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Educational psychologists' use of therapeutic interventions: issues arising from two exploratory case studies.

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Abstract

This paper considers the evolving role of the educational psychologist (EP) in providing therapeutic support to children and young people. Through two small scale research studies, EPs' use of therapeutic interventions and issues in delivering them are explored. Findings reveal use of a range of therapeutic interventions in different contexts with schools and multiagency partners. Issues relate to opportunities to practise therapeutic interventions due to competing pressures, access to supervision and perceptions of the EP role. Themes emerging from the studies are explored systematically using a SWOT framework to identify strengths, weaknesses, opportunities and threats to EPs' use of therapeutic interventions. It is hoped that a forthcoming UK-wide study into EPs' use of therapy will provide a more sophisticated picture about some of the issues raised in this paper.

Key words

Educational psychologists; therapy; therapeutic intervention; mental health; well-being.

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Introduction

The mental health needs of children and young people

A study by Meltzer, Gartward, Goodman and Ford (2000) postulated that 20 per cent of children and young people may be described as having a mental health problem. A further report by the Office for National Statistics (2004) stated that one in ten children and young people aged 5 to 16 years had a clinical diagnosis of a mental disorder. A similar number of children and young people are said to have less serious problems that would benefit from structured support (Department of Health (DoH), 2004). Some of these children and young people will also have additional support needs. Indeed, it is argued that children and young people with additional support needs, including those who are looked after, may be at elevated risk of psychiatric disorders (Meltzer et al, 2000). Supporting the emotional health and well-being of children and young people may be seen as key in promoting the 5 outcomes outlined in Every Child Matters (ECM): Change for Children (DfES, 2004).

A number of recent government initiatives have focused both on supporting children's social and emotional development and extending access to therapeutic interventions for children and young people. These include the Social and Emotional Aspects of Learning (SEAL) programme (Department for Children, Families and Schools (DCSF), 2005), the Targeted Mental Health in Schools (TaMHS) (DCSF, 2008) and the Improving Access to Psychological Therapies (IAPTs) initiative (DoH, 2008). Rait, Monsen and Squires (2010) note that due to the increasing prevalence of social and emotional difficulties in children over the last four decades, the application of therapeutic interventions, such as Cognitive Behavioural Therapy (CBT) is no longer seen as the preserve of Child and

Adolescent Mental Health Service (CAHMS) workers. Additionally, Kurtz (2004) identifies that it can be counter-productive for children to have to wait for CAMHS input, which may not be immediately available.

MacKay (2007) argues that only a small proportion of children and young people experiencing mental health problems receive any form of specialist help , with estimates of those who do receive help ranging between 10 to 21 per cent (Davis, Day, Cox and Cutler, 2000). Reasons for this may include *'the inaccessibility or unavailability of appropriate services and perceived stigma of attendance at specialist health services'* (MacKay, 2007, p14). Davis et al. (2000) also argue that resources are inadequate and that specialist mental health services supporting children and young people cannot be expected to cope with the increasing demand.

There is increasing evidence that schools are well placed to promote young people's mental health, recognising potential difficulties early and intervening effectively (Department for Education and Employment (DfEE), 2001). Rait, Monsen and Squires (2010) postulate that as a result of this, there will be a greater focus on the type of input and support that schools may seek from EPs. By working with schools, EPs can develop a more sophisticated understanding of behavioural and emotional problems within the school context. It could therefore be argued that in some circumstances EPs may be better placed to offer therapeutic interventions than colleagues from other branches of psychology.

Educational psychologists and therapeutic intervention

Historically, there was an early emphasis on psychological therapies within educational psychology arising from the child guidance movement which focused on supporting children and young people with emotional and behavioural difficulties (MacKay, 2007). Subsequently, the Education Acts of 1981 and 1993 placed a statutory duty on EPs in relation to the Statement of Need procedures

for children and young people with special educational needs (SEN). The impact of SEN legislation in the 1980s and 1990s resulted in a greater emphasis on psychological assessment within the EP role and a view that such work prevented EPs from fully utilising their skills in applying psychology (DfEE, 2000) and making more effective contributions through development of other areas of their work (Farrell, Woods, Lewis, Rooney, Squires and O'Connor, 2006). MacKay (2007) argues that it is time for therapy to be rehabilitated in educational psychology. He proposes this as *'an historical inevitability that is now supported by the rising profile of mental health issues in children and young people, the new evidence base for therapy and changing perspectives on the nature of applied psychology'* (MacKay, 2007, page 7).

MacKay (2007) suggests that EPs are a key therapeutic resource for children and young people, especially in educational contexts such as schools and he argues for a renewed focus on therapy within educational psychology practice. He makes reference to the increase in prevalence of mental health issues in children and young people, the value placed on therapeutic work by stakeholders, as highlighted by Farrell et al (2006) and the fact that EPs have identified therapy as an area which should be expanded within their practice (Scottish Executive, 2002). MacKay (2007) argues that with the current emphasis on mental health and an increased focus on integrated children's services, EPs have a key opportunity *'to make a significant contribution to this area and to include therapy in the range of services they routinely offer'* (MacKay 2007, p14).

It is argued that whilst prevention and quality of life themes have become of increasing focus, many EPs' statutory duties continue to be a central activity (Baxter and Fredrickson, 2005). Whilst some educational psychology services (EPSs) and individual EPs actively pursue a therapeutic role, some are not able to do so as much as they would like (Greig, 2007). In addition, Greig (2007)

argues that *'there is sufficient practice of diversity nationwide for it not to be assumed that a desire to do therapy is universal among EPs'* (p20).

Therapeutic Interventions currently in use

Research suggests that a wide variety of psychotherapeutic approaches are being considered and utilised by EPs in school settings. These include: CBT (Greig, 2007; Squires, 2010); Eye Movement Desensitisation and Reprocessing (EMDR) (Grandison, 2007); Human Givens Therapy (Yates and Atkinson, 2011); Motivational Interviewing (MI) (Atkinson and Woods, 2003); Personal Construct counselling (Truneckova and Viney, 2006); Solution Focused Brief Therapy (SFBT) (Young and Holdore, 2003); and therapeutic stories (Pomerantz, 2007). Therapeutic interventions are also being implemented to support particular groups of young people. For instance, exploratory studies using CBT with younger people with Asperger's Syndrome have begun to appear in the research literature (Greig and MacKay, 2005).

The treatment choice for the majority of EP services is CBT. This is in part due to the emerging evidence base of its successful application in the child and adolescent population (MacKay, 2006). Postgraduate training courses in educational psychology are seeking to provide additional training in CBT and other psychotherapies. Practitioners are taking action to become skilled in a range of CBT allied techniques and making definitive statements about the need to have time for this type of 'real' psychology (Greig, 2007). SFBT also appears to be increasing in popularity within psychological services and it is suggested that this approach is appropriate across the range of EPs' work practices. This includes individual casework, groupwork, in-service training, teacher consultation and interagency meetings (Redpath and Harker, 1999).

Interventions have also been used at a more strategic level and include Emergency Planning processes (Posada, 2006) and Critical Incident Stress

Debriefing (Carroll et al, 1997). Hall (2010) and Dawson and Singh-Dhesi (2010) detail work aimed at supporting children and young people's psychological well-being, at a school and city-wide level respectively. These projects link to SEAL and TaMHS initiatives and therefore support wider governmental strategies.

MacKay (2007) argues that EPs have been at the forefront of practice concerning specific therapies such as SFBT, EMDR and CBT. He further postulates that as the evidence base for specific interventions such as EMDR for post traumatic stress disorder and CBT for mood disorder increases, EPs may *'appropriately embrace therapeutic interventions and apply them where they have known effectiveness'* (MacKay, 2007, p15).

Definitions of therapy

Whilst it is acknowledged that the term 'therapy' may be viewed as medical in origin, it is also argued that it is a term universally understood within psychology (MacKay and Greig, 2007). The studies in this paper both used the Oxford Dictionary definition as their starting point which defines therapy as: *'The treatment of mental or psychological disorders by psychological means'* (Oxford Dictionaries, 2008). However, the authors also recognise that *'Therapeutic work may involve the direct intervention of a psychologist with an individual child or a group of children. Equally it is applicable to the wider role of supporting others who work with children on a daily basis* (MacKay and Greig, 2007, page 5).

Summary

EPs work within schools and as such, are well positioned to support and deliver therapeutic services to children and young people. Furthermore, there is evidence that EPs are skilled in the delivery of a range of therapeutic techniques to individual, groups and at a systemic level. However, while Polat and Jenkins (2005) offer a systematic inquiry into the delivery of counselling services by LAs

across the UK, there has been no such study about the provision of therapeutic services by EPs across the UK. In seeking to illuminate further the role EPs have in the delivery of therapeutic intervention, as well as potential enablers and barriers to this provision, this paper will explore the findings of two small scale research studies and in doing so, aim to address the following research questions:

RQ1 How are EPs using therapeutic interventions?
RQ2 What are the issues for EPs in delivering therapeutic interventions?

The case studies

The first study, undertaken by the second author, working as a trainee educational psychologist (TEP) was carried out using a combination of focus groups and semi-structured interviews with practitioner psychologists working in a mixed urban/rural Local Authority (LA) EPS in the North of England and TEPs on one three-year doctoral training programme. Preliminary interviews were also carried out with a director of the doctoral training programme and the principal educational psychologist (PEP) of the LA.

TEP recruitment was via email request, with focus group numbers being determined by the number of positive responses. Separate focus groups took place with year one trainees (N=9) and year two trainees (N=5). Additionally, 3 year three trainees were interviewed individually as it was difficult to able to arrange a mutually convenient time for a focus group.

Practitioner EPs within the participating LA were asked to join a one hour focus group held as part of a training day to which both EPs and clinical psychologists (CPs) from the LA were invited. This helped to explore the therapeutic role of the EP within a multiagency context. In attendance were two assistant EPs, six qualified EPs and four qualified CPs. The focus group was facilitated by the second author, acting as the researcher. Data were collected using an electronic

digital audio recorder and fully transcribed. Thematic analysis was used to analyse the data arising from both the focus groups and interviews (Braun and Clarke, 2006).

The second study, conducted by the third author, working as a TEP, sought to develop ideas arising from the first study. The case study design, undertaken within a different EPS in the North of England one comprised three phases;

1. An initial interview with the PEP which aimed to obtain an overview of the application of therapeutic interventions within the EPS.
2. A brief questionnaire administered to all EPs at a service meeting to gather information regarding therapeutic interventions employed by EPs within the service as a whole.
3. Individual semi-structured interviews with EPs providing contrasting responses to the questionnaires.

Data were analysed from total of seven questionnaires and four semi-structured interviews. Each semi-structured interview was audio recorded and transcribed by the researcher verbatim. Thematic Analysis (Braun and Clarke, 2006) was employed to analyse the data gathered. As participants for interview had been selected according to contrasting responses to the questionnaire, triangulation of the data was sought individually from each EP.

Findings

Data arising from the two studies yielded a number of themes in relation to the research questions. These have been drawn together into superordinate themes, encompassing the findings of both studies and will now be discussed in more detail.

RQ1 - How are EPs using therapeutic interventions?

Research question one yielded five superordinate themes arising from data gathered from the two studies. These are detailed as follows:

1.1. The nature of therapy

Participants felt that the relationship between practitioner and client was important and that this should have a degree of equality, raise awareness in the client, focus on emotional wellbeing and be non invasive. It was proposed that therapeutic interventions needed to be done over a period of time (e.g. '*at least six times. I see it as quite a long piece of work*').

EPs made reference to therapeutic interventions having qualities and characteristics which were fitting with the way they worked. For example, SFBT was highlighted as being particularly suited to EP practice work due to its pragmatic value.

> *'Yeah, pragmatic, a feeling of 'this is good to engage, this helps to improve outcomes'...'*

1.2. Training and expertise

TEPs reported receiving training in a range of therapeutic interventions including PCP, SFBT, CBT, Narrative Therapy, art and play based therapy and counselling, while practising psychologists identified a variety of therapeutic interventions used within the LA, including CBT, EMDR, PCP, SFBT, Rational Emotive Therapy (RET) and Person Centred/Rogerian Counselling. Family Therapy and Neurolinguistic Programming (NLP) were also identified as being useful approaches, although ones which were not currently part of the EPs' practice. However, it was noted that limited time was available for research into, or evaluation of therapeutic approaches. A supportive service culture within the

EPS was considered to promote access to continuing professional development (CPD) and supervision.

EPs in the second study also detailed work of a therapeutic nature undertaken within Nurture Groups or using Circle of Friends, Social Stories or Social Skills approaches. This would suggest that the term 'therapeutic intervention' was being used in its widest sense.

1.3. Use of therapeutic interventions

EPs who had carried out therapeutic interventions during the last two years had done so with a number of stakeholders. These included Special Educational Needs Coordinators (SENCOs), teachers, learning mentors and teaching assistants, parents and young people of secondary school age. However only one piece of work with a child of primary school age was mentioned.

Participants identified that therapeutic interventions could be used specifically, in a discrete, time limited role, employing a particular approach, e.g. CBT. It was also recognised that they could be applied more widely, as general applications which would enhance EP practice, for example:

> *'...I mean yeah I think it's a core...it's like a cross activity, theme... it's not like...you do therapy in that hour and then you do assessment then… to me it features, it's pervasive, it's a strand, that I think potentially runs through many things, most things we do'*

There was reported use of therapeutic skills in consultation, staff training, group level work (e.g. '*in critical incidents we do use a lot of therapeutic approaches*') and systemic work (e.g. '*we have started running the network for the schools that have started to be solution focused oriented*').

Employing a flexible approach to the delivery of therapeutic intervention, drawing upon a variety of techniques and strategies in combination with practitioner skills and knowledge, were considered by some EPs to be more beneficial than employing one particular approach.

Participants identified that training staff in school to deliver therapeutic techniques could potentially be good use of EP time. However, some concerns were raised about this ('*I'm a bit cautious about doing things like that, because you don't want people going off and doing therapy without support*'). TEPs felt there was a gap between the therapeutic skills learned on training and opportunity to use them on placement.

1.4. Work in Schools

EPs felt that most facilitative in setting the context for effective therapeutic practice was the fostering of a positive, trusting relationship between EP and school (*'we're often in positions where people are very keen for us to do things, quite unquestioningly sometimes...*'). The data also suggested that schools recognising and prioritising issues around mental health and well-being and seeking EP involvement accordingly also facilitated EPs' application of therapeutic intervention.

1.5 Working with multiagency partners

CPs, EPs and TEPs reported that working between EPs and CAMHS yielded different experiences. Some positive experiences included strong links and close working relationships ('*we picked up cases and work them holistically*'). Elsewhere, some EPs reported little experience of, or opportunity for joint working and some anxiety was expressed over role definition. It was identified that it may be useful for EPs to deliver therapeutic interventions in collaboration with SENCos, SEN teachers, Speech and Language Therapists and CPs.

RQ2 - What are the issues for EPs in delivering therapeutic interventions?

Four superordinate themes arose in relation to research question 2, which will now be described in more detail:

2.1 Time/opportunity to practise therapeutic interventions

EPs' use of therapeutic skills was limited by opportunity and time pressures (e.g. '*you may only have three visits to the school in the year, and they are not terribly keen that the idea of you doing a therapeutic intervention that takes up time for one child*'). EPs also reported that after undertaking training, it had proved difficult to find opportunities to practise the skills learned within their day-to-day role.

In terms of delivering therapeutic interventions, time allocation was not always viewed as conducive to carrying out therapeutic intervention with an individual child or young person, although EPs were able to use allocated project time to carry out therapeutic interventions. There were indications that pressure to carry out work related to SEN procedures often takes priority over other work, including therapeutic work.

2.2 Perceptions of the EP role in delivering therapeutic interventions

EPs felt that the historical remit of the role may contribute to a perception that EPs are solely concerned with educational matters and assessment associated with SEN.

> *'I think they would assume other things about our role and remit, but I don't think that would be one of them, particularly* [carrying out therapeutic intervention]*. Yes...assume that you would go and observe a child, and sit down and assess a child...But I don't think they'd ever make the assumption that you're going to, erm...meet a child every Wednesday for 6 weeks or whatever...I think you'd have to promote that idea...'*

Additionally, EPs felt that they weren't necessarily perceived to have the capacity to carry out therapeutic intervention and that other services were traditionally more associated with offering therapeutic intervention. It was noted that other professionals were not always aware that EPs offer therapeutic interventions ('*a SENCo was surprised that I did therapy*'). It was also posited that the stigma attached to therapy that may interfere with EPs providing interventions ('*like it would be done by a psychiatrist or a counsellor or a clinical psychologist*').

2.3 Supervision

EPs identified that a positive relationship with senior colleagues promoted a sense of autonomy and facilitated their personal development both generally and in relation to their delivery of therapeutic intervention, for example: *'our supervision, comes out of need, I think it evolves out of need, that when...and we have pretty free access to seniors and principal, but on top of which I think our peer supervision is excellent here'*

However, EPs highlighted issues about supervision and fluency of delivery in relation to developing their practice of therapeutic intervention, including CBT. Whilst peer and management supervision were viewed as being invaluable, EPs felt that access to formal supervision with a specialist practitioner would allow for further development of individual skills.

2.4 Future developments.

It was noted that in future, therapeutic work may have greater significance in the role of the EP ('*I feel the profession is becoming more open to therapy*') and that there was potentially greater flexibility with the reduction of the existing time allocation model. It was also proposed that *'[EPs] should be moving into areas that we have not been in before*'.

One service had recently renamed itself the Educational and Child Psychology Service (ECPS) to reflect a broadening of its role, which coincided with the move away from a strict time allocation model of working and a review of statutory assessment procedures. Recognition of both of these developments meant it was felt that there was an opportunity to broaden the role within the context of the LA and beyond.

Discussion

In order to systematically organise findings from the two exploratory case studies into a framework which might be useful to explore further whether the issues identified are of wider significance to schools and EPs, a SWOT analysis was employed. A SWOT analysis provides a 'common-sense' checklist for summarising issues about the strategic capability of an organisation, which are most likely to impact on strategic development (Johnson, Scholes and Whittington, 2005). In this case, the SWOT analysis organises findings of the two studies into strengths, weaknesses, opportunities and threats relating to the development of EPs' use of therapeutic interventions, as shown in the table below.

Table 1 near here

Strengths

Leadbetter (2010) in defining the distinct contribution of EPs notes *'The uniqueness lies in the systematic application of psychological theory, research and skills to whatever problems and contexts are presented to them* (page 276).*'* This small-scale research finds a wide range of therapeutic interventions utilised by EPs in a flexible way, at different levels, through direct work with individual children, through to more systemic use, within consultation and training. Squires (2010) proposes that EPs are well positioned to use CBT flexibly both within individual work, adapting the approach to engage younger children or those with

additional needs, as well as within group or systemic work. MacKay and Greig (2007) too extol the virtues of a flexible response noting that *'different contexts are at times supported by different approaches'* (page 6).

There is recognition from some EPs within the second study, that therapeutic interventions could encompass a wide range of activities, including approaches such as Circle of Friends and Social Skills. However, not all EPs (or indeed stakeholders) would consider these as such, which raises the question of whether a clear definition of what is meant by 'therapy' or 'therapeutic intervention' would be useful to schools and EPs.

Polat and Jenkins (2005) found practitioner competence and qualification to be a key issue in the delivery of counselling services in school, so it is encouraging to note that within this survey that therapeutic intervention was a focus for both initial training and continuing professional development (CPD). MacKay (2007) argues that EPs are the professionals best positioned as a therapeutic resource for children and young people, because of their training in child and adolescent psychology and their experience of education systems.

Weaknesses

Small scale research by Ashton and Roberts (2006) into the views of SENCos about the role of EPs did not identify therapeutic intervention as an aspect of EPs' work which was valued. This raises the question of whether it is not seen by schools as a priority function of the EP role, or whether it is not something that schools are widely aware that EPs do. Farrell et al (2006) acknowledge that EP time is often tied up in statutory assessment and that reducing this can enable EPs' development of other activities, including group and individual therapy. It is also interesting that only one example of working with a child of primary-age was reported. Further research would need to be undertaken to see if there are specific barriers to EPs working in a therapeutic capacity with younger children.

In relation to specialist supervision, Squires and Dunsmuir (2008) noted that most supervision issues related to difficulties with general casework, rather than specifically to the implementation of CBT, so it may be that general casework supervision may be sufficient to address most of the problems that may arise through the delivery of therapeutic interventions. Squires (2010) suggests that access to more specialist supervision may be facilitated through the setting up of support groups or networks, or through organising peer support through the pairing of neighbouring EPSs.

Opportunities

Fallon, Woods and Rooney (2010) consider possible opportunities (as well as threats) which might emerge from different levels of commissioning of EP services. These include '…*the opportunity to expand the influence of the EP role beyond previous limitations of ring-fenced EPS budgets'* (page 15). It is possible that as the role of the EP emerges, one contribution could be the increased opportunity to support or deliver therapeutic interventions in school. Pugh (2010) however, acknowledges that increased commissioning could also curtail the provision of therapeutic services, because statutory and assessment services are more commercially viable and because therapeutic services can be commissioned from other providers.

The possibilities of multiagency working include the capacity to support a child holistically through joint work. Currently there is a dearth of literature on effective joint working, particularly between EPs and health agencies, to provide effective therapeutic support for children and young people. There are potentially additional challenges in working with other providers, such as CAMHS, in terms of the professional identity of the EP, negotiating role boundaries and identifying the distinct contribution. However, given the time limitations on many EPs,

working jointly with professionals from other agencies may be one way of delivering the most effective and holistic support.

Threats

As well as threats relating to role definition and time, there are questions relating to the perception of the EP role by schools and other stakeholders. MacKay (2007) argues that the provision of school psychology services has increasingly focused on curricular support, rather than a wider educational brief, incorporating mental health. Findings from this research suggest that professionals' perceptions of the EP role may be a significant barrier to EPs delivering therapeutic intervention, suggesting that, if there is an impetus towards this type of work, greater promotion of therapeutic services might be required, for instance, through marketing or advertising.

Conclusions and future directions

Outcomes of the two studies detailed here raise a series of questions about EPs' role in, and capacity for delivering therapeutic services to children and young people. There are clearly limitations with both pieces of research in that they are small scale studies, based in a single local authority. Additionally, in both cases, the researcher was working as part of the EPS at the time when the studies were undertaken. However, generally findings seen to echo the sentiments of MacKay (2007) in indicating a feeling amongst practitioners that EPs are an important therapeutic resource for children and young people.

Findings from this exploratory research led to funding via the University of Manchester Research Support Fund, to implement UK-wide research into EPs' use of therapeutic interventions with children and young people which will be undertaken during 2011. It is hoped that findings from this research will further inform the development of the EP role in relation to therapeutic practice.

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