Educational Psychologists and therapeutic intervention

Findings from UK wide research and implications for supervision

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Outline of session

• Background to EP and therapy project
• Methodology and initial findings
• Supervision – models and EP experiences
• Small group task
Mental health in the UK

• Economic reasons for addressing mental health in adults (Layard)
• CAMHS – take referrals, but not enough to meet demand (Stallard)
• Schools have an important role (Tier 1 & host of initiatives designed to be preventative)
EP contribution
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 to online (75%) and paper (25%) versions of the questionnaire
• [website] [www.epsandtherapy.co.uk]
Definition of therapy

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

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

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

- Yes: 92%
- No: 8%
How have you used therapeutic intervention?

Percentage of EPs using therapeutic intervention in different contexts

- Individual direct therapeutic intervention: 80%
- As part of assessment: 70%
- Consultation: 60%
- Working through others: 50%
- Group work: 50%
- Systemic work (eg training): 50%
- Other: 0%
What therapeutic intervention(s) have you used during the last two years?

Therapies used by EPs in the last two years

- Solution Focused Brief Therapy (SBFT)
- Cognitive Behavioural Therapy (CBT)
- Personal Construct Psychology (PCP)
- Motivational Interviewing (MI)
- Narrative Therapy (NT)
- Therapeutic stories
- Art & play therapy
- Neurolinguistic Programming (NLP)
- Video Interactive Guidance (VIG)
- Eye Movement Desensitisation & Reprocessing (EMDR)
- Human Givens (HG) Therapy
- Other

Percentage

Therapy used
With whom have you carried out therapeutic intervention(s) during the last 2 years?

Percentage of EPs using therapeutic interventions with different client groups

Client Group

- Children at secondary school
- Children at primary school
- School staff (e.g., teachers, TAs)
- Parents
- Children at an alternative provision (e.g., PRU)
- Children at special school
- Children at nursery/early years setting
- Other
## Facilitators

<table>
<thead>
<tr>
<th>Facilitator</th>
<th>Mean Rank (1=most important, 10=least important)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to training</td>
<td>3.51</td>
</tr>
<tr>
<td>Service culture offers flexibility in the model of working</td>
<td>3.82</td>
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<tr>
<td>Personal interest in therapeutic intervention</td>
<td>4.34</td>
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<tr>
<td>Schools valuing therapeutic intervention</td>
<td>4.58</td>
</tr>
<tr>
<td>Schools valuing their relationship with the EP</td>
<td>5.23</td>
</tr>
<tr>
<td>Supervision</td>
<td><strong>5.23</strong></td>
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<tr>
<td>Management support</td>
<td>5.87</td>
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<tr>
<td>Peer support</td>
<td>6.98</td>
</tr>
<tr>
<td>Autonomy</td>
<td>7.28</td>
</tr>
<tr>
<td>Recent legislation supports broadening of EP role</td>
<td>7.50</td>
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</table>
## Barriers

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Mean Rank (1=most important, 10=least important)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations of service time allocation model</td>
<td>3.30</td>
</tr>
<tr>
<td>Service capacity</td>
<td>3.56</td>
</tr>
<tr>
<td>Other priorities identified via stakeholders</td>
<td>4.41</td>
</tr>
<tr>
<td>Lack of training</td>
<td>5.01</td>
</tr>
<tr>
<td>Lack of practice</td>
<td>5.52</td>
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<tr>
<td>Stakeholders do not identify EPs as providers of therapeutic intervention</td>
<td>5.75</td>
</tr>
<tr>
<td>Service remit and ethos</td>
<td>5.88</td>
</tr>
<tr>
<td><strong>Access to supervision</strong></td>
<td><strong>6.16</strong></td>
</tr>
<tr>
<td>Historical context for EP work</td>
<td>6.66</td>
</tr>
<tr>
<td>Not best use of EP time</td>
<td>8.24</td>
</tr>
</tbody>
</table>
Themes from the qualitative data

What are therapeutic interventions?

• Approaches/practice
• Definition of therapeutic intervention

Role of the Educational Psychologist

• Changing context of EP role
• Multiagency working
• Role of EP in relation to therapeutic intervention

Service context

• Contracting/organising therapeutic work
• Opportunities to practise
• Specialist work with vulnerable groups
• Supervision
• Time/resources
• Training
Part 2

Research question:
• What features enable and ensure effective provision of therapeutic interventions by EPs?

Methodology
• Participants identified from Part 1 of the study
• Four site visits to EPSs reporting the capacity to enable and ensure effective provision of therapeutic interventions
• Interview with PEP; focus groups with EPs and stakeholders; documentary analysis
• Data audiotaped and transcribed
Purposes of Supervision

Quality control Function

Public protection
Organisational procedures are followed (administrative)
Consistency of standards (Normative)
Managers can be sure of service delivery (monitoring function)

Developmental Function

Learning and educational function – 4 Cs
Competence
Confidence
Compassion
Creativity

Supportive Function

Managing emotional resources
Restorative function
Supportive function
Resource function

Supportive Function
Reflective Question 1

• To what degree are the 3 functions of supervision common to all tasks undertaken by EPs and to what extent are they specific to a particular therapeutic approach?

• If I am an EP using CBT do I always need supervision from another CBT practitioner? Why?
Supportive function

“Sometimes when you come in, you might need to grab someone now, and there’s always someone who will speak to you, or arrange to see you at some other point”

“…particularly as a team we’ve been quite supportive of each other regarding some of the potential suicide stuff that’s come up fairly recently and it’s been really useful bouncing ideas off people at different times. When something like that happens, or there’s a critical incident, it’s having colleagues around”
Quality Control function

“Three authorities work quite closely together. We have a consultants’ group and provide joint in-service training for people to come along to. That also goes towards their accreditation for practitioner status. Consultants are available for supervision but we need to find the time for it”.

“[I offer therapeutic intervention] only really via Motivational interviewing which I will offer over 4/5 sessions. I do not feel there are adequate supervision structures in place to support any other therapeutic work”.
Developmental function

TEP – “I found it really useful just in terms of moving my thinking on and I found I came out of supervision sessions thinking in different ways about my [CBT] case, which I found really useful”

“I think what’s been helpful for me... is effective supervision. I don’t mean supervision particular to a specific therapeutic intervention, I mean just informal and peer supervision and that ability to reflect and to realise when something’s not going well and to acknowledge that and to do something else”

“I feel I would need ongoing supervision as I develop my CBT skills further”
The Lancaster Cycle
From Burgoyne (1992)

Knowledge
Skills
Attitudes

Experimentation
Practice

Discovery

Feedback

Reception

Watching
Reading
Listening

Supervision and measures used and case reviews

CPD, specific therapeutic training and role play

Learner’s Inner World

Integrating
Individualising
Gaining confidence

Outer World

Specific therapeutic supervision and professional reflective CPD logs

Therapeutic work using planned approaches from supervision
Supervision of therapeutic work - issues

• specific versus general supervision
• quality and competence
• purpose; utility; efficacy
• underpinning assumptions ‘what makes therapy work’ and ‘what do I do if it is not working’
• degree of case complexity
• flexibility versus manualised approaches (and fidelity)
General supervision

- As part of service maintenance everybody receives supervision – led by PEP/SEP – management supervision. Also peer supervision - 1 hour per fortnight. Group supervision as part of team meeting (case supervision based on COMOIRA).
- Supervision has been increased to help the team deal with substantial changes taking place in the service (re-organisation and reducing of staff numbers) and also the service is picking up more and more complex cases as a result of moving to a needs led model (means the most complex children are being seen).
- Peer supervision provides more of an opportunity for discussing feelings around a case (offloading) and to decide whether there is a need to pass onto a manager.
- Managerial supervision may lead to the identification of a need for supervision in a particular area – the PEP signposts who this might be and then ‘tips the person off’ so that they can actively facilitate a conversation.
Specific versus general supervision

- **Therapeutic Play.** Supervision comes from a trained therapist funded from an external source – when the funding stops then the EPS will have to look again at how to fund it.

- **Parenting programme.** Clinical psychologists provide supervision for mellow parenting – but now EPs have sufficient experience they could put themselves forward for the role of acting as supervisors.

- **Critical Incident work.** Small team in the service meets to develop skills, regular monthly meetings which are supportive and developmental.

- **Specific therapeutic models** are discussed in therapeutic groups e.g. CBT theory/process is discussed in CBT supervision; if it is SF then this goes in an ad hoc way to someone that is known to be good at SF. Expertise in particular areas is recognised through the senior practitioner role and these can be found and asked about particular issues related to that area of expertise.
Specific versus general supervision

“There should be two kinds of supervision, (1) by therapists per se skilled in the therapeutic intervention that you use as a tool in the EP toolkit, and (2) by more experienced EPs skilled in the general practice of Educational Psychology. A therapist once commented, "Just because you can use a hammer does not make you a joiner". And so, there are serious ramifications/implications there for EPs who are simply "tool-users" of therapeutic interventions.”
Difficulties with outsider supervision

• “I could travel 20 or so miles to get my supervision with a group that mostly work with adults. Some of them work with children and young people, but mostly with adults and not in a school context. They don’t see things from that uniquely educational psychology perspective that the rest of this team would do”.

Possible solutions
(see also Squires, 2010; Squires and Dunsmuir, 2011)

• Buying in supervision
• Group supervision
• Pairing of neighbouring EPSs to provide peer support
• Peer supervision, particularly where colleagues have accessed similar CPD
• Setting up networks and support groups for EPs
• Specialist supervision from multiagency partners (e.g. CAMHS)
• Virtual supervision (e.g. email contact or Skype with a specialist practitioner)
Group discussion

• You have a set of vignettes. Think about each one and the issues for supervision.
• Which aspects of each case do you think that you can deal with?
• How do these fit into areas of quality, supportive or development functions?
• How could learning be supported further through thinking about the learning processes of the Lancaster cycle?