Educational psychologists and therapeutic intervention: Enabling effective practice

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The role of the educational psychologist (EP) as therapeutic provider has recently attracted attention, both nationally and internationally (MacKay, 2007; Suldo et al., 2010; Yeo & Choi, 2011). While historically EPs, particularly those working within a child guidance model, may have had significant involvement in delivering therapeutic interventions, these activities may have been curtailed by duties placed on EPs, defining a role for EPs within the process of the statutory assessment of children with special educational needs (SEN) (MacKay, 2007). One of the reasons for the renewed interest might be the prevalence of mental health disorders in children and young people, estimated to be around 20 per cent (Suldo et al., 2010; World Health Organisation, 2003). Despite this, estimates suggest that only 10–21 per cent access the support needed (Davis et al., 2000). Furthermore, work by Stallard et al. (2007) highlighted a significant shortfall in the availability of the specialist CAMHS workforce to deliver therapeutic interventions to children and young people. EPs, as applied psychologists with knowledge of both child and adolescent development and educational contexts, may be well placed to deliver therapeutic interventions in schools. Furthermore, their role as predominantly peripatetic professionals may make it easier for them to overcome issues such as confidentiality and neutrality (Cooper, 2006). Despite this, there is a dearth of research into the current role of the EP as therapeutic provider.

This study set out to address the following research questions:
1. What therapeutic interventions do EPs use?
2. How do they use them in practice?
3. What are the barriers and enablers to EPs engaging in therapeutic practice?
4. What features enable and ensure effective provision of therapeutic interventions by EPs?

Part 1 – Survey of UK EP practice

For a more detailed description of this phase of the research, the reader is directed to the paper by Atkinson et al. (2011). The questionnaire used is available at www.epsandtherapy.net.

Four hundred and fifty five local authority (LA) EPs in England, Northern Ireland, Scotland and Wales replied to a time-limited online survey which was advertised via direct mailing to EPSs in professional bulletins and electronic forums. The self-selecting participants were estimated to provide a representative quota sample of 17–22.7 per cent (Atkinson et al, 2011). Ninety-two percent of respondents indicated that they used therapeutic interventions as part of their current practice, and 82.9 per cent specifically in direct work with children and young people; as part of an assessment (68.7 per cent); consultation (66.0 per cent); working through others (60.5 per cent); group work (54.9 per cent) and systemic work (54.5 per cent).
Participants indicated that the most popular therapeutic modalities used in the previous two years were solution focused brief therapy (84.1 per cent), cognitive behavioural therapy (63.4 per cent) and personal construct psychology (62.7 per cent) ahead of motivational interviewing (31.6 per cent) and therapeutic stories (28.7 per cent). Use of a wide range of counselling approaches was reported (see Atkinson et al., 2011, for further details) although the research design did not allow identification of which therapeutic interventions were used in which contexts with which client groups. Interventions were most commonly used with secondary (77.1 per cent) and primary (74.5 per cent) aged children, but also with school staff (57.8 per cent) and parents (40.4 per cent).

Facilitators and barriers to EPs engaging in therapeutic practice were ranked as part of the questionnaire (see Atkinson et al., 2011, for a full list of factors and rankings). Quantitative findings were then triangulated with qualitative data from the questionnaire relating to the therapeutic practice of individual EPs and to therapeutic delivery within a service context (see Atkinson & Bragg, 2012, for further details). Respondents identified access to training as the most important facilitating factor. Other major facilitators identified were EPS culture (e.g. flexibility of working) and EP personal interest in therapeutic interventions.

Barriers identified included the limitations of EPS time allocation models, service capacity and other priorities identified via stakeholders. These factors reflect the competing demands placed on EP time and reflect international findings about issues faced by EPs in supporting the mental health of children and young people (Suldo et al., 2010; Yeo & Choi, 2011).

Part 2 – Case study site visits
Four EPs capable of enabling and ensuring effective therapeutic practice were identified from qualitative responses to Part 1 of the study. The four services offered contrasting profiles, in terms of size, geographical location and demographics. Inclusionary criteria were: a widely held view amongst EPs that the service had the capability to enable effective therapeutic practice; a principal educational psychologist (PEP) supportive of the visit; and time available to organise and participate in the relevant activities. At each of the four sites, the following data were collected:

- documentary analysis (e.g. inspection of service training and publicity materials, anonymised report examples);
- interview with the PEP;
- interviews/focus groups with EPs involved in the delivery of therapeutic interventions; and
- interviews/focus groups with multi-agency role partners, service commissioners and stakeholders

Interview and focus group data were audio taped and transcribed. All data were then analysed using thematic analysis. This yielded the following superordinate and subordinate themes (superordinate themes in bold):

1. Therapeutic interventions defined within EP practice
- approaches/practice
- definition of therapeutic intervention

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2. Role of the EP
- changing context of EP role
- multiagency working
- personal interest
- role of EP in relation to therapeutic intervention

3. Service context
- access to therapeutic interventions
- contracting/organising therapeutic work
- leadership
- opportunities to practise
- specialist work with vulnerable groups
- supervision
- time/resources
- training

Subordinate themes are illustrative both of the broad range of activities falling into the category of ‘therapeutic work’ and also of the fact that this makes ‘therapy’ or ‘therapeutic work’ more difficult to define within EP practice. What is clear from the data is that a range of activities takes place, including critical incident support, consultation and training, parenting programmes, family therapy, targeted group work and direct therapy using a variety of different counselling modalities. Interventions can take place at the individual, group or organisational levels. This tends to suggest a wider application of the practical and theoretical perspectives offered by different therapeutic models which is not necessarily consistent with a traditional model of school-based therapy delivery (e.g. McLaughlin, 1999).

Discussion
This research offers some insight into the therapeutic practice undertaken by EPs working within a LA context. It is illustrative of the competing demands placed on EPs, particularly in relation to duties associated with their statutory role, but also of the flexibility and creativity EPs show at applying aspects of therapeutic interventions within different contexts and at different levels. Counter to this, there could be criticisms that interventions are fragmented, time limited or not always available. Currently, evaluations are often small scale or case study-based and further systematic research into the effectiveness of therapeutic interventions delivered by EPs would be useful in identifying the contribution that EPs make to supporting and promoting the emotional health and well being of children and young people. Furthermore, with the nature of both the EP role and the delivery of services changing as a result of Government legislation and austerity measures (Fallon et al., 2010; Department for Education, 2011), it will be important to ascertain the impact of these changes on EPs’ delivery of therapeutic interventions.

References


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