning successfully and displaying resilience. Avoiding topics of discussion or using verbal aggression in an attempt to resolve family conflict has been negatively associated with family communication satisfaction (Shearman & Dumlao, 2008). Being able to open up and talk to guardians about things that bother them has been regarded as a “protective factor for adolescents’ mental well-being and a strong predictor of resilience” (Brooks et al., 2015, p. 46).

Recent government policies have drawn attention to the role of schools and the way they can support young people’s mental health (Department of Health and Department for Education, 2017). Currently, a common form of support offered in schools for adolescents takes the form of one-to-one counselling but it does not typically involve guardians (Cooper, 2013). This is despite young people reporting that their distress is predominantly linked to family conflict (DfE, 2016). Consequently, the potential for a school-intervention that involves guardians should be considered.

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3 The current study builds upon the work of Churchman et al., (2020) that explored the
4
5 feasibility and acceptability of delivering a two-fold intervention based on the principles of
6
7 Perceptual Control Theory (PCT) (Churchman, Mansell, & Tai, 2020c). The two-fold
8
9 intervention offered young people the opportunity to engage in a parent-child activity
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11 (Shared Goals) whilst also attending one to one support in the form of Method of Levels
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13 therapy (MOL). Although the two components have been offered separately with early
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15 indicators showing they are feasible and acceptable among youth (Churchman, Mansell, &
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17 Tai, 2019b, 2020b), the two components have not been delivered as part of an integral
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19 intervention before. As a result, a study exploring whether it is possible to recruit and retain
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21 participants that would engage in the two-component intervention with young people
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23 choosing the number of sessions to attend was conducted (Churchman et al., 2020c). The
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25 study sought to understand whether the two components (MOL/Shared Goals activity) could
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27 be offered to complement each other. The current study aims to explore how adolescents
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29 and their guardians experienced the two component PCT informed intervention. Participants
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31 were also asked to consider which type of support (MOL or Shared Goals activity) was most
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33 helpful to them and why.
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39 PCT is a robust theory based on a functional model that can explain everyday functioning.
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41 The theory is based on three principles that provide a framework for understanding how
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43 psychological distress occurs as well as how it might be alleviated. The three principles are
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45 control, conflict and reorganisation (W. T. Powers, Clark, & McFarland, 1960). PCT
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47 proposes that people attempt to control many aspects of their lives. This can range from
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49 simple activities like holding a glass of water upright, through seeing through daily routines,
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51 to keeping up moral standards such as honesty and loyalty. According to PCT, one of the
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53 most pernicious challenges to being in control of one's life is conflict – when two or more
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55 strivings are in opposition to one another. For example, the teenager who wants to stay
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57 away from home to gain their independence, but wants to stay at home to keep safe, is in
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59 conflict. Conflict can be both intra and inter-personal (Marken & Carey, 2015). If conflict
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3 persists and is unresolved, it can lead to psychological distress (Carey, Mansell, & Tai,
4 2015). According to PCT, conflict can be resolved through a process called reorganisation.
5 Reorganisation takes place when individuals are able to explore the conflict and generate
6 new and novel solutions (Tai, 2016). The two components offered as part of the PCT-
7 informed intervention are: 1) Method of Levels therapy (MOL) and 2) Shared Goals activity
8 (parent-child element).
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18 MOL (Carey, 2006) is the therapeutic application of the principles of PCT. MOL seeks to
19 increase people's awareness of their goals and potential conflict that might arise when two
20 or more incompatible goals are desired. The overall aim is to help individuals find solutions
21 to enable them to realise their goals. This is achieved through the use of curious questioning
22 which focuses on two main goals ((Mansell, Carey, & Tai, 2012). The first goal is to
23 encourage the client to talk about things that are bothering them. Examples of the questions
24 used by therapists to achieve this include; What would you like to talk about today? Can you
25 tell me a bit more about this? What bothers you about that? What makes this important?
26 What goes through your mind as you talk about this?
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41 The second goal is to notice any background thoughts the client might be experiencing.
42 These could take the form of a pause in speech or change of tone, a laugh, a sudden move
43 or any other verbal or non-verbal clues that might indicate a shift in the flow of thoughts.
44 Often this will indicate to the therapist that the client might be aware of other goals that have
45 not been considered before. Typical questions enquiring about disruptions include; what
46 happened just then when you looked away/smiled? Whilst you're pausing, can you talk
47 about what you are thinking? What made you laugh just then? (Carey, 2008; Carey et al.,
48 2015). With the help of these questions, the therapist aims to shift an individual's attention to
49 the sources of their difficulties and sustain it there to allow them to explore, work through
50 and address the problem (Carey, 2006).
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MOL has been designed to support individuals in identifying incompatible goals. A recent feasibility study exploring MOL's feasibility among young people experiencing psychological distress reported that MOL is feasible and acceptable for this age group (Churchman et al., 2019b). Adolescents that accessed MOL reported that being able to talk about their distress and incompatible goals helped them to understand their problems better. They also reported that having choice and control over various aspects of the therapeutic process impacted their therapy experience as well as facilitated the process of exploring their difficulties (Churchman, Mansell, & Tai, 2019a; Churchman et al., 2019b).

Young people described interpersonal conflict involving guardians as a source for their distress (Churchman et al., 2020a). Exploring the interpersonal conflict was difficult as adolescents were only able to present one side of the conflict. A parent-child activity (in the form of Shared Goals activity), was proposed to support youth explore interpersonal conflict that might arise between them and their guardians. A description of what the activity entails can be found in the 'intervention' section below. A feasibility and acceptability study was conducted to explore how adolescents and their guardians might experience the Shared Goals activity. Participants reported that the activity was useful in facilitating conversations on interpersonal incompatible goals. Participants also reported an increased ability to talk to each other and feel listened as a result of engaging in the activity. This was perceived as improving communication as well as increasing understanding of each other's needs/desires. Moreover, young people and guardians argued that it helped them understand why they wanted certain things. Full details from this study have been reported elsewhere (Churchman et al., 2020b).

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3 Recent recommendations highlight the importance of considering young people's needs and
4 preferences when offering support (UK Parliament, 2017; Wolpert et al., 2019). Services are
5 recognising that through listening to adolescents (and their families) and considering their
6 subjective experiences, personalised care can be offered and needs can be addressed
7 (Care Quality Commission, 2018; Wolpert et al., 2019). It has been proposed that qualitative
8 data is a useful tool to investigate context, process, give meaning to experiences and offer
9 participants a voice in research (Binder et al., 2016; Creswell, Klassen, Plano Clark, & Clegg
10 Smith, 2011).
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23 **Methods**

24 **Setting and participants**

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31 The current study took place in a large mainstream secondary school in North West
32 England. The school serves a diverse socio-economic area with a large proportion of
33 students presenting additional needs (special educational needs, disability or qualifying for
34 free school meals). The school has been previously involved in exploring the feasibility of
35 both MOL and the Shared Goals activity before the two components were offered together
36 as part of the intervention. Prior to data collection commencing, the study received ethical
37 approval (Ref: 2018-4844-7158) from the sponsor University.
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49 Identification of students eligible to take part in the study took place by liaising with the
50 school's pastoral team. Typically, any students needing help, would seek support through
51 their pastoral teachers. Pastoral teachers may offer support themselves or refer students to
52 additional services either within or outside the school. Thus, when students sought support
53 from pastoral teachers, they were informed about the study.
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3 In order to be eligible to take part in the study, adolescents were required to both understand
4 and correspond in English and attend the school where the study was being conducted.
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6 They were also required to be willing to share difficulties that may cause them distress. As
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8 the Shared Goals activity was designed as a parent-child task, young people needed to
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10 identify a parent/carer with whom they interacted regularly and who was willing to take part
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12 in the study alongside them. Students experiencing severe learning difficulties were not
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14 included in the study. Guardians invited to take part in the study were required to have
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16 regular interaction with their child, be willing to talk and listen to their child, talk about things
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18 that are important to them and were also required to both understand and correspond in
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20 English.
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26 A total of seven dyads were recruited and invited to access the intervention for four months
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28 before being interviewed about their experiences. The sample consisted of five girls and two
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30 boys. The mean age recoded for adolescents was 13.42 (SD=1.17). Five young people were
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32 White British, one was from a Mixed background and another identified as Other White
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34 European. The adults taking part alongside the youth included five mothers, one father and
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36 one grandmother. On completion of the four months, six dyads were retained and
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38 interviewed about their experiences. The seven dyad was unable to complete the study, as
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40 the student was offered education outside school and was no longer contactable.
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43 Study design

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48 In the current study, qualitative data collected in the form of semi-structured interviews was
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50 analysed using thematic analysis. All interviews were audio recorded and transcribed
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52 verbatim. The analysis followed the guidelines suggested by Braun and Clarke (2006) and
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54 used a deductive approach (Braun & Clarke, 2006).
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Intervention

The two-component intervention was delivered by the main researcher conducting the study. The researcher's ability to deliver and engage in MOL therapy was developed over a period of 18 months prior to the study commencing. In parallel, both before the research commenced and on an on-going basis, the therapist attended weekly supervision sessions (group and one-to-one) facilitated by lead professionals in the field who have extensive research and clinical experience and knowledge of Method of Levels (MOL). Their joint experience has involved training and supervising novice therapists as well as working in schools. The therapist was registered with the BABCP and adhered to their ethical guidelines and professional standards. The Shared Goals activity was developed by the main researcher but it was supported and contributed to by the project's supervisors.

Following written consent/assent, adolescents and their guardians were invited to try the Shared Goals Activity. Participants were introduced to the task and were encouraged to engage in the activity. The researcher supported them in navigating the questions and completing accompanying booklets. Participants were subsequently invited to engage in the activity at home as often as they wanted and was deemed practical. The researcher was available for support if participants required further assistance. All participants engaged in the Shared Goals activity at least once at school during the initial meeting.

The activity encouraged young people and their guardians to identify important goals that might cause conflict between them. They were offered a booklet that offered step by step instructions to discuss them. Step 1 allowed participants to explore what they wanted as well as how important this was for them - it challenged participants to consider the advantages and disadvantages that might arise if they were to get what they wanted.

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3 Step 2 offered participants the opportunity to explore what made the goal identified during
4 Step 1 important to them. They were challenged to continue reflecting by asking the
5 question - 'what makes this important', in relation to the last thing they had just said. When
6 participants could think of no more reasons as to why the goal was important, they were
7 then encouraged to think of ways in which they could achieve (get what they wanted) in
8 relation to the last thing they could come up to.
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18 Step 3 allowed participants to consider both initial goals/wants as well as the last thing they
19 mentioned during Step 2. Then, they were asked to discuss practical ways that enable each
20 of them to achieve their goals. This offered participants an opportunity to consider if their
21 initial goal could/might change. Lastly, participants were encouraged to list the things they
22 both agreed with while conversing about their goals/wants. For Step 1 and 2, young people
23 and guardians were required to fill in the booklets separately, while Step 3 they were invited
24 to discuss together.
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35 In parallel, adolescents were invited to attend one to one MOL therapy at school. Young
36 people were encouraged to book their own appointments as well as chose the topics
37 discussed during sessions. The therapy was available to access for two days/week and
38 adolescents were free to choose when and how often to utilise this. All but one participant
39 accessed at least one MOL session at school. On average, young people attended three
40 sessions, with one participant accessing nine sessions. Further details on attendance and
41 levels of distress were reported elsewhere (Churchman et al., 2020c).
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52 Materials

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56 In order to understand how participants experienced the two-fold intervention, a topic guide
57 was developed and used. Whilst following a prescribed interview schedule, the interviewer
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3 adequately adapted the questions in an agile way based on participants' responses. A copy
4 of the topic guide can be found in Table 1.
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13 Interview procedure

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18 The intervention was available for four months, after which participants were invited to
19 provide feedback. In line with the ethical guidelines, written consent from all parties was
20 obtained. As the main researcher was involved in delivering MOL to youth, they were
21 interviewed at school by an independent researcher in order to avoid any conflict of interest.
22 However, considering that guardians did not receive one to one support from the researcher,
23 (therefore remaining fairly anonymous) it was deemed appropriate for the researcher to
24 conduct these interviews. Three guardians agreed to meet the researcher at school whilst
25 the other three were interviewed over the phone.
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39 Data Analysis

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43 All interviews were audio recorded and transcribed verbatim. The length of the interviews
44 varied from 2500 words to 6500 words. The interview analysis followed the guidelines
45 proposed by Braun and Clarke (2006) (Braun & Clarke, 2006) using NVivo 11 software. The
46 researcher read the transcripts in full to get familiar with the content. The interviews were
47 then coded and the generated codes were grouped into relevant themes. These themes
48 were then reviewed against the coded data to ensure they were reflective of all the data set.
49 A potential thematic map was generated and discussed with the research team. The
50 research team met twice and made a number of changes; including merging two subthemes
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3 and also removing a subtheme. The suggested changes were incorporated in the final
4 thematic map. In order to account for inter-reliability, two interviews (one parent, one child)
5 were coded by another research assistant and a coding comparison was then undertaken. A
6 score of 0.76 on the overall kappa was obtained which is classed as substantial agreement
7 between coders (Landis & Koch, 1977).
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15 The results regarding which element of the intervention adolescents preferred, were not
16 included in the thematic map; these are summarised at the end of the Results section. The
17 number of young people in each category is reported and their reasons for choosing one
18 component over another are included.
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26 27 **Results** 28

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31 Whilst interviews with young people were analysed separately, they generated similar
32 themes to guardians' interviews. Consequently, the themes described below are reflective of
33 all participants' feedback.
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40 All but one young person engaged in both the Shared Goals activity with their parent/carer
41 and also the MOL therapy. All guardians tried the Shared Goals activity with their child at
42 least once at school and were then encouraged to try the activity at home. Most guardians
43 and adolescents (five dyads) reported that despite not filling in the booklets, they engaged in
44 the activity a number of times at home. Two dyads reported filling in the booklets at home
45 but only one family returned them to the researcher. The other family reported that they had
46 misplaced them.
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3 The thematic map contains three themes. One theme contains subthemes that are relevant
4 to both Shared Goals and MOL whilst the other two groups focus solely on either the Shared
5 Goals activity or the MOL therapy. An overview of the themes can be found in Figure 1.
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16 1. Shared Goals and MOL

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18 This theme contains six subthemes that are illustrative of both The Shared Goals activity
19 and MOL therapy.
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23 a) Talking

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25 Both young people and their guardians repeatedly emphasised how the Shared Goals
26 activity provided them with a platform to talk to each other. Participant H109 (child) reported
27 *“it was good, because beforehand I haven’t been able to do that, just being able to actually*
28 *open up and talk and just, it’s very sort of freeing, you get things off your chest that you*
29 *wanted to talk about”*. In parallel one parent reported: *“I thought it’s a good chance to speak*
30 *with my son” (D75- parent)*. This was also recorded as part of the MOL sessions offered to
31 adolescents only: *“I thought it was really great going to a session, being able talk there”*
32 *(C107-child)*.
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50 b) Understanding through increased awareness

51 Engaging in the Shared Goals activity as well as accessing MOL was reported to increase
52 participants’ understanding of experiences that related to their lives (including discussing
53 what they wanted, why they wanted it and how getting what they wanted might affect them).
54 During the Shared Goals task participants felt they gained a better understanding of each
55 other’s points of view and perspectives: *“It was just nice being able to talk and see the other*
56 *point of view and get your point of view across and just sort of being mindful that sometimes*
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3 *the issues that you think that aren't a big deal are a big deal to another person" (H109-child).*

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5 During MOL, individuals engaged in a reflecting process that facilitated increased awareness
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7 and understanding of their own difficulties: *"being able to talk...helped a lot because I was*
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9 *able to understand my own problems better" (C107-child).*

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14 c) Broadening perspective

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18 A number of participants reported that the process of talking to each other (parent-child) or
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20 to the therapist (during MOL) helped to expand their perspectives on perceived difficulties: *"I*
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22 *realised it's not too bad like I think it is" (L101-child).* One of the older students clearly
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24 highlighted the shift; *"I was able to... break away from my point of view, so like as you're*
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26 *speaking you're able to think like 'I'm thinking of it in this certain way, is there a different*
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28 *perspective I can take?'...you have two people on either side of a beach ball, you're seeing*
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30 *one colour and they're seeing another colour but it's the same ball.. I'm looking at it one way*
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32 *and I'm able to think about myself looking at it from the other way" (C107-child).*

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34 Furthermore, one of the guardians attributed the positive change in their child to a shift in
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36 perspective: *"even she said herself, that she does not find things as stressful and that-*
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38 *anxiety causing as she used to, and I think she thinks a bit differently and I think that's what*
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40 *it kind of boils down to" (G97-parent).*

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45 d) Solutions

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49 The participants identified that one of the most helpful aspects of the Shared Goals Activity
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51 was the ability to reach a resolution when conflicting goals were discussed; *"The best thing*
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53 *is probably me and my mum settling on something" (A75-child).* Likewise, MOL offered
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55 young people the opportunity to find their solutions without the therapist having to offer
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57 advice: *"You start off with one thing and you just carry it on from there, you just keep talking*
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59 *and you just keep on talking, you're able to figure out by yourself" (C107-child).*

e) Choice

For participants, the freedom to choose for themselves the subjects/topics discussed during both MOL and the Shared Goals task was extremely important. Often it was associated with feeling empowered and listened to. Adolescent participants reported that it felt 'good', 'really nice', 'refreshing', 'freeing' and made them feel 'empowered' and like they 'had the right to do it'. Nonetheless, one participant reported struggling to choose what to talk about: "*it's just, sort of difficult to come up with something that you want to say and it can be a little bit awkward*" (H109-child). Yet, they reported that as time passed they were able to talk more whilst also having the ability to choose the topic which helped them adjust to the situation. Once, they have fully experienced 'choice' the participant reported: "*I thought it was definitely very sort of- freeing...because sometimes it feels like you are obliged to talk about certain topics, so having that freedom to just be able to talk about whatever you want just... makes you...sort of happy about it*" (H109-child).

Adolescent participants were able to choose when and how often to come for MOL therapy. Two students expressed a desire for the therapist to choose the sessions for them; the therapist worked collaboratively with young people to choose sessions that best suited their needs. Young people were able to express their needs which were considered when the appointments were set. This made adolescent participants feel at ease when accessing support: "*I'd get a note and I wouldn't panic about which one I wanted*" (L101-child).

It is important to reiterate that both the Shared Goals activity and MOL were intended to allow young people the liberty to choose when, how often and the topics to be discussed in relation to the sessions. On one occasion however, a parent took the opportunity to use the activity to communicate how they felt or address issues that were important to them: "*I know already, only I want to show him my feelings because I know already everything, I know how*

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3 *he's feeling, he's a teenager now" (D75-parent).* Similarly, another parent expressed their
4 disappointment that their child did not attend more MOL sessions: *"I would have liked her to*
5 *see you more. I don't think she took the opportunity as much as I would have liked her to*
6 *have done. I did have a bit of a- not a go, but I said "oh for God's sake, go" (S109- parent).*
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13 Some participants associated the opportunity to talk with increased
14 awareness/understanding, which in turn widened their perspective on difficulties and brought
15 about change or new solutions. This appeared to be facilitated by offering participants
16 control and choice over the topics discussed as well as the booking system *"I had been to a*
17 *couple of sessions last time, I was going through my grandma passing and it really helped*
18 *me talk about what I wanted to talk about, in the way I was able to talk about it again, like*
19 *with the view points and stuff, away from my point that I was saying, think about them*
20 *another way, that really helped me, like get through it" (C107- child).*
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31 32 f) Practicalities

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36 This theme includes two subthemes: facilitator's role and questionnaires. According to
37 participants, it was useful to have the researcher facilitate both the MOL and the Shared
38 Goals activity. During MOL, **adolescent participants** reported that the researcher's questions
39 enhanced their understanding of their problems and helped them consider things differently;
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41 *"Seeing her made me understand that like, what I can do to make myself a better person,*
42 *and, me like understanding what I need to do when I get angry or upset" (A75- child).*
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51 For guardians, the feedback regarding the facilitator's role was mixed. Three guardians
52 reported that they were happy with how the activity was set and the input they received from
53 the researcher. The further three guardians expressed their desire for extra meetings at
54 school and further input from the researcher. The reasons for this varied; *"I think maybe it*
55 *would have been a good idea to have a more formal facilitation if you like, just to, I suppose*
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3 *to ensure you're doing it right" (C101-parent). Another parent felt that meeting at school and*
4 *having the researcher available during the activity may have encouraged the child to engage*
5 *more: "school is better because you are here and he can't say 'I'm not doing it, it's not*
6 *working'...Because at home, you know I can't just force him too much" (D75- parent).*
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14 Whilst used as part of the study to collate outcomes, and inform future studies, the
15 questionnaires also served as a reflective tool for both young people and their guardians: "*I*
16 *think it made you sort of reflect what had gone on or what has been discussed" (C101-*
17 *parent). Completing the questionnaires offered participants the opportunity to identify areas*
18 *for consideration as well as monitor progress. Further, one young person mentioned that*
19 *filling in the questionnaires was an opportunity for them to inform the therapist about the*
20 *areas that they were struggling with: "I get to write what I feel on a piece of paper, and she*
21 *can read it and like help me with it" (A75-child).*
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32 33 2. Shared Goals

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37 This theme contains three subthemes that are relevant to the Shared Goals activity only:
38 improved family communication, improved family relationships and practicalities. The
39 practicalities subtheme contains aspects related to booklets and time. All themes were
40 reflective of both young people's and guardians' perspective.
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47 a) Improved family communication

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51 Participants reported that engaging in the Shared Goals activity contributed to improved
52 communication between them: "*it definitely helped better-, with communication between like*
53 *me and my mum" (H109-child). Some participants reported that this expanded beyond the*
54 *activity and at times included other family members who were not take part in the study: "it's*
55 *not just between me and _ [child's name], my daughter asks more how my day has gone.*
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3 *My wife and I...we chat to one another about what's gone on during the day... Everyone*
4 *wants to know more about each other's day" (J107- parent).*
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9 b) Improved family relationships
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13 For the majority of participants, the benefits of engaging in the Shared Goals activity
14 expanded beyond improved communication. Both young people and guardians reported that
15 the activity brought them closer, helped them interact more and allowed them to spend more
16 time together. For one family the quality of interaction changed after engaging in the Shared
17 Goals activity: *"just say can we talk about it, instead of shouting, or being aggressive with*
18 *each other" (A75-child).* Guardians also reported noticing tangible changes in themselves as
19 well as their children. These varied, with participant J107 reporting that his son was *"doing*
20 *more in the house – you know, it's not, it's not just doing chores but he is helping more in*
21 *general"* while participant C101 and S109 both reported that their daughters were more
22 confident in sharing and talking about their difficulties.
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37 c) Practicalities (Booklets and Time)
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39 The Shared Goals activity was supported by accompanying booklets which helped
40 participants engage in the activity. The booklets were designed to act as a practical guide
41 that provided step by step instructions.
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47 Overall, participants provided positive feedback regarding the format of the booklets with
48 only a few suggestions for improvements. Most participants reported that the booklets were
49 a very useful tool and various aspects of the booklets were particularly beneficial in
50 facilitating their engagement in the activity. The majority of participants reported that Stage 2
51 (exploring what made goals important) was the most helpful, as it allowed them to explore
52 why their goals/wants were important. Participant C107 (child) recalls: *"With the staircase...*
53 *it was showing one thing and then we'd be like 'alright, what can you build from that?' you*
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3 say another thing, 'what can you build from that?' and then you say another until you get to
4 the essence of what you want to get better". One parent reported that Stage 3 was most
5 helpful for them because it allowed them to negotiate what each party wanted as well as
6 generate tangible solutions.
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13 The majority of the participants were pleased with the aspect of the booklets, the wording
14 used as well as the supporting pictures. One student mentioned that the pictures used
15 were a great prompt especially for Stage 1 where participants were encouraged to consider
16 the possible advantages and disadvantages of their chosen goals. Nevertheless, one
17 student and one parent mentioned that the booklets were slightly too long and a little bit
18 repetitive: *"I wouldn't say anything was unhelpful. I suppose it was, it felt – no disrespect
19 intended here, but it felt a little long winded. But after, I appreciated you've got to set it out
20 you've got to inform, to give the information out on the first day but having said that-, yeah,
21 you know, if you kind of condense it, down"* (G97- parent).
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35 The other item recorded as part of the practicalities theme was time. Most participants
36 reported that they were unable to engage in the Shared Goals activity as often as they would
37 have liked due to lack of time: *"It's just finding the time...you can only blame yourselves for
38 that, each other, cos there's nothing really stopping us it's just normal time in the day and
39 things like"* (A93- parent). On the contrary, one family felt that engaging in the Shared Goals
40 activity offered them the opportunities to spend more time together: *"it gave me more one to
41 one time with my son"* (J107-parent).
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51 3. MOL

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56 This theme contains one subtheme and relates to the MOL sessions accessed by
57 adolescents only. One evident aspect of MOL therapy but not present during the Shared
58 Goals activity was the opportunity for young people to talk in more detail about their
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3 difficulties and work things out for themselves. The theme is entitled *'figuring it out for*
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5 *myself'*.

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9 Adolescents reported that accessing MOL sessions offered them the opportunity to consider
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11 their own thoughts and difficulties that might not necessarily have family connotations or that
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13 could not be discussed with a parent. Participant C107 (child) reported *"that [MOL sessions]*
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15 *helped a lot because I was able to understand my own points better, then I'd be able to tell*
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17 *that to someone else if I wanted to"*. Furthermore, one young person reported that the MOL
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19 sessions helped them with other aspects of their difficulties that were not family related: *"so*
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21 *if I didn't talk to my mum I'd have argued with her; but if I didn't talk to (therapist's name), I*
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23 *would probably get more in trouble at school"* (A75-child). Another student (despite not
24
25 accessing any MOL sessions), reported that it was beneficial just to know that they could go
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27 and talk to someone if they decided to: *"It calmed you down knowing that there was*
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29 *somebody you could talk to about it"* (I97-child).

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35 Preferred aspect of the intervention

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39 At the end of the interview, participants were asked to consider which element they would
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41 have chosen if they were only given the opportunity to access one type of support. Four
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43 students reported that they would have chosen the MOL sessions. They reported that
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45 accessing MOL sessions was more beneficial than the Shared Goals activity because it
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47 offered them the opportunity to exclusively talk and understand their personal struggles: *"I*
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49 *liked having someone to listen to, like to me as well...I think _ (therapist's name) was a*
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51 *bigger help than the thing"* (T93-child).

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56 Young people taking part in the study reported that accessing MOL sessions offered them
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58 the opportunity to safely explore their thoughts before discussing them during the Shared
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60 Goals activity: *"Talking to _ (therapist's name) and saying everything I wanted to say would*

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3 *build on another view point and I'd take that different view point back to the shared task".*

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5 **Adolescent participants** who preferred MOL stated that, while the Shared Goals activity
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7 allowed them to express their opinions or points of view to their guardians, it did offer them
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9 the platform to explore and generate new ideas: "If I only had the Shared Goals task, I would
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11 find that kind of difficult, because if it was like you were just there just speaking your own
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13 view. I would have found it really difficult to build that level of view that I wanted" (C107-
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15 child). Similarly, L101 argued: "If you did the booklet, you won't have the ideas talking and
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17 getting it out".
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22 Two young people reported that they would have preferred the Shared Goals activity over
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24 the MOL sessions. Of the two, one did not access any MOL sessions and the other only
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26 attended one session. The latter confirmed their preference; "I didn't feel that I needed the
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28 actual sessions as much because... sometimes you don't need to talk about things, you just,
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30 you might have already thought about it, or it doesn't really bother you, and but just being
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32 able to sort of review, how you feel" (H109-child).
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35 36 37 38 **Discussion**

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42 The study explored how adolescents and their guardians experienced a two-component
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44 PCT informed intervention. The findings report on young people's experiences of engaging
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46 in the Shared Goals activity and accessing MOL therapy. Guardians' experiences of the
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48 Shared Goals activity were also explored. Both young people and their guardians reported
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50 similar experiences of the Shared Goals activity. So, the findings have been presented
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52 together. Certain reported aspects of the Shared Goals activity overlapped with aspects
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54 identified during MOL by adolescents. The common features were grouped together.
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56 Distinctive features were explored separately.
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3 The most helpful part of the intervention for participants was 'talking'. The importance of
4 externally expressing and exploring difficulties has previously been reported as a positive
5 tool in relieving distress whilst also improving and strengthening relationships (Jaffe, 2014).
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7 The current findings are consistent with available literature regarding positive links between
8 good parent child-communication and healthy family functioning (Walsh, 2016).
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16 Alongside talking, participants also reported increased understanding and a change in
17 perspective following engagement in the intervention. Both guardians and young people
18 reported that being able to talk offered them the opportunity to better understand things,
19 which widened their perspective on the topics discussed. This then helped participants find
20 new solutions or resolve conflict. This highlights how talking about a problem can be useful if
21 undertaken in a focused and specific way (Carey, Kelly, Mansell, & Tai, 2012). Previous
22 researchers argued that helping individuals focus directly on problems (Nezu & Perri, 1989),
23 and exploring 'core beliefs' (Seligman, 2003) can help reduce distress (Carey et al., 2012).
24 Both MOL and the Shared Goals activity helped participants address problems directly as
25 well as supported them in exploring 'core beliefs' through curious questioning.
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39 The importance of being able to choose the topics discussed played an important role in the
40 goal exploration process for both adolescents and their guardians. The intervention was
41 intended to offer young people choice and control over the topics and timing of both aspects
42 of the intervention. Findings showed that most adolescents valued and appreciated this. One
43 young person found it difficult initially but towards the latter stages, embraced the process.
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51 Some guardians reported that they would have preferred to have more control over the
52 topics discussed as well as the timing of the activities or how often adolescents accessed
53 therapy. These findings link to existing literature suggesting that young people and
54 guardians might differ in their opinions regarding the focus of interventions (Jacob,
55 Edbrooke-Childs, Holley, Law, & Wolpert, 2016). From a PCT perspective, every individual
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3 strives to control areas of their lives that are important to them. Therefore, it is important to
4 consider how young people's needs as well as their guardians' can be balanced
5 successfully. The importance of autonomy and choice within counselling and psychological
6 therapy has been widely proposed (Laugharne & Priebe, 2006; Rogers, 1963), but research
7 on its implementation is more diffuse, especially within school settings (Hanley, Frzina, &
8 Nizami, 2017; Swift, Callahan, Cooper, & Parkin, 2018).

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18 The role of the facilitator is also relevant. Whilst **adolescent participants** reported benefiting
19 from the facilitator's questions during MOL, guardians provided mixed feedback about the
20 facilitator's role during the Shared Goals activity. Three guardians reported that they would
21 have liked more meetings at school with the facilitator and the other three reported that the
22 input offered was just right for them. This would indicate that the Shared Goals activity could
23 be used in a similar way to MOL, whereby participants are encouraged to choose how often
24 and how many sessions they attend with the facilitator.

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35 Whilst participants identified uniform features across the two components of the
36 interventions, they also emphasised features that distinguished them. Youth reported that
37 the Shared Goals activity contributed to improved communication with their guardians and
38 other family members too. Similarly, guardians stated that their communication with the child
39 not only improved but also increased. Participants also reported that following engagement
40 in the activity, they noted that their relationships improved at various levels. This included
41 spending more time together, being more patient with one another, feeling closer and talking
42 more. These results support findings by Brooks (2015) who argued that open
43 communication leads to young people and guardians understanding and respecting each
44 **other more, as opposed** to adolescents obeying guardians because of the power imbalance
45 (Brooks et al., 2015). This feedback from participants mirrors what is found in the literature;
46 better communication plays a crucial role in family functioning and resilience (Walsh, 2016).
47 If we are to acknowledge that the parent-child relationship is an important predictor of

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3 adolescent mental health and well-being as suggested by Stallman and Ralph (2007), these
4 preliminary findings are of particular importance (Stallman & Ralph, 2007).
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9 It is also relevant to note that using booklets specifically designed for the Shared Goals
10 activity facilitated the process by providing a structured framework to enable conversation
11 between young people and guardians. Although useful in helping participants understand
12 the initial process, it was apparent that the booklets were rarely used by participants at
13 home. It is therefore important to consider to what extent the hard copies are needed to
14 support participants' engagement in the activity.
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24 A final element that was specific to the Shared Goals activity was the perceived lack of time
25 to engage in the activity. Young people and guardians reported that they wished they had or
26 made more time to engage in the activity. Only one family reported that they were content
27 with the amount of time they spent engaging in the activity. This area is worth considering
28 further given the positive feedback received by both adolescents and guardians as a result
29 of engaging in the activity.
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39 Despite the positive feedback received by both young people and guardians in relation to the
40 Shared Goals activity, most adolescent participants (4 out of 6) said that if they had to
41 choose between the two, they would choose MOL. Interestingly, the current study identified
42 only one distinguishable feature present in MOL but not in the Shared Goals activity: figuring
43 things out for themselves. This was highly valued by four young people who reported that
44 overall it was a more effective tool than the Shared Goals activity. One student chose not to
45 attend any MOL sessions and reported that just knowing that they could attend was helpful.
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60 Another attended just one session and reported that the Shared Goals activity was more
helpful for them. This demonstrates that individuals can have different preferences as to
what they might find most helpful and why. As a result, services offered to youth
experiencing psychological distress should be sensitive to young people's needs and

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3 preferences. Furthermore, they should facilitate choice in their practices (Hanley et al., 2017;
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5 Wolpert et al., 2019).
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9 Limitations

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16 There continues to be a resistance to the idea that the complexities of the human condition
17 can be explained and modelled using control theoretic terms (e.g. Bandura & Locke, 2003)
18 despite the support and use of PCT by humanistic psychologists (e.g. Cooper, 2019).
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24 Whilst the study provided rich data, the results are based on feedback received from a small
25 and predominately white sample. This limits generalizability of the findings. Although young
26 people and guardians reported engaging in the Shared Goals activity and using the activity's
27 principles in their interactions, this could not be measured. It remains somewhat unclear
28 which elements of the Shared Goals activity were of particular use to families in their
29 interactions. Some families provided examples of questions that they used, but ambiguity
30 still remains as to what exactly participants found useful. It is also worth considering whether
31 one initial session set aside to explain the activity and its underpinning principles, is indeed
32 enough to allow participants to successfully engage in the activity at home. Lastly, the
33 study's inclusion criteria expected guardians and young people to talk and listen to each
34 other. This would require further assessment to understand to what extent guardians and
35 adolescents were already inclined towards communication prior to taking part in the study.
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53 Conclusions

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58 Although only exploratory, the current findings provide encouraging preliminary data that
59 could be considered when offering interventions to young people in school. The study's
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3 recruitment and retention rates provide encouraging preliminary data for initiatives seeking
4 to involve guardians in youth's care. The qualitative data offered insight into the compatibility
5 of the two theoretically linked components and how they might be delivered together to best
6 suit the needs of all participants involved. Future studies might consider how the Shared
7 Goals activity may strive to offer participants more control over the amount of sessions
8 delivered while also having the facilitator's input for those who find it helpful. A lack of time
9 was identified as hindering participants from engaging in the activity. Therefore, practical
10 support can be discussed with participants to ensure that they are able to engage in the
11 activity as often as they would like.
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24 The majority of young people mentioned that they would have chosen MOL over the parent-
25 child activity. Thus, it is important to emphasise that replacing the one-to-one support with
26 other interventions might not suit all individuals. Some adolescents highly value and benefit
27 from one to one interventions. Similarly, offering just one-to-one support might not be
28 enough for some individuals. Current services should be challenged to consider how their
29 services might be adapted to meet the needs of all the young people who access them.
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40 **Declaration of interest**

41 The authors declare that they have no competing interests.
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Figure 1: Overview of themes

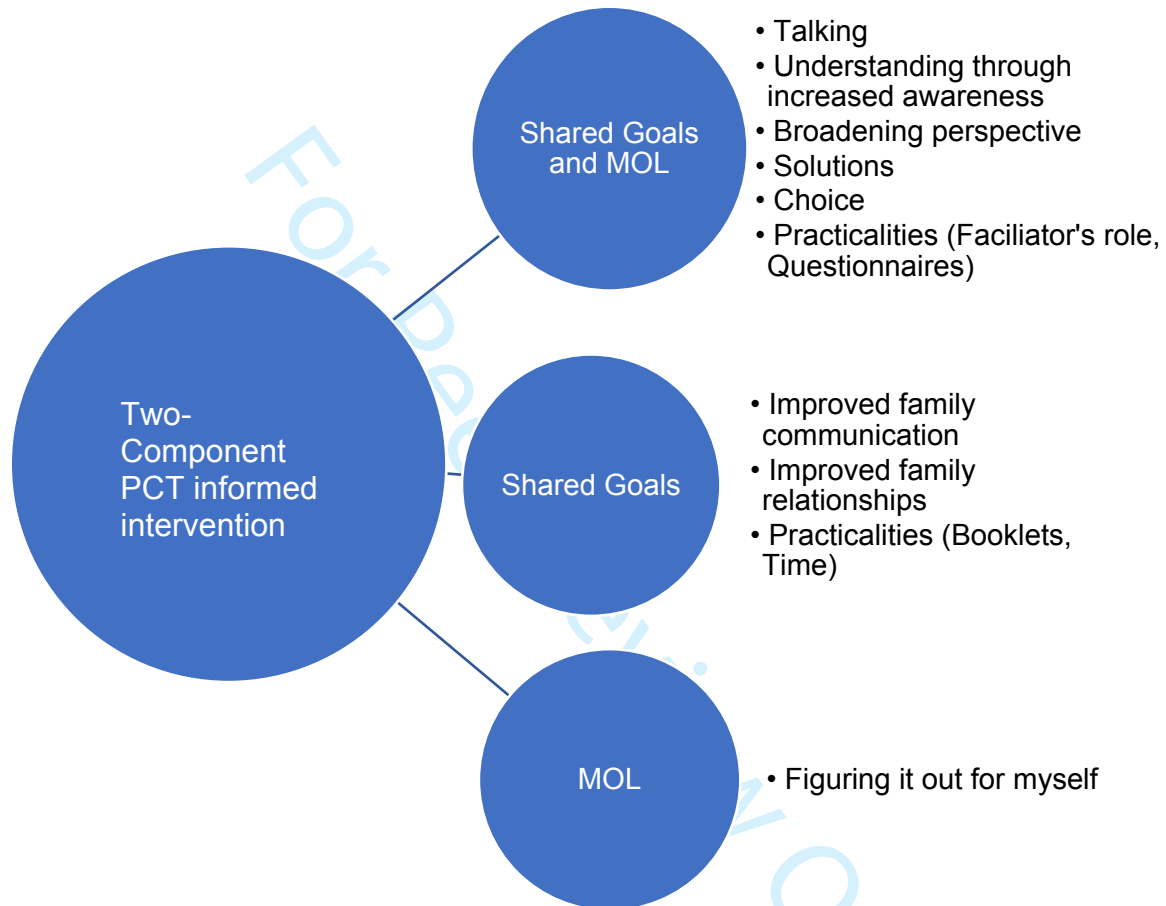


Table 1: Topic Guide

Shared Goals activity

- What did you think about the activity?
- Were you able choose what to talk about? What was that like? If not, what would have made this easier?
- To what extend was the activity helpful for you? In what way? Anything less helpful?
- Did you try it again at home with your parent? How often? If not, why not?
- How did you find it meeting at school? Is that something that you would have liked to carry on?

What was the best thing about the Shared Goals activity?

Booklets

- What did you think about them?
- How did you find it filling them in? What did you think about the layout/structure/wording/pictures? Any suggestions?
- Were you able to take turns when explaining your answers? What was this like for you?
- Did you ever talk about what you wanted but did not fill in the booklet?

Method of Levels therapy

- What was this like for you?
- To what extend was this helpful for you? In what way exactly? Anything less helpful? Anything that would have made it more helpful?
- Did you feel you could choose when to come? Did you book your own appointments? What did you think about this?
- Were you able to choose what to talk about in sessions? What was this like?
- Was there anything that would have made it easier for you to come for therapy? Was there anything that you or the therapist did during the sessions to help you talk?

What was the best thing about the therapy?

Method of Levels therapy and the Shared Goals activity together

- What did you think about being able to access both activities at the same time?
- How did it work for you doing both of these together?
- How much did they help each other?
- What difference would it have made for you if you could have only done one?

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3 - **What would it have been like if you just did the Shared Activity?/ What**
4 **about just MOL?**
5
6 - **To what extent you felt you needed to do both?**
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9 **The study**

- 10 - **What was your experience of joining the study?**
11 - **Were you able to find out all the information you wanted/needed**
12 **before joining the study?**
13 - **Were you able to choose the parent/carer you wanted to do the Shared**
14 **Goals activity with?**
15 - **Did you feel you were able to stop taking part in the study if you**
16 **wanted to?**
17 - **What did you think about the questionnaires? [provide copies if**
18 **necessary]**
19 - **Was there anything helpful about completing these? Anything**
20 **unhelpful?**
21
22 - **Was there anything that would have made the intervention more**
23 **helpful for you and your parent/carer?**
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25 -
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27 - **Do you have any other comments about the intervention?**
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