



Educational Psychologists and therapeutic intervention: findings from a UK-wide study

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Educational Psychologists and therapeutic intervention: findings from a UK-wide study

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NWCPD Conference, Chorley

14 December 2011

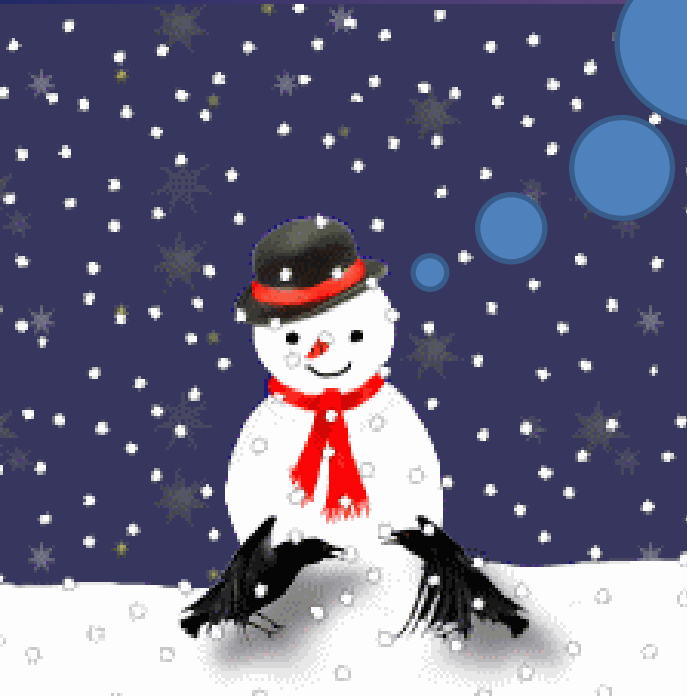


Mental health in the UK

- Economic reasons for addressing mental health in adults – Layard (LSE, 2009)
- 20% of children and young people are purported to have a mental health problem of some description (Meltzer et al, 2000)
- CAMHS – take referrals, but not enough to meet demand (Stallard et al, 2007)
- Schools have an important role (Tier 1 & host of initiatives designed to be preventative)
- 2500 EPs in the UK¹

¹ Squires, G., & Farrell, P. (2006). Educational Psychology in England and Wales. In S. R. Jimerson, T. D. Oakland & P. T. Farrell (Eds.), *The Handbook of International School Psychology* Thousand Oaks, California Sage Publications Inc.

What do we mean by therapeutic intervention?



Definition of therapy

For the purposes of the research, the following definitions were provided.

- Therapy – ‘The treatment of mental or psychological disorders by psychological means’ (Oxford English Dictionary, 2010)
- 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).

Rationale for study

- Increasing interest/focus on the role of EP as therapeutic provider (MacKay, 2007)
- Government focus on social and emotional wellbeing (SEAL, TaMHS)
- Sought to extend and develop the findings of two pieces of small-scale research undertaken by trainee educational psychologists (Corban, 2009; Templeton, 2010)

Part 1

The Research Questions

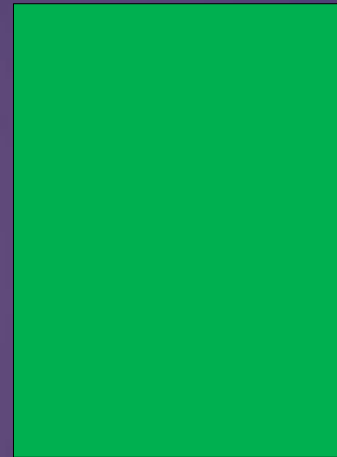
- What therapeutic interventions do EPs use?
- How do they use them in practice?
- What are the barriers and enablers to EPs engaging in therapeutic practice?

Methodology

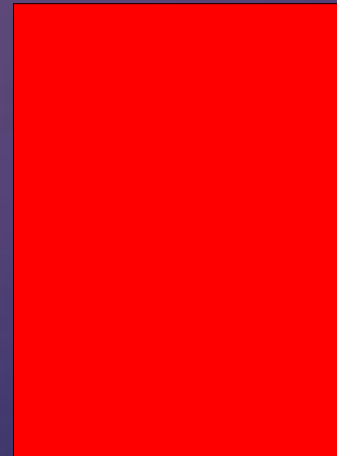
- Online questionnaire distributed to all UK Educational Psychology Services and via professional forum and bulletin
- Questions derived from literature and the findings of previous small scale doctoral research projects
- Open and closed questions
- 455 responses received via online (75%) and paper (25%) versions of the questionnaire
- www.epsandtherapy.co.uk

Do you use therapeutic interventions as part of your current professional practice?

Yes

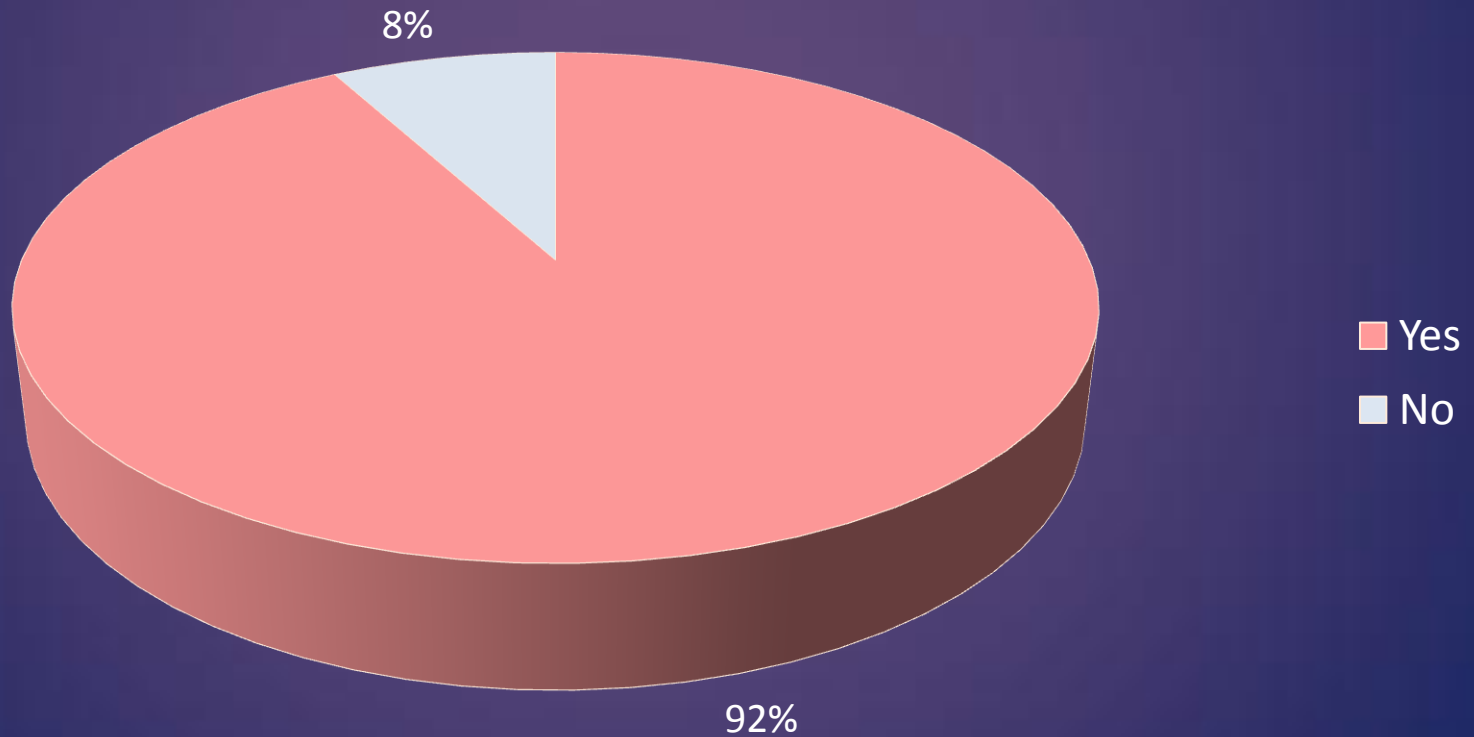


No



Do you use therapeutic interventions as part of your current professional practice?

Number of EPs using therapeutic interventions as part of their current practice



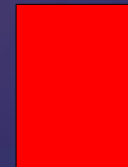
How have you used therapeutic intervention?

1. Individual direct therapeutic work
2. As part of an assessment
3. Consultation
4. Working through others
5. Group work
6. Systemic work (e.g. training)

Yes



No



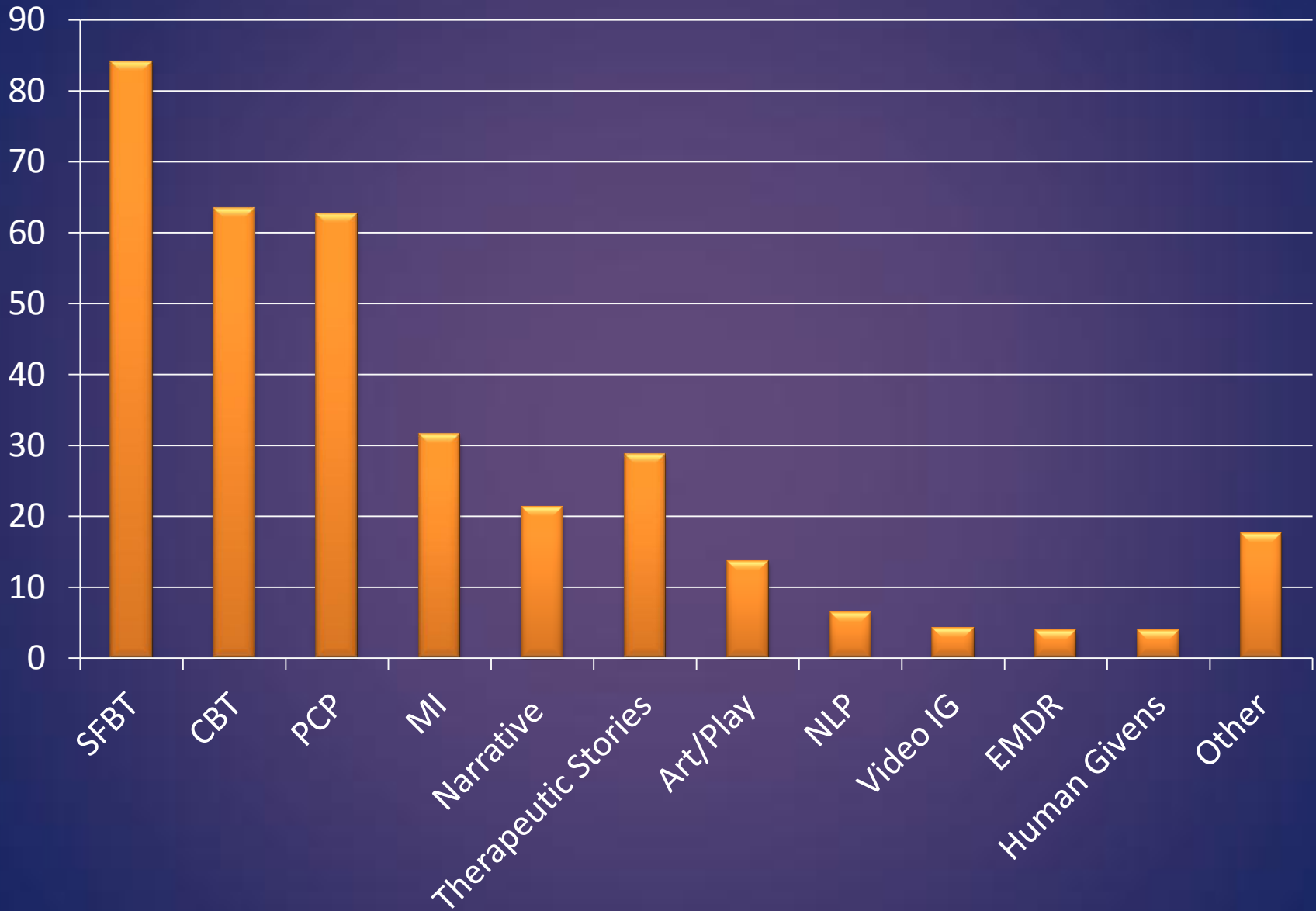


What therapeutic intervention(s) have you used during the last two years?

See if you can correctly rank order the four most popular therapeutic interventions

- Cognitive behavioural therapy (CBT)
- Motivational interviewing (MI)
- Personal construct psychology (PCP)
- Solution focused brief therapy (SFBT)

Therapies used in the last 2 years



Key facilitators

1. Access to training (e.g. *“The amount of work done in this area by individual EPs varies considerably, depending on the training they have received”*)
2. Service culture offers flexibility in the model of working
3. Personal interest in therapeutic intervention
4. Schools valuing therapeutic intervention and their relationship with the EP

Key barriers

1. Limitations of service time allocation model/service capacity (e.g. *“The service does not operate a time allocation model, and so EPs have the flexibility to target more intensive support where needed”*)
2. Other priorities identified via stakeholders
3. Lack of training
4. Lack of practice

Factor analysis of facilitators and barriers

- Looked at facilitators and barriers using factor analysis (Principal Components Analysis)
- Items above .4 (in red) are considered to load strongly with a factor

	1	2	3
Facilitators - schools valuing relationship with EP	.741	-.110	-.134
Facilitators - schools valuing therapeutic intervention	.727	.002	-.122
Barriers - other priorities identified via stakeholders	.644	.083	.097
Barriers - stakeholders do not identify EPs as providers of therapy	.624	-.003	.032
Barriers - historical context for EP work	.544	-.164	.141
Barriers - not best use of EP time	.401	-.328	.259
Barriers - lack of training	-.050	-.873	-.033
Barriers - lack of practice	.117	-.778	-.028
Facilitators - access to training	-.008	-.536	.033
Barriers - access to supervision	-.113	-.520	.465
Facilitators - personal interest in therapeutic intervention	.203	-.403	-.044
Facilitators – supervision	-.313	-.284	.723
Facilitators - management support	.001	-.074	.708
Facilitators - peer support	.087	-.252	.568
Barriers - service capacity	.162	.196	.522
Barriers - limitations of service time allocation model	.199	.196	.459

Three components

1. Role of the EP
2. Training and practice
3. Support and service context

The emergent components were then triangulated with the qualitative data

Role of the EP

- Stakeholders did not always identify EPs as providers of therapy
- Health-based professionals, particularly those working for CAMHS did not readily identify EPs in this role
- The statutory duties placed on the EP may significantly impinge on the potential for EPs to work therapeutically
- Given the prevalence of children and young people with mental health needs, schools and families do value therapeutic input and there is demand for it

Role of the EP

Service A:

There are some services that are geared more towards [provision of therapeutic interventions] and I think 'mmm', because this [model of service delivery] started out to fill the gaps and avoid too much overlap. So for example if you've got a clinical psychologist involved, and a specialist behaviour teacher and an autism teacher, we sometimes question, 'What role do we have here?' As a collective they can cover things, but we rely on them to tell us what they can't fulfil and what they may need from us.

Role of the EP

Service B:

In families where there's a child who's got a diagnosis of ASD . I've had quite a few of those cases where it's been the parents really struggling to come to terms: either feeling that there will be a diagnosis and supporting them to actually get to CAMHS; or if they already have a diagnosis, how are they going to cope in the future and thinking about schooling ? So there are some cross-overs. You sometimes have to say, "Well, I'm here with my EP hat on at the moment and now I'm going to do the family therapy thing".

Training and practice

- Many EPs have significant additional counselling or therapeutic skills in a whole range of therapeutic approaches
- Some EPs are additionally accredited by professional bodies such as the British Association for Counselling and Psychotherapy (BACP)
- A number of EPs reported that the training received was inadequate, particularly in helping them develop the higher order skills involved in therapy
- It was not always easy to find opportunities to practise or consolidate skills developed through training
- Supervisory structures were not always in place to enable EPs to effectively deliver therapeutic interventions
- Interest in therapeutic interventions led to significant personal attempts to prioritise the delivery of therapy as part of their casework

Training and practice

Service C:

Now the funding is nowhere near equivalent because a doctorate is quite expensive and the CBT training has been relatively cheap; but in terms of time allocation, they've the same access to additional time for studies and supervision. Last year, one of our delivery lines was 'therapeutic interventions' and people that were doing the CBT accreditation had an allocation of time. It could be clearly identified as the time available for CBT interventions and that was when other members of team started to say, "Well I think I've got this child that may benefit. Can you pick them up and do some intervention?"

Training and practice

Service D:

- What we ended up saying as a team, not that everyone wanted to go down [the therapeutic] road, is that what we were looking for was for everyone to identify one particular therapeutic approach that they were at least working on.

Support and service context

- Management and peer support were seen as integral to the delivery of therapeutic interventions
- In many cases, service capacity and/or the service time allocation model limited opportunities for therapeutic intervention
- Availability of time a significant issue
- Indications that EPs might signpost schools to other therapeutic providers, rather than delivering the therapeutic interventions themselves
- Problems: time to undertake ongoing work; a lack of flexibility to enable intensive support where required; competing priorities (e.g. statutory work); limited number of school visits; schools' willingness to pay for ongoing work via a traded services model; only a small number of EPs available to deliver therapeutic interventions.

Support and service context

Service D:

In terms of intensive work, we would have an intervention meeting. There would be actions for lots of people and I would take on a commission - because we don't talk about referring children, but we do talk about commissioning a piece of work. So I've got a girl who has got memory loss at secondary and so I'm seeing her on a very regular basis...

I would say we probably aren't committing ourselves to more than up to six sessions. So we're not pretending that we can be doing long-term detailed therapeutic work.

Support and service context

Service C:

- I think a big difference for me has come about since we restructured the service and identified some specialist senior posts. We took the decision when we had some vacancies, rather than reconfiguring around team leaders and management posts, to create specialist senior posts. You can see the huge benefit of having a specialist senior for emotional health and wellbeing and I think that gives a really strong message both within the team and outside the team. We use this leadership role very much to support keeping the team emotionally healthy. I think that has a very high priority.

Discussion

- Reflect on how what you have heard in the presentation contrasts with your own experiences.

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