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An exploration into the role of Narrative Therapy within educational psychology practice: a reflexive thematic analysis

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Abstract

Aim: To explore how Narrative Therapy is construed and conceptualised by EPs; what implications this therapeutic approach raises for EP practice; how it can be delivered and to explore for whom this approach can best support.

Design: A sequential exploratory design, analysed through reflexive thematic analysis (RTA). An interpretivist lens to research was adopted, moving away from positivist assumptions within the research methodology. Semi-structured interviews were conducted with 17 EPs. This study captured and deduced patterns across the data set to develop themes (Braun & Clarke, 2022).

Purpose of research: By exploring how EPs construe the term and apply Narrative Therapy, this study hopes to further understand how EPs comprehend and integrate Narrative Therapy in practice. This is especially relevant as Narrative Therapy is thought to be an underpinning foundation to multiple narrative based approaches and therapeutic interventions performed by EPs described in the literature (Hobbs et al., 2012). This is in addition to how previous research on therapeutic interventions has called for a deeper understanding of how therapeutic approaches are used within assessment and consultation by EPs (Simpson & Atkinson, 2021). Based on these findings, a view to explore this specific therapeutic modality led to the formation of the following research questions posed by this thesis: how do EPs construe the term, Narrative Therapy? and, how do EPs conceptualise their application of Narrative Therapy?

Themes: Overall, two thematic maps are provided to illustrate each research question. Findings showed that defining Narrative Therapy remains a difficult task, with suggested paradoxes potentially contributing to why Narrative Therapy appears an elusive therapeutic approach by definition and in application. Key principles, features and techniques outline how Narrative Therapy is construed and conceptualised. The research points to promising future applications of Narrative Therapy to support EPs in trauma informed work and in community project work. These findings are discussed and critically reviewed with the wider literature.

Contents

1. Chapter 1: Introduction 9

1.1 Personal experience and research interests 9

1.2 Research rationale and aims 10

1.3 Research approach 12

1.4 Original contribution 12

1.5 Outline of thesis 12

2. Chapter 2: Literature Review 14

2.1 Part A 14

2.1.1 Chapter Overview 14

2.1.2 National context of emotional wellbeing and mental health for CYP 14

2.1.3 EP role in the context of mental health 18

2.1.4 Therapeutic work in schools 20

2.1.5 EP role in therapeutic work 20

3.1 Part B 23

3.1.1.Chapter Overview 23

3.1.2 What is Narrative Therapy? 23

3.1.3 Stories in Narrative Therapy 24

3.1.4 Central features of Narrative Therapy 24

3.1.5 Theoretical Insights 25

3.1.6 Philosophical influences 26

3.1.7 Key principles 27

3.1.8 Narrative Therapy with CYP 28

3.1.9 Children who have experienced trauma 29

3.1.10 Narrative Therapy and Educational Psychology 30

3.1.11 Narrative Therapy Based Approaches 31

4.1 Part C 33

4.1.1 Chapter Overview 33

4.1.2 Objectives *33*

4.1.3 Methods *35*

4.1.4 Results *43*

4.1.5. Discussion *47*

4.2 Further rationale development for current research 56

5. Chapter 3: Methodology 58

5.1 Chapter overview 58

5.2 Methodological Orientation 58

5.2.1 Quantitative and Qualitative Research 58

5.2.2 Research Paradigm 59

5.2.3 Ontological and epistemological positions 60

5.2.4 Positioning in this research 62

5.3 Research procedure 62

5.3.1 Choice of data collection method 62

5.3.2 Interview schedule 63

5.3.3 Participants and recruitment procedure 64

3.3.4 Sampling strategy 66

5.3.5 Transcription ... 66
5.3.6 Rigour and trustworthiness in qualitative research ... 67
5.3.7 Ethical considerations ... 68
5.4 Research Design ... 68
5.4.1 Consideration of qualitative analysis methodological option ... 68
5.4.2 Reflexive Thematic Analysis ... 69
5.4.4 Rationale for RTA ... 71
5.4.5 Reflexivity ... 71
5.4.6 Data analysis phases ... 72
6. Chapter 4: Themes ... **80**
6.1 Chapter overview ... 80
6.2 RQ1 ... 82
6.2.1 Theme 1: Navigating ambiguity ... 82
6.2.2 Theme 2: Linguistically heavy ... 86
6.2.3 Theme 3: Goes against the grain ... 87
6.2.4 Theme 4: Core roots ... 88
6.2.5 Theme 5: An intuitive belief system ... 90
6.2.6 Theme 6: Egalitarian ... 92
6.2.7 Theme 7: Exploring how stories shape us ... 93
6.2.8 Theme 8: Bringing to life a preferred story ... 95
6.2.9 Theme 9: Integrative ... 96
6.3 RQ2 ... 99
6.3.1 Theme 1: Manifesting Narrative Therapy Principles ... 99
6.3.2 Theme 2: De-construction and co-construction ... 102
6.3.3 Theme 3: Vehicles for connection ... 104
6.3.4 Subtheme 1: Creating opportunities for re-telling ... 106
6.3.5 Theme 4: Reshaping lives through language ... 108
6.3.6 Theme 5: Metaphorical maps ... 110
6.3.7 Theme 6: Providing Positive Spaces ... 112
6.3.8 Subtheme 2: A good fit ... 114
6.4 Summary of findings ... 116
7. Chapter 5: Discussion ... **118**
7.1 Chapter overview ... 118
7.2 Research Question 1: How do EPs construe the term Narrative Therapy? ... 120
7.2.1 Key finding 1: Key paradoxes are suggested to contribute to ambiguity ... 120
7.2.2 Key finding 2: Narrative Therapy can be construed in three separate ways ... 122
7.2.3 Key finding 3: Key principles ... 124
7.2.4 Key finding 4: The approach holds a lot of promise as an empowering framework ... 126
7.3 Research Question 2: How do EPs conceptualise their application of Narrative Therapy? ... 126
7.3.1 Key finding 5: Nuanced use of language is important to the delivery of Narrative Therapy ... 127
7.3.2 Key finding 6: Key techniques are understood in the application of Narrative Therapy ... 128
7.4 Implications and future research directions ... 137
7.5 Reflections on the social constructionist positionality of this research ... 139
7.6 Limitations and considerations ... 140
8. Chapter 6: Conclusion ... **143**
9. References ... **145**

10. Appendices 177

Abbreviations

ACT – Acceptance and Commitment Therapy

ADHD – Attention Deficit Hyperactivity Disorder

ASD – Autism Spectrum Disorder

BPS – British Psychological Society

CBT – Cognitive Behavioural Therapy

CPD – Continuous professional development

DSL – Designated Safeguarding Lead

EHCP – Educational, Health and Care Plan

EP – Educational Psychologist

EPS – Educational Psychology Service

MI – Motivational Interviewing

HCPC – The Health and Care Professions Council

HGT – Human Givens Therapy

SEMH – Social, emotional and mental health

SEN – Special educational needs

SEND – Special educational needs and disability

SFBT – Solution Focused Brief Therapy

TEP – Trainee Educational Psychologist

Figures and Tables

Figure 1: Definitions of emotional wellbeing (Courtwright et al., 2020)
Figure 2: The Ecological Approach hypothesising layers of influence for a child
Figure 3: Narrative Theoretical Framework tenets (Uzun & LeBlanc, 2017)
Figure 4: PRISMA Flowchart
Figure 5. SLR Thematic Map
Figure 6: Characteristics of good qualitative research (Yardley, 2000)
Figure 7: 15 point checklist for good thematic analysis (Braun & Clarke, 2006)
Figure 8: Phases of Thematic Analysis
Figure 9: Thematic Map of Research Question 1: How do EPs construe the term Narrative Therapy?
Figure 10: Thematic Map of Research Question 2: How do EPs conceptualise their application of Narrative Therapy?
Figure 11: Narrative Therapy's conceptual areas

Table 1: Carr's (1998) Summary of important practices central to Narrative Therapy
Table 2: Key principles Michael White brought to engaging in Narrative Therapy (Denborough, 2014)
Table 3. WoE A – Critical Appraisal of Studies
Table 4. WoE B – Appropriateness of Method
Table 5. WoE C – Appropriateness of Review Question
Table 6: WoE D – Overall Quality Measure
Table 7: Overview of Included Studies
Table 8: Participant characteristics
Table 9: Six main areas of Narrative Therapy supported by guiding 'maps' of practice

Appendices

Appendix 1 – Extract from research journal

Appendix 2 – SLR rationale for inclusion and exclusion criteria

Appendix 3 – SLR Rationale for CASP Scoring

Appendix 4 – SLR Thematic Synthesis: Step 1 line by line coding

Appendix 5 – SLR Thematic Synthesis: Step 2 Descriptive Themes

Appendix 6 – SLR Thematic Synthesis: Step 3 Analytical Categories

Appendix 7 – Group data to inform interview schedule

Appendix 8 – 20 best practice thematic analysis recommendations (Braun & Clarke, 2023b)

Appendix 9 – Ethical approval decision of the Research Ethics Committee at The University of Nottingham

Appendix 10 – Participant Consent Form

Appendix 11 – Interview Schedule

Appendix 12a – Theme development Phase 1: Familiarisation of 17 transcripts

Appendix 12b – Theme development Phase 2: Initial coding – example pages of 3 transcripts

Appendix 12c – Theme development Phase 2: Collating codes per research question

Appendix 13a – Theme development Phase 3: Generating initial themes – manual example RQ1

Appendix 13b – Theme development Phase 3: Generating initial themes – Excel example RQ2

Appendix 14a – Theme development Phase 4: Reviewing and developing themes – handwritten mind maps to draw associations between possible themes for RQ1

Appendix 14b – Theme development Phase 4: reviewing and developing themes – handwritten mind maps to draw associations between possible themes for RQ2

Appendix 15 – Phase 5: Refining, defining, and naming themes – mind maps scoping boundaries of themes

Appendix 16 – Summary of key findings of research

Appendix 17 – Participant recruitment requests

Appendix 18 – Inclusion and Exclusion Criteria of Participants

Appendix 19 – A list of some of the therapeutic practices that Micheal White and David Epston originated in their work (Denborough, 2014)

1. Chapter 1: Introduction

1.1 Personal experience and research interests

While my experience of applying or receiving Narrative Therapy is minimal, my personal professional practice interests have always centred on supporting the social, emotional and mental health needs of people. As I have been developing as a trainee educational psychologist (TEP), I have strongly connected with a therapeutic essence of service delivery in my interactions with people, my understanding of the role of an educational psychologist (EP) and in how I would like to apply psychology to support the work that I am involved in. I had learnt that Narrative Therapy, before going on this research journey, shared a strong connection to this ethos, which inspired me to explore the approach for this thesis. My research interests stemmed from how therapeutic approaches appeared to fit how I aspired to practice in my daily role in applied educational psychology.

I first learnt about Narrative Therapy as a therapeutic approach from an EP based at a small independent practice where I previously worked. This practice was focused to paediatric neuropsychology and medico-legal assessments of children with acquired brain injury (ABI). This is where my interest in educational psychology began. This EP also worked at a leading UK based charity for children with ABI, where I was privileged to have had the opportunity to shadow her. I learnt Narrative Therapy was a therapeutic approach used by EPs to support children with ABI at this charity. I learnt it helped children and young people (CYP) come to terms with their diagnoses, separate themselves from their problems and promote more liberating, empowering and enriching stories of their lives. It also appeared to be used to support their integration back into education settings following ABI. I wondered as to whether this approach could be used by EPs on a broader level to support CYP with other needs. I was also interested as to what EPs understood Narrative Therapy to mean to them, as I was still grappling with this myself.

1.2 Research rationale and aims

There have been studies on the declining wellbeing of CYP and the quality of counselling services available in schools (Atkinson et al., 2011a) in addition to growing incentives for EPs to become more involved in direct therapeutic work with CYP (Mackay, 2007; Greig et al., 2016; Greig et al., 2019; Hoyne & Cunningham, 2019; Simpson & Atkinson, 2021). Narrative Therapy and associated approaches are reported in some of these studies as available tools to deliver direct therapeutic work with CYP. However, limited information is provided on what is meant by such approaches as well as the principles and processes involved in the context of how they are applied by EPs. This points to the potential usefulness of further research on how EPs are adopting such therapeutic practices today and with whom, to unravel some insights into the use of this therapeutic approach to support EP work at individual, group and systemic levels (Cameron, 2006; Fallon et al., 2010). EP services in the UK have commenced using narrative based approaches as an early intervention tool (Hobbs et al., 2012; Lock, 2016) but the evidence base is minimal. As EPs have also been demonstrated to have a key role in providing early mental health and emotional wellbeing interventions in educational settings (Roffey, 2012; 2015), it is hoped this research can provide a better understanding of how EPs deliver Narrative Therapy specifically. It is hoped the findings from the research will add to the evidence base to inform EPs working therapeutically to support CYP and their families.

The aims of this research are to extend conceptual and practical knowledge of Narrative Therapy. Small scale research studies using Narrative Therapy principles have shown reported success for CYP with autism (Cashin et al., 2013) and social, emotional and mental health (SEMH) needs (Looyeh et al., 2014; Romagnolo & Ohrt, 2017) along with various Narrative Therapy group approaches reporting success, such as, The Tree of Life (Ncube, 2006, Field, 2018; Kasmani, 2021), Team of life (Eames et al., 2016) and Beads of Life (Portnoy & Ireland, 2019; Valentino et al., 2023) interventions. Yet, the theoretical and conceptual foundations of such interventions lack clarity (Wallis et al., 2011).

Fredrickson (2002) notes how case study research to evaluate a particular intervention is useful to establish efficacy of approaches, if however, the target population can be

determined, and the main characteristics clarified. Research does call for further case study research and evaluative research of Narrative Therapy in EP practice (Hannen & Woods, 2012), yet, with confusion in terminology as well as the ambiguous nature in delivery of this therapeutic approach (Wallis et al., 2011), what this research aims to offer is progress in understanding these areas as applied to the educational psychology field. This way, understanding can be built regarding what is designed to be evaluated. While an evaluation of the efficacy of Narrative Therapy is outside the scope of this thesis, it is hoped this research can contribute useful insights on elusive terminology and explore the defining features and functions of this therapeutic approach from an EP perspective. Therefore, this research aims to understand what EPs construe the founding aspects of Narrative Therapy to be and further understand how they conceptualise its application in practice, which currently remain unclear and misunderstood.

At the time of writing, only one study to date has explored practitioner psychologists' views and experiences of Narrative Therapy (Wallis et al., 2011). However, this study was not concentrated to the field of applied educational psychology. It included a range of participants noted to be Narrative Therapy practitioners in the UK more widely. This study is also now over 12 years old and developments in the views attributed to this therapeutic approach may have changed. Wallis et al., (2011) noted *"how practitioners integrate narrative therapy at the levels of landscape of consciousness (theory) and landscape of action (practice) could be further described" (p.495)* which this research aims to do. This is especially relevant as Narrative Therapy is thought to be an underpinning foundation to multiple narrative based approaches and therapeutic interventions performed by EPs described in the literature (Hobbs et al., 2012). This is in addition to how recent research on therapeutic interventions has called for a deeper understanding of how therapeutic approaches are used within assessment and consultation by EPs (Simpson & Atkinson, 2021).

The purpose of the proposed research is therefore to gain greater insight into the role of therapeutic approaches within EP work and further investigate what is known about Narrative Therapy specifically in the work of UK based EPs and by extension, its associated approaches. Due to the elusiveness in terminology mentioned, this thesis will encompass narrative therapy based approaches within the term Narrative Therapy

as they are thought to derive from this approach, with acknowledgement of potential differences outlined in section 3.1. Based on this, a view to explore this specific therapeutic modality led to the formation of the following research questions posed by this thesis:

— How do EPs construe the term, Narrative Therapy?
— How do EPs conceptualise their application of Narrative Therapy?

1.3 Research approach

Semi-structured interviews were conducted with 17 EPs. This study captured and deduced patterns across the data set to develop themes through reflexive thematic analysis (RTA) (Braun & Clarke, 2022). I felt this approach to analysis would support worthwhile and systematic reporting of findings to develop the knowledge of others (Binder et al., 2012). RTA asks that I be reflexive and acknowledge my own feelings, experiences, and views throughout the analysis process to recognise how these may have influenced research decisions (Braun & Clarke, 2022). The importance of reflexivity is showcased in this research by explaining how reflexivity was accounted for in further depth in the methodology (Chapter 3). Reflexivity boxes are presented throughout the thesis and an extract of my research journal is included in Appendix 1 to illustrate thoughts and emotions faced throughout the research journey. The purpose of this was to provide a vehicle for me to reflect on the challenges I encountered and stay attuned to how my involvement may have influenced findings as the research progressed.

1.4 Original contribution

The original contribution to research that this study provides, is new insights into EP views and experiences regarding Narrative Therapy, in addition to new insights on the integration and purpose of this therapeutic approach within EP practice. Intended outcomes of this research were to extend and support further implications for EPs who may choose to work therapeutically.

1.5 Outline of thesis

To summarise the proposed structure of this research:

Chapter 1: Introduction – Introducing my personal research interests and experience in this area. An outline of the research purposes, aims and the structure of the thesis is provided.

Chapter 2: Literature Review – This chapter will be divided into three sections. Part A details a narrative literature review of the current context of emotional wellbeing and mental health support for CYP in the UK. Part B details a literature review focused to the topic area, Narrative Therapy. Part C is a systematic literature review which aims to answer a specified research question related to what can be learnt from the literature about how Narrative Therapy can be applied by EPs.

Chapter 3: Methodology – This chapter details the methodology of the proposed exploratory research study. The approach to analysis, RTA, is explained in addition to the ontological and epistemological position of the research.

Chapter 4: Themes – This chapter details the findings of the RTA, being the resulting themes for the two research questions posed. Two thematic maps are provided. A review of each theme is outlined. Extracts from participant responses are used to illustrate points of information raised within each theme.

Chapter 5: Discussion – This chapter discusses the findings of this research with regards to the wider literature. Potential professional practice implications and limitations of the research are discussed as well as reflections on my social constructionist positionality.

Chapter 6: Conclusion – This chapter concludes what the research found and outlines the potential usefulness of the research.

2. Chapter 2: Literature Review
2.1 Part A

2.1.1 Chapter Overview

The aim of this chapter is to provide an overview of the current literature base relevant to the topic of Narrative Therapy and how it applies to educational psychology practice. The chapter begins by introducing the current context of emotional wellbeing and mental health support for CYP in the UK. It outlines national trajectories of wellbeing, government initiatives to support current agendas, influencing provision in educational settings, and the EP role in therapeutic work. Key terminology will be explained and critiqued.

2.1.2 National context of emotional wellbeing and mental health for CYP

Mental health has been defined as:

"A dynamic state of internal equilibrium which enables individuals to use their abilities in harmony with universal values of society. Basic cognitive and social skills; ability to recognize, express and modulate one's own emotions, as well as empathize with others; flexibility and ability to cope with adverse life events and function in social roles; and a harmonious relationship between body and mind represent important components of mental health which contribute, to varying degrees, to the state of internal equilibrium." (Galderisi et al., 2015, p.231).

It is proposed this definition of mental health better reflects alternative definitions (WHO, 2004), as it positions mental health as not merely the absence of mental illness, but more appropriately explains how mental health in now contextually understood.

Courtwright et al., (2020) outline how a variety of definitions for the term 'emotional wellbeing' exist (see Figure 1), yet no definition exists specific to youth contexts. An operational definition of emotional wellbeing as applied to youth was therefore proposed as, "*an overall positive state of emotions, self-esteem, and resilience that leads to self-actualization, self-efficacy, and health-promoting behaviours*" (p. 108)

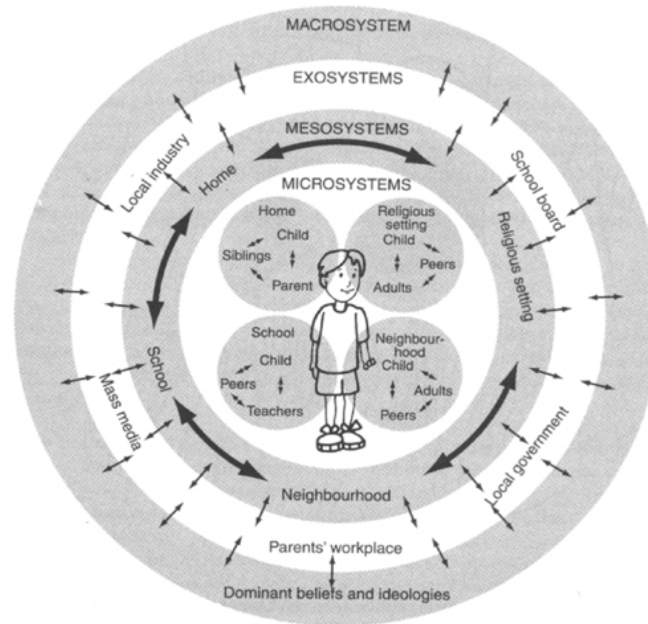
based on their research that claims three defining attributes contribute to emotional wellbeing for young people: positive emotions, resilience, and positive self-esteem.

Figure 1: *Definitions of emotional wellbeing (Courtwright et al., 2020)*

Definition	Source
"There is no universally accepted "definition" of mental wellbeing. Mental wellbeing includes cognitive, emotional and behavioral responses"	Promotion of Mental Well-being, World Health Organization[23]
"Overall positive state of one's emotions, life satisfaction, sense of meaning and purpose, and ability to pursue self-defined goals."	Emotional Wellbeing High Priority Research Network, Sabri, and Clark,[1] (p. 1); and The National Center for Complementary and Integrative Health[24]
"The ability to successfully handle life's stresses and adapt to change and difficult times."	National Institutes of Health Educational Wellness Toolkit,[25] (p. 1)
"There is no consensus around a single definition of wellbeing, but there is general agreement that at minimum, wellbeing includes the presence of positive emotions and moods (eg, contentment, happiness), the absence of negative emotions (eg, depression, anxiety), satisfaction with life, fulfillment and positive functioning."	Centers for Disease Control and Prevention[10]

Research has suggested that there are numerous systemic factors that can predispose CYP to poor mental health or poor emotional wellbeing. Some of these include time spent on social media, bullying, health factors e.g., obesity, poverty and lack of employment opportunities (Parkin & Long, 2021; NHS Digital, 2021). When explained according to Bronfenbrenner's (1979) concentric systems, as defined in his ecological systems theory, it is proposed that a microsystem makes up a person's closest environment, whereby interactions with others at this level can have the strongest influence on a child (see Figure 2). Factors at the microsystemic level include school, family, religious setting if appropriate and psychosocial factors (Penn, 2005).

Figure 2: *The Ecological Approach hypothesising layers of influence for a child – visualisation taken from Penn (2005; p.45) recommended by Saad et al., (2017) and Härkönen (2001)*



Protecting the emotional wellbeing and mental health of CYP is an increasingly important issue nationally, with a growing recognition of need for early intervention and support (NHS Digital, 2021). However, there are significant challenges in terms of access to services and funding (DfE, 2020). Access to mental health services for CYP in the UK is diminishing, particularly in primary and secondary care services (Fusar-Poli, 2019). Increasing waiting times for specialist services mean delays are being experienced in receiving appropriate support, exacerbated by "cracks" between child and adult services (Fusar-Poli, 2019, p.8). This suggests many CYP are not able to access the support they need, with national shortages of mental health professionals with the right skills and training to meet demands (Frith, 2016; Dutton et al., 2023) also contributing to these issues.

The Mental Health of Children and Young People survey series in England, first conducted in 2017 on behalf of the Department of Health and Social Care, aims to give an accurate picture of emotional wellbeing of CYP nationwide (Vizard et al., 2020). Since its conception, three follow up studies have been completed to review progress over time (2020, 2021, 2022). Rates of probable mental health needs in children ages 7 to 16 years old rose from 1 in 9, to 1 in 6 from 2017 to 2022. Rates for

children ages 17 to 19 years old rose from 1 in 10, to 1 in 4 from 2017 to 2022. These figures indicate that there is a general decline in the wellbeing of CYP. The proportion of CYP accessing NHS-funded mental health services increased by 4.9% between 2019 and 2021 (NHS Digital, 2021). Adequate support is further complicated by mental health services for CYP in the UK being significantly underfunded (Mental Health Foundation, 2021, 2022). As a result, schools are considered to have a key role in providing preventative support as well as reactive provision for CYP (Cane & Oland, 2015; DfE, 2019). These statistics highlight the ongoing challenges and need for continued efforts to support the mental health and wellbeing of CYP in the UK.

The impact of the coronavirus (COVID-19) worldwide pandemic has further highlighted the importance of supporting CYP's wellbeing. Research has suggested how negatively this recent and ongoing era has impacted the emotional wellbeing, mental health and physical wellbeing of some CYP (Cowie & Myers, 2021) with vulnerable groups e.g., children who are care experienced (Kalluri et al., 2021) and children living in poverty (Davis, 2021) being worse affected. The rates of anxiety, depression, and other mental health concerns among children have increased as a result of the pandemic (Office for National Statistics, 2021), with 4 in 10 children nationwide and over half of young people (aged 17 to 23) having experienced a deterioration in their mental health between 2017 and 2021 (NHS Digital, 2021). Depression symptoms increased substantially for CYP relative to before lockdown (Bignardi et al., 2021). The State of the Nation research report (DfE, 2022) also illustrated clear downward trends of personal wellbeing for both primary and secondary aged pupils. This evidenced decline in national mental health supports government agendas to reduce this trajectory, such as efforts to review policies to support schools in promoting pupil wellbeing in a post-pandemic world. This is particularly important as 10.6% of 6 to 16 year olds were unable to attend more than 15 days of school during the autumn term in 2020, with children with a probable mental health need nearly twice as likely to have missed this much school (NHS Digital, 2021). It is positive therefore that government programmes, such as the Wellbeing for Education Recovery and Return programme, are able to provide training, support and resources for schools and colleges in the UK to support CYP particularly with anxiety and stress, who are experiencing additional pressures post-pandemic (DfE, 2022).

Despite the fact key identified areas of need have been targeted for intervention, such as those within the Public Health Framework (Department of Health and Social Care, 2019), there remains a significant level of unmet need amongst CYP, with levels of delivery within therapeutic services described as inadequate and fragmented (Atkinson et al., 2014). The wider literature illustrates children with anxiety disorders are least likely to be in contact with a specialist service compared to children with other mental health needs (Ford et al., 2007). Radez et al., (2021) propose this may be due to four main barriers: mental health knowledge of CYP; perceived social stigma; perceptions of the therapeutic relationship i.e., confidentiality and logistical barriers, such as availability of professional help. The Children's Commissioner for England also provided a recent research report that found 1 in 4 children with a mental health need in England are currently able to access the support they need, demonstrating a significant proportion of children in the UK are not receiving appropriate mental health support (Children's Commissioner for England, 2019). As such, this research seeks to explore the role that educational psychologist's (EPs) can have in addressing such issues, by providing accessible and effective therapeutic support to CYP in schools and communities.

2.1.3 EP role in the context of mental health

EPs in England have been identified as key to providing specialist mental health provision in schools (Atkinson et al., 2011c; Atkinson et al., 2015; Zafeiriou & Gulliford, 2020). Schools are viewed as establishments that can support preventative work, provide timely support for mental health difficulties, and implement services that enhance early detection of mental health needs (O'Reilly et al., 2018). EPs have been revealed to be the most common professionals to work with schools to promote positive mental health outcomes for CYP compared to other professionals (Farrell et al., 2006; Farrell & Woods, 2017), which complements the proposition made by Dunsmuir & Leadbetter (2010) and workforce reports (Lyonette et al., 2019) that EPs are well placed to draw upon their extensive repertoire of skills to support schools in mental health provision.

According to a study by Humphrey & Wigelsworth (2016), a fundamental aim of EPs is to work collaboratively with other professionals to identify mental health difficulties,

develop personalised intervention plans, and monitor progress. The role of the EP in supporting mental health is emboldened by research that has found a significant proportion of children who come into contact with educational professionals regarding their mental health are found to experience clinical levels of difficulty (Newlove-Delgado et al., 2015). Clinical significance, or ‘clinical’ levels of difficulty has been conceptualized as:

“a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress (e.g., a painful symptom) or disability (i.e., impairment in one or more important areas of functioning) or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom” (Stein et al., 2010, p.1760).

These terms are generally used to help differentiate needs which may not warrant clinical treatment or involvement akin to more severe impairments in functioning (Stein et al., 2010). However, terms like ‘distress’ are highly subjective, and can vary in severity as they are typically constructs that can differ across individuals. Mental health is multifaceted and complex, meaning these factors are difficult to operationalise. Use of such terminology i.e., ‘clinical levels of difficulty’ has therefore been subject to criticism based on how it can pathologize individuals and does not consider broader social and contextual factors that a child or young person may be experiencing. It could be argued that the barriers to CYP seeking mental health support discussed, due to perceived stigma for example (Radez et al., 2021), could be being encouraged by the use of such clinical language, perpetuating certain stigmas, and reinforcing negative stereotypes associated with mental health support. Therefore, this suggests professionals need to be mindful of the influence that language can have on stigmatising needs. With a core role of the EP being to strive for holistic and inclusive practice in supporting mental health (Shriberg & Clinton, 2016), this research seeks to explore how these issues can be prevented on behalf of EPs through therapeutic work. As EPs prioritize the social and educational context of a child's experiences (DfE, 2015), EPs are able to work with a wider range of stakeholders, including parents, teachers, and healthcare professionals, to promote a holistic and integrated approach to supporting CYP's mental health (Curtis & Redfearn, 2019). EPs are also described to be well-positioned specifically “*to reduce stigma, enhance service accessibility,*

promote connectedness, and improve mental health literacy" (Barrow & Thomas, 2022, p.173). Further research is therefore worthwhile to explore how this can be actioned and achieved, so that targeted interventions and approaches can support CYP to flourish post-pandemic and beyond.

2.1.4 Therapeutic work in schools

There is evidence to suggest that involvement of therapeutic approaches (Kim & Franklin, 2009; Massengale & Perryman, 2021) and nurture groups (Hughes & Schlösser, 2014) within schools can contribute to positive academic outcomes for students. A systematic review of school based mental health interventions in the UK and across Europe indicated a variety of therapeutic programmes led to a reduction in emotional and behavioural problems and improved academic performance and social skills development of CYP (Patalay & Fonagy, 2017). Other forms of school based interventions in the UK described as therapeutic have also reported success, such as Cognitive Behavioural Therapy (CBT) (Sullivan & Simonson, 2016; Oud et al., 2019), Acceptance and Commitment Therapy (ACT) (Gillard et al., 2018), art therapy (Moula, 2020) and mindfulness approaches (Wilde et al., 2019). Therapeutic approaches in school contexts are often overseen by Emotional Literacy Support Assistants (ELSAs) within schools, which is a programme in the UK whereby EPs supervise teaching assistants (TA) to support the SEMH needs of their students (ELSA Network, 2013; Dodds et al., 2015). This programme has evidenced positive effects on pupil wellbeing (Krause et al., 2020). These findings highlight the crucial role that EPs have in schools to implement and evaluate the effectiveness of therapeutic approaches within schools to promote positive outcomes for CYP.

2.1.5 EP role in therapeutic work

The wider literature indicates that EPs engage in a range of therapeutic interventions and approaches within their practice and employ research activities to review their effectiveness (Hannen & Woods, 2012; Crozier, 2014; Hoyne & Cunningham, 2019; Simmonds, 2019; Ng, 2019). This is reflected by a growing body of research literature that focuses on the evaluation of therapeutic interventions delivered by EPs (Simpson & Atkinson, 2021). The most popular therapeutic interventions in educational

psychology noted by Atkinson et al., (2012) were solution-focused brief therapy (SFBT), CBT, personal construct psychology (PCP) and motivational interviewing (MI). This selection of interventions appears to have sustained in popularity over the years, with more recent research stating the most commonly used therapeutic interventions in EP practice were CBT, SFBT, PCP, Art Therapy, Visualisation and Mindfulness, with CBT and SFBT being favoured (Hoyne & Cunningham, 2019). Similarly, CBT was the most frequently used therapeutic intervention by senior EPs in group based formats, with MI stated to be the most prevalent individually delivered intervention (Simpson & Atkinson, 2021). These studies claim strong evidence bases for these particular therapeutic interventions, showing how EPs have a clear role in working therapeutically to support CYP.

Atkinson & Kenneally (2021) provide a model for therapeutic educational psychology practice based on principles from CBT, MI and human givens therapy (HGT). The aims of this framework were to shift the thinking of EPs professionally engaging in solely individual therapy to consider therapeutic practice as beneficial within its broadest of meanings. This suggests that therapeutic practice may not need to fit the ideals of extended periods of involvement in practice but could be applied in a variety of ways by EPs, for example, when gathering pupil views, or during consultation. This complements findings by Zafeiriou & Gulliford (2020) who suggested therapeutic interventions need not be merely applied on an individual basis. It was found the relationships that form in collaboration with adults around a child were the root to successful outcomes. These findings align with government priorities of school-based support for EPs to collaborate with external professionals, school staff and families to support student's mental health needs (DfE, 2016; 2019). This also complements the wider literature that deems multiagency working and holistic approaches as important in EP practice (Gaskell & Leadbetter; 2009; Greenhouse, 2013; Armstrong & Molyneaux, 2018; Gray & Mordecai, 2019; Roach & Tseris, 2021; Franklin & Hopson, 2021). Atkinson & Kenneally (2021) claim more therapeutic working within schools is needed. They suggested EPs are best placed to explore models of practice to incorporate more therapeutic approaches, to improve outcomes for CYP. The model details process elements in a manner that aims to provide a 'toolkit' for EPs wishing to expand or develop in therapeutic practice.

It has been recognised in the literature however that there is an uncertainty around where the EP profession fits when therapeutic work in concerned (Atkinson et al., 2014). Researchers have long acknowledged that EP identities can differ regarding the inclusion of therapeutic work (Mackay, 2005; 2007). While EPs feel confident and competent in their role generally, the wider literature recognises that EPs can appear to position themselves as *“confused, reluctant and unconfident”* in this area of work (Stiff, 2013, p. 1; Wade, 2016). While this uncertainty remains, studies have shown that it is felt amongst emerging EPs to the profession that they have sufficient agency to work in ways that align with their values and, if required, can embed therapeutic practice alongside other EP roles, as they have the freedom to negotiate and reconstruct ways of working to adapt to the needs of their service (Wade, 2016). It is recognised that to facilitate this however, investment is needed from seniors in the profession and wider systemic movements are required (Wade, 2016).

3. Literature Review

3.1 Part B

3.1.1.Chapter Overview

What will follow is an introduction to the therapeutic approach being explored in this thesis, Narrative Therapy. An overview of the origins of this therapeutic approach and its core features and functions will be discussed. This chapter will end with a systematic review exploring the application of Narrative Therapy within educational psychology practice and illuminate areas in need of further research.

3.1.2 What is Narrative Therapy?

Narrative Therapy refers to the therapeutic approach founded by Michael White and David Epston (White & Epston, 1990) which initially emerged from the field of systemic family therapy to support social and emotional wellbeing and mental health.

Narrative Therapy in this research will be defined as a therapeutic modality which encompasses specified core concepts, values and techniques (Carr, 1998). Wallis et al., (2011) proposed a definition of Narrative Therapy, which will be the founding description of the UK application of White and Epston's (1990) ideas in this research:

"…narrative therapy provides therapists with the following: a social justice, political and ethical stance to therapy; a 're-authoring' approach and practices that facilitate the application of social constructionist ideas. Together, these seem to compose the unique contribution of narrative therapy." (p.495)

The narrative process within Narrative Therapy, as noted by Combs & Freedman (2012) allows for the generation of preferred stories following an in depth exploration of positive and difficult aspects of a person's life story. This process importantly takes into consideration sensitivities to social class, gender, race, ethnicity, and age.

Other than the published works of Michael White and David Epston, a description of the range of practices that can be considered to encompass their ideas are also noted by Carr (1998), Combs & Freedman (2012) and Morgan (2000).

3.1.3 Stories in Narrative Therapy

Stories are an important aspect of Narrative Therapy. This is because the stories we develop are thought to give meaning to our experiences, shape how we live our lives and internalise events and relationships (Denborough, 2012b). Morgan & Herron (2019) highlight the power of stories in Narrative Therapy and state how this approach assumes the use of stories can help individuals create new meanings and perspectives about their lives. It is reported that, *"Stories do not 'happen'; rather, they are actively constructed in people's heads. This intentionality is central to narrative therapy"* (Hobbs et al., 2012. p.40). Therefore, past experiences, intertwined with a person's cultural context, is thought to govern the stories we create and internalise about ourselves. Individuals who have been through hardships or difficult past experiences in particular, but not exclusively, may internalise their problems as a fundamental part of their identity. Within Narrative Therapy, an individual's actions are governed by the dominant stories that they hold. If these are primarily problem based dominant stories, these could be having a detrimental effect on their life. These individuals may be creating stories of themselves that portray a lack of power or worth (Etchison & Kleist, 2000). Narrative Therapy assumes the stories that individuals tell themselves and the world, in addition to the stories they do not tell, have the ability to both liberate and restrain people's lives. Uzun & Leblanc (2017) defined Narrative therapy as *"a tool for exploring and interpreting clients' experiences."* (p.2). Narrative Therapy therefore appears to help individuals explore and deconstruct negative or limiting self-narratives and create new, more empowering ones.

3.1.4 Central features of Narrative Therapy

Carr (1998) summarised nine central practices to Narrative Therapy (Table 1). The criteria outlined are defining markers for this thesis due to the variability in the use and understanding of Narrative Therapy.

Table 1 *Carr's (1998) Summary of important practices central to Narrative Therapy*

Principle	Description
1. Collaboration	Therapist takes a co-authoring consultative position with an individual
2. Externalization	Helping the individual view themselves and their identity as separate from their problems
3. Unique Outcomes	Exploration of 'exceptions' from dominant stories
4. Thickening plots	Creating richer descriptions of unique outcomes by using landscape of action and landscape of consciousness questions
5. Forming an alternative self-narrative	Linking unique outcomes to past events to form a preferred future and self-narrative where the problem holds less power
6. Outsider Witness	Significant others are invited to witness a new self-narrative
7. Re-membering Practices	Supporting the reconnection of an individual's internal representations to supportive significant others and networks
8. Literary documents and means	New knowledge and narratives are documented by literary means e.g., certificates, a news release and letters
9. Facilitating bring back	Invitation for individuals to support others with similar problems through a written account of new knowledge, sharing expertise

3.1.5 Theoretical Insights

Narrative Therapy has been described by Uzun & LeBlanc (2017) as a theoretical framework. Uzun & Leblanc (2017) outlined the main tenets of a narrative theoretical framework embraced by Narrative Therapy (Figure 3). Narrative Therapy was described as an *"eclectic therapy"* (p.2) that draws upon humanistic concepts and systems theory. The underlying assumption of this framework is that the construction

of reality is culturally mediated. It is the internalisation of this reality that governs how individuals behave, experience themselves and interpret interactions.

Figure 3: *Narrative Theoretical Framework tenets (Uzun & LeBlanc, 2017)*

1. No absolute truths exist, only various interpretations of reality exist.
2. The meaning attributed to an interpretation of an experience is what is of most importance.
3. Meaning is socially constructed within political and cultural systems.
4. How people behave is informed by the narratives that they and others assign to them.
5. People live multiple different narratives simultaneously.
6. The most influential factor contributing to how people live their lives, is culture.
7. The person is not the problem, the problem is externalised from the person.
8. The aim is not to transform the individual but transform the impact of the problem.

Systems Theory (Bronfenbrenner, 1979) influences Narrative Therapy as this therapeutic approach holds an underlying theoretical assumption that identity formation and self-understanding is strongly informed by cultural influences. As noted by Hobbs et al., (2012), "*Narrative therapy is concerned with the significance of relationship, context and community in influencing thinking, action and meaning."* (p.40).

Processes within Narrative Therapy also draw on Vygotsky's (1986) sociocultural theory of cognitive development. Therapeutic questioning within Narrative Therapy is viewed as a scaffold for individuals to come to realise aspects about themselves that are forgotten or unknown, through unexplored preferred stories. Scaffolded questions, guided by founding 'maps' of practice (White, 2007) in Narrative Therapy aim to support people to move away from what is known and familiar about themselves, to internalise alternative and preferred stories about themselves. Hobbs et al., (2012) note this process *"provides the chance to develop ideas about who we are and in turn have a sense of directing or influencing our lives"* (p. 40). Targeted questioning therefore seeks to develop 'thick' and meaningful stories, to explore the intentions, motives, hopes, values and beliefs a person holds (White, 2007).

3.1.6 Philosophical influences

Narrative Therapy has a number of philosophical influences by philosophers such as Michael Foucault, Jacques Derrida, and Ludwig Wittgenstein. Foucault's ideas on

language, power and knowledge links to the emphasis Narrative Therapy places on how personal narratives are shaped by social and cultural contexts (Besley, 2001; 2002; 2005; Combs & Freedman, 2012). Derrida's position on 'deconstructionism' challenges oppressive and marginalising dominant narratives which is recognised in Narrative Therapy (Guterman & Martin, 2016), with culture being recognised as the most influential factor contributing to how people live their lives (Uzun & LeBlanc, 2017). Wittgenstein's ideas on language and meaning have also influenced the focus on 'stories' in Narrative Therapy (Chang & Nylund, 2013) claiming that meaning is socially constructed instead of being inherent in language. This links to how the socially constructed stories we create are important to understanding the contexts in which personal narratives are maintained. Overall, these philosophical ideas are thought in the literature to have influenced the understanding of key tenets associated with Narrative Therapy. These include the underlying assumptions involved in the formation of personal narratives, challenging dominant cultural narratives, and acknowledging the role of language in the shaping of experiences and identities. Together, these are some of the philosophical influences that form the foundation of Narrative Therapy and arguably shape the way in which it is practiced and understood.

3.1.7 Key principles

Denborough (2014) reflected on the major contributions that Michael White made to the field of Narrative Therapy (see Appendix 19) and noted four main principles that Michael White and, now he, holds close when engaging in Narrative Therapy.

Table 2: *Key principles Michael White brought to engaging in Narrative Therapy (Denborough, 2014)*

1.	Not participating in pathologizing practice
2.	Challenging conceptions of normality
3.	Maintaining a position of egalitarian collaboration
4.	Acknowledging how politics and privilege permeate therapeutic encounters

To explain each principle in more detail, the first is to maintain a non-pathologizing stance, which is the belief that problems are not intrinsic to an individual and labels

are resisted. Problems are therefore ultimately not fixed or enduring in someone's life. The second refers to how a de-expert, 'not knowing' positionality is taken where the professional does not claim to know what is 'normal' or 'healing' for a person. This relates to how Narrative Therapy takes on a post-modernist world view that there is no objective reality or truth of 'normal' to be enlightened to, rather, a person's reality is a social construct influenced by social, cultural, and political discourses (Combs & Freedman, 2012). Thirdly, egalitarian collaboration emphasises that while co-researching (Epston, 1999) and co-creation (Cashin et al., 2013) occurs, the individual is the author of their own story, this is not imposed. The person therefore takes centre stage and is the expert in their own lives. This can be achieved by a professional taking on a 'decentred yet influential' position (White, 2002a; Fredman, 2014; Vermeire, 2017). To explain, a 'decentred' position refers to a professional not giving advice from a position of authority or offering solutions or opinions. This principle privileges the ideas and resources of the person involved. The 'influential' position refers to using consultation skills and asking targeted questions in specified ways (Morgan, 2000; 2002) to support a re-authoring process. Lastly, is the consideration that as Narrative Therapy assumes culture and lived experiences shape our identities (e.g., race, sexuality, gender, class etc) these aspects cannot be separated from the therapeutic encounter on behalf of either the professional or the recipient of Narrative Therapy. These factors therefore permeate throughout the therapeutic process, with critical reflection and acknowledgement of these needed.

3.1.8 Narrative Therapy with CYP

The following section will briefly discuss how the wider literature has recognised Narrative Therapy as a therapeutic approach that is suitable to support CYP.

Narrative Therapy has been identified as an effective approach for direct therapeutic work with CYP in a range of contexts, to support a range of needs. These include, but are not limited to, children who are care experienced (Hagan & Shuman, 2016), children with complex health and medical needs (Freeman et al., 2022), such as CYP who have sustained an acquired brain injury (Portnoy & Ireland, 2019), children who have experienced trauma, neglect and abuse (Vermeire, 2017) as well as children who are new to English or currently seeking safety and refugee status (van de Vijver

et al., 2016; Grainger & Liebling-Kalifani, 2020). Narrative Therapy within the wider literature also demonstrates how CYP who experience ASD (Chimpén-López et al., 2022), attention deficit hyperactivity disorder (ADHD) (Looyeh et al., 2012), attachment needs (Dallos & Vetere, 2014), Tourette's Syndrome (Wiest et al., 2001) and SEMH needs (Beaudoin et al., 2016; Loveimy & Safarzadeh, 2017; Jalali, Hashemi & Hasani, 2019) could also possibly benefit from engaging in this therapeutic modality. With EPs identified as key figures in supporting CYPs wellbeing (Zafeiriou & Gulliford, 2020) it is worthwhile considering how Narrative Therapy could be adopted by EPs to support their professional purposes in working with CYP from vulnerable groups or with SEMH needs, especially as it appears to be an under researched therapeutic approach in applied educational psychology (Hannen & Woods, 2012).

3.1.9 Children who have experienced trauma

EPs currently contribute widely to the field of trauma informed research to support CYP to thrive educationally and emotionally (Spence et al., 2021). Narrative Therapy has been identified as a helpful tool to engage in trauma informed practice, to help children and young adults who have experienced adverse childhood experiences, abuse or other traumas (Faith, 2020), to process their experiences and move towards a sense of post-traumatic growth (Vermeire, 2017; Grainger & Liebling-Kalifani, 2020). As mentioned above, Narrative Therapy has also been identified as a useful tool for children who are seeking refugee status, to be supported to process experiences of displacement and loss, develop a sense of cultural identity and navigate cultural transitions (van de Vijver et al., 2016). This is relevant as EPs have an obligation to support newly arrived young people, with schools expressing a need for continual support in this area (Hulusi & Oland, 2010). These studies align with the findings by Veronese & Barola (2018) who explored narrative approaches with children affected by war. Their involvement of Narrative Therapy was rooted in externalisation and the purpose was to support children to separate themselves from their problems. This research shows how children are remarkably able to draw upon skills to psychologically survive extreme adversity and the aftermath of war. This connects with conclusions formed from other research studies that have noted how children are able to engineer their own solutions to hardships through collaborative therapeutic input with mental health professionals (Stiefel et al., 2017). Narrative Therapy research with

CYP therefore demonstrates how it is a promising form of direct work with CYP to support their emotional wellbeing and mental health. This is especially relevant as EPs have reflected on how Narrative Therapy is *"specifically fitting for providing people with opportunities to give a voice to their traumas…"* (Lock, 2016, p.3).

3.1.10 Narrative Therapy and Educational Psychology

The section above briefly discussed different ways in which Narrative Therapy has been received and communicated in the literature base to support the emotional health and wellbeing of a variety of CYP. However, the origins of these studies were primarily from psychotherapy, social work or other international journals from a myriad of fields, with less focus on applied educational psychology practice within UK settings, schools and communities. While these studies show the potential benefits Narrative Therapy holds to support CYP, what will now follow is an overview of the literature, albeit minimal, regarding Narrative Therapy and UK based EP work specifically.

With regards to research exploring EPs working directly with CYP using Narrative Therapy in the UK, the literature base mainly consists of small scale research studies evaluating interventions (German, 2013; Eames et al., 2016) or anecdotal descriptive reviews of casework employing outsider witness practices (Walther & Fox, 2003), approaches to support the understanding of behaviours seen as challenging (Hobbs et al., 2012; Gilling, 2016) and case study designs exploring narrative practices to support school improvement (Smith, 2005), children with sexually inappropriate behaviours (Myers et al., 2003) and children who have experienced an exclusion from school (Warham, 2012). Narrative Therapy has also been recognised in the educational psychology literature to be useful for EPs working with individuals in both mainstream and alternative provisions delivering specialist educational curriculums to support SEMH needs (Hobbs et al., 2012). Based on findings from the wider literature, Narrative Therapy appears to have been historically applied to multiple areas of EP work and has been suggested as a framework for EP practice (Hannen & Woods, 2012). This illustrates the broad possibilities for the use of this approach at different levels of EP work.

3.1.11 Narrative Therapy Based Approaches

Narrative Therapy based approaches appear to be defined as somewhat distinct from Narrative Therapy, as this term is often used in the applied educational psychology literature to refer to a broader range of interventions and practices that are inspired by Narrative Therapy principles. Interventions cited by EPs, such as Tree of Life (German, 2013; Lock, 2016; Fleming et al., 2023), Beads of Life (Portnoy et al., 2015; Portnoy & Ireland, 2019) and Team of Life (Denborough, 2012a; Eames et al., 2016) are thought to be inspired by the processes, principles, and values of Narrative Therapy. Nevertheless, the inclusion of the term 'approaches', implies it may be a separate entity. For this reason, and due to the level of elusiveness associated to the terminology surrounding Narrative Therapy, a separate definition will be acknowledged to explain Narrative Therapy based approaches, as a related yet also intertwined concept within Narrative Therapy. Narrative Therapy based approaches in this review will be defined by the description provided by Dulwich Centre Publications (2009):

"Narrative approaches involve ways of understanding the stories of people's lives, and ways of re-authoring these stories in collaboration between the therapist / community worker and the people's whose lives are being discussed."

Other Narrative Therapy based approaches have also shown success in multiple areas of EP work to support the emotional wellbeing and mental health of CYP, such as life story work to support looked after children (Willis, & Holland, 2009; Watson, Hahn & Staines, 2020). While Narrative Therapy and Narrative Therapy based approaches share some common goals and techniques, the latter appears to be the terminology chosen to reflect Narrative Therapy's use in applied educational psychology practice.

Narrative Therapy in the context of applied educational psychology appears to still hold unclear and inconsistent characterisations of its application in practice (Wallis et al., 2011). This means it would be worthwhile to explore how Narrative Therapy is employed by EPs with the aim to further understand how EPs use this therapeutic approach to support the needs of CYP. The majority of research that has been cited

in this chapter have been international or from wider academic fields, namely, social work, psychotherapy, and clinical psychology journals. Based on this, what will follow is a systematic review, analysed through thematic synthesis, to explore what is known about the use of Narrative Therapy in EP practice specifically within the UK.

Systematic Literature Review
4.1 Part C

4.1.1 Chapter Overview

This section provides a systematic review of the evidence base to answer a specified research question. Explicit methods used to identify, select, and critically appraise the included primary research studies are described. Data is extracted and analysed using specified tools. It is concluded that there is limited research in this area reflecting EP views and how contemporary EP practice incorporates narrative practices following key legislative changes in the profession. More research is needed to explore the effectiveness of this therapeutic approach, how Narrative Therapy can be used by EPs and the views and experiences of EPs.

4.1.2 Objectives

What will follow is a systematic literature review (SLR), analysed through thematic synthesis, to explore what is known about the use of Narrative Therapy in EP practice. A SLR is defined as the gold standard in research to *"search for, collate, critique and summarize the best available evidence regarding a clinical question"* (Munn et al., 2018, p.1). The purpose of a SLR is to deliver a detailed summary of all the available primary research in a specific area with the aim of establishing the state of existing knowledge (Liberati, et al., 2009). To achieve these aims, thematic synthesis is used, defined as one approach to the synthesis of findings of qualitative research (Thomas & Harden, 2008).

Given increasing attention on the delivery of therapeutic interventions by EPs (Atkinson et al., 2014; Hoyne & Cunningham, 2019; Simpson & Atkinson, 2021) the current review aims to gain greater insight into how EPs in the UK employ Narrative Therapy and its associated approaches. The research also aims to further understand and describe current working and thinking within EP practice. This review, therefore, provides an analysis of contemporary published research articles relevant to the field of applied educational psychology to address the following review question:

— What can we learn from the literature about the application of Narrative Therapy by EPs?

As subjective experiences were the nature of this enquiry, a social constructionist approach to the review is taken. This position acknowledges the multiplicity in possible perspectives to knowledge creation based on how people internalise their individual interactions and life experiences. Therefore, qualitative research will be prioritised, based on the importance placed in this review on qualitative research endeavours. This viewpoint is adopted in the wider literature as Seers (2015) notes, *"A rigorous qualitative systematic review can also uncover new understandings, often helping illuminate 'why' and can help build theory."* (p.36). As reporting the perspectives and attitudes of people are privileged, a key inclusion criteria specified is that only qualitative research be included in the review. Qualitative data within mixed methods studies was acceptable for inclusion.

The definition provided by Wallis et al., (2011) (see section 3.1.2) will be the founding description of Narrative Therapy in this review. As detailed in section 3.1.11, Narrative Therapy based approaches appear to be linked to Narrative Therapy, though different perspectives exist as to whether certain Narrative Therapy based approaches can be 'called' Narrative Therapy or if actually they are distinct from Narrative Therapy. Due to the variability in terminology understood from the literature, this review will use the terms interchangeably to not exclude relevant research, with both being included in the search terms. A key inclusion criteria will be for studies to reference a defining feature of Narrative Therapy as defined by (Carr, 1998) to ensure the connection of studies to the purposes of this research. Carr (1998) summarised nine central practices to Narrative Therapy (see Table 1). The criteria outlined in Carr's (1998) processes to Narrative Therapy will therefore be defining markers for this systematic review due to the variability in understanding of Narrative Therapy.

4.1.3 Methods

4.1.3.1 Search method

A systematic review of the literature was undertaken, following the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Protocol (PRISMA-P) guidelines (Moher et al., 2015). Three electronic databases were systematically searched in January 2023: an EBSCO search of the British Education Index (BEI), the Education Resources Information Centre (ERIC), and Scopus. A hand search of the Division of Educational and Child Psychology (DECP) peer reviewed periodical and the Educational Psychology in Practice Journal (EPIP) was also completed.

4.1.3.2 Search strategy

Peer reviewed studies, contemporary research articles related to applied educational psychology practice and grey literature published between January 2014 and January 2023 were examined. Reasons for this selected date range will be explained and justified later on in this section. Studies were selected by combing terms using the 'AND' or 'OR' Boolean operators. An asterisk was used to retrieve words with alternative endings. Papers were limited to include search terms identified specifically within the title or abstracts of the articles. The following search terms were applied:

educational psycholog* AND narrative therap* OR narrative approach*

In addition to the electronic database search, the search strategy included a scope of the literature on Google Scholar and a hand search of the references of key identified papers.

4.1.3.3 Study eligibility

The inclusion criteria required:

- Primary research published between 2014 and 2023 within peer reviewed journals.
- Studies conducted in the UK, written in English.

- Studies which reference Narrative Therapy or at least one defining feature of Narrative Therapy as defined by (Carr, 1998).
- Explicit reference to educational psychology practice.
- Qualitative data collected.
- Clear and coherent findings or results section to analyse.

Studies were excluded if:

- No reference was made to Narrative Therapy or a defining feature of Narrative Therapy as defined by Carr (1998).
- No explicit reference to educational psychology practice within the UK.
- Articles not peer reviewed.
- No full text accessibility provided.
- Papers were systematic reviews or general reviews.
- Papers did not generate qualitative data.
- Papers did not provide an explicit findings or results section to analyse.

A time-period from 2014 – 2023 was selected in order to reflect significant legislative changes that have influenced educational psychology practice in the UK. These changes pertain to reforms regarding the Children and Families Act (DfE, 2014), the SEND Code of Practice (DfE, 2014), the Care Act (2014) and The Special Educational Needs and Disability Regulations (2014). Changes to legislation and guidance that explains how children with special educational needs and difficulties should be supported, and what their rights are, have influenced the guidance for assessment and intervention from EPs. These changes are of fundamental importance regarding practice and the role of the EP. Pivotal changes such as the focus on the voice of the child (DfE, 2014), for example, directly influences how direct work with children follows best-practice professional agendas. As these changes directly influence how EPs are guided to work directly with CYP, they thereby potentially influence how Narrative Therapy or its associated approaches are practiced. Studies were also only included within this timeframe to reflect more contemporary practices. Excluding based on time was the last stage of screening articles so that key and relevant articles would not be excluded for a narrative review of the literature. This helped gain an understanding of

the developments of Narrative Therapy since its conception in 1990 and to ensure no seminal papers were missed during the exploration of this topic area.

A full rationale for the inclusion and exclusion criteria can be found in Appendix 2.

4.1.3.4 Data extraction

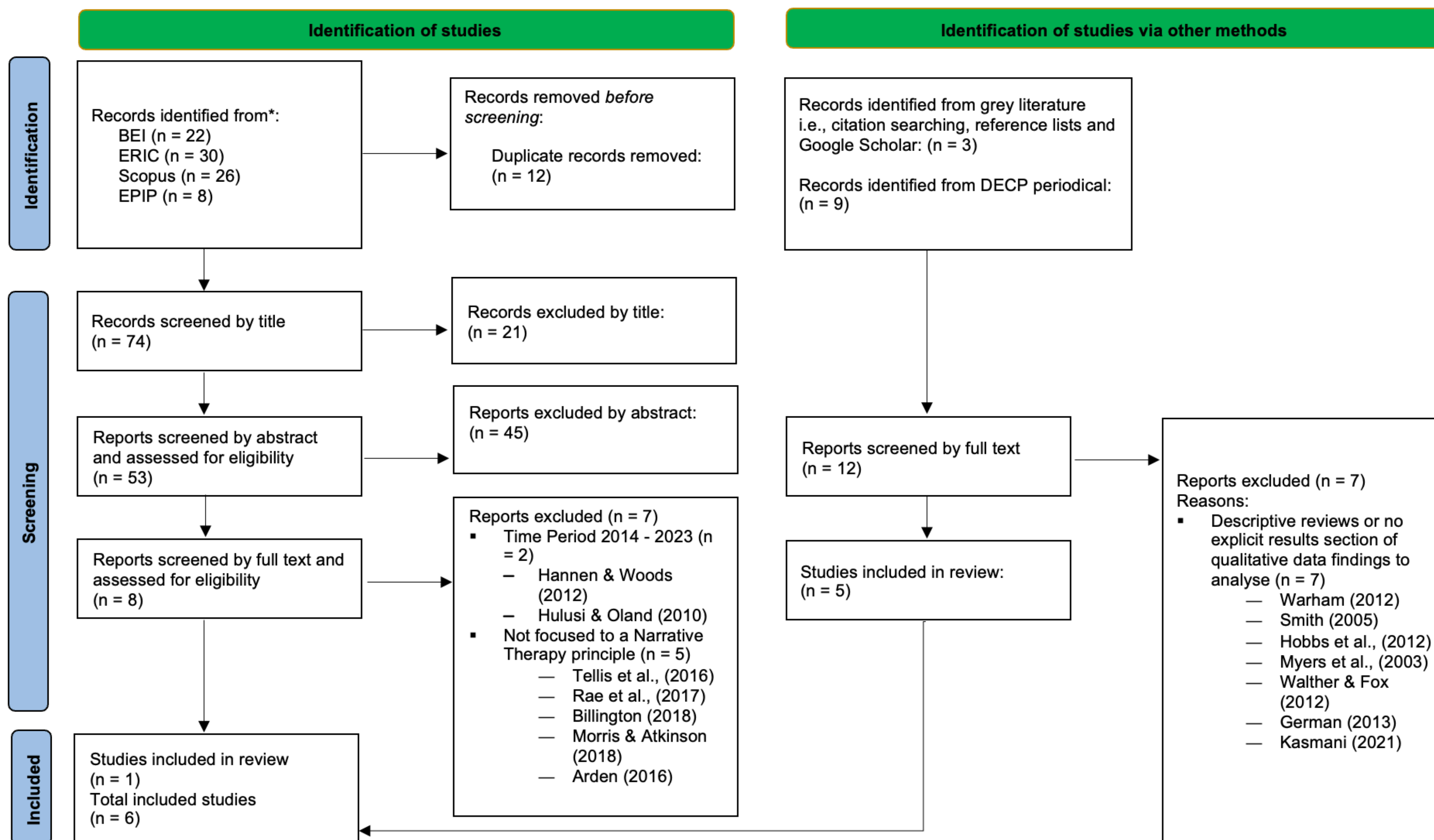
The search criteria followed the PRISMA flowchart, see Figure 4. Overall, 86 results were retrieved from database searches. Following the removal of duplicates (n = 12), 74 articles remained. 74 articles were screened by title (removing n = 21) leaving 53 articles. The remaining 53 articles were screened in two phases. First by abstract, (removing n = 45) leaving 8 studies, then by full text (removing n = 5), leaving 3 studies. Lastly, two studies were excluded by time period (n = 2), leaving 1 study.

Next, hand searches of grey literature, reference lists and key articles of the DECP periodical then identified 12 potential studies that were all screened by full text (removing n = 7), leaving 5 studies.

Before quality appraisal, 6 studies overall met criteria to be analysed to answer the following review question:

— What can we learn from the literature about the application of Narrative Therapy by EPs?

Figure 4: *PRISMA Flowchart*



4.1.3.5 Quality assessment

Quality appraisal evaluated the strengths and weaknesses of the 6 included studies. Research quality was assessed using Gough's (2007) Weight of Evidence (WoE) framework. WoE judgements (A – C) for each study are presented. Overall scores were used to calculate WoE D. This appraisal tool critically assesses:

1. Study quality (WoE A)
2. Methodological relevance (WoE B)
3. Review focus and review-specific quality (WoE C)
4. Overall judgement (WoE D)

WoE A – CASP

The Critical Appraisal Skills Programme (CASP, 2017) was used to assess the quality of each study. This tool is commonly used in reviews of qualitative research. The framework consists of 10 questions, with additional prompts (See Appendix 3 for full analysis). No alterations were made. Studies were scored: Yes (+). Cannot tell (?) or No (-). To calculate an overall numerical aspect, initial codes were transformed using guidance outlined by Kanavki et al (2016). Studies were rated high quality (3) if they met a minimum of 8 of the 10 criteria; medium quality (2) if the study met between 5 – 7 of the 10 criteria; and low quality (1) if they met 4 or fewer of the 10 criteria.

Table 3. *WoE A – Critical Appraisal of Studies*

CASP Checklist	**McQueen & Hobbs (2014)**	**Eames et al., 2016**	**Gilling (2016)**	**Rowley et al., (2020)**	**Williamson (2022)**	**Fleming, et al., (2023)**
Was there a clear statement of the aims of the research?	+	+	+	+	+	+
Is a qualitative methodology appropriate?	+	+	+	+	+	+
Was the research design appropriate to address the aims of the research?	+	+	+	+	+	+
Was the recruitment strategy appropriate to the aims of the research?	+	+	+	-	+	+
Was the data collected in a way that addressed the research issue?	-	+	+	+	+	+
Has the relationship between researcher and participants been adequately considered?	-	-	+	+	-	+
Have ethical issues been taken into consideration?	-	+	+	+	+	+
Was the data analysis sufficiently rigorous?	-	+	+	+	-	+
Is there a clear statement of findings?	-	+	+	+	+	+
How valuable is the research?	+	+	+	+	+	+
Weight of Evidence A	**2**	**3**	**3**	**3**	**3**	**3**

WoE B – Appropriateness of Method

The 6 studies were assessed for the appropriateness of their methods (Gough, 2007). Based on the inclusion criteria applied, only studies that collected evidence directly in the form of a qualitative measure relevant to Narrative Therapy with EP involvement were selected. Studies were rated high (3) if they used in-depth interviews or focus groups to collect this data and processes were made explicit; medium (2) if they used in depth interviews or focus groups to collect this data though processes were incoherent or not made explicit; and low (1) if they used a method of data collection other than interviews or focus groups to elicit qualitative data.

Table 4. *WoE B – Appropriateness of Method*

Authors	WoE B
McQueen & Hobbs (2014)	1
Eames et al., (2016)	3
Gilling (2016)	3
Rowley et al., (2020)	3
Williamson (2022)	1
Fleming et al., (2023)	3

WoE C – Appropriateness of Review Question

The 6 studies were assessed for the appropriateness of their study topic in relation to answering the current review question (Gough, 2007). The studies were evaluated according to the following criteria:

The extent to which the focus of the study was on how EPs in the UK employ narrative practices in their work to support the needs of CYP.

Studies were rated high (3) if the study focused entirely on techniques and processes related to how Narrative Therapy or approaches are employed within EP practice; medium (2) if most of the focus was on Narrative Therapy or approaches and how these are used within EP practice; and low (1) if the study had a loose or limited focus on Narrative Therapy or approaches and how these are delivered within EP practice.

Table 5. *WoE C – Appropriateness of Review Question*

Authors	WoE C
McQueen & Hobbs (2014)	2
Eames et al., (2016)	2
Gilling (2016)	3
Rowley et al., (2020)	2
Williamson (2022)	3
Fleming et al., (2023)	2

WoE D – Overall Score

An overall judgement score was used as a final quality measure per study by combining the overall scores for WoE A – C giving a mean score. Studies were rated high quality (3) if they scored 3; medium quality (2) if they scored 2 or above; and low quality (1) if they scored 1.99 or less.

Table 6: *WoE D – Overall Quality Measure*

Authors	Mean Score	WoE D
McQueen & Hobbs (2014)	1.6	1
Eames et al., (2016)	2.6	2
Gilling (2016)	3	3
Rowley et al., (2020)	2.6	2
Williamson (2022)	2.3	2
Fleming et al., (2023)	2.6	2

Following critical appraisal of 6 studies, McQueen & Hobbs (2014) was excluded from the final analysis on the basis of not achieving a suitable score as evidenced by an overall quality measure falling in the low range (WoE D). Despite the study being quite relevant to the review question (WoE C), upon close appraisal, this study was deemed to not fully achieve the required inclusion criteria of having a coherent enough results section to analyse appropriately. Therefore, 5 studies altogether were analysed through thematic synthesis (Thomas & Harden, 2008).

4.1.3.6 Data synthesis

In this review, an exploratory design taking an interpretive approach allowed for data patterns to be explored (Gough et al., 2013). Data was analysed and synthesised using thematic synthesis (Thomas & Harden, 2008). This approach to data synthesis began by inductively coding the qualitative findings of each results section of the 5 included studies, line by line, according to content and meaning. Each sentence was applied a code, creating a total of 204 initial codes. The free codes generated were grouped into 161 descriptive themes which expressed similar concepts. The 161 individual descriptive themes were arranged into 31 groups of shared meaning, to make organising for analytical themes more manageable and systematic. An inductive approach was therefore taken by which descriptive themes were organised first by group (n = 31) then into 5 higher order analytical categories (see Appendix 4, 5 and 6).

4.1.4 Results

4.1.4.1 Summary of included studies

5 studies, published in peer reviewed journals, dating from 2014 to 2023, met the appropriate criteria to be included in the review. Table 7 depicts each study's characteristics. All the studies were based in England, UK. Participants differed per study. Two studies included solely CYP as participants, one study focused on parent responses, one on EP reflections of an approach to consultation and another study incorporating pupil, teacher and parents' views. Exploratory participatory research and qualitative case study designs were the most popular method employing semi structured interviews or focus groups. Versions of thematic analysis emerged as the most popular data analysis method to explore the data, with grounded theory and content analysis also being adopted. Almost all studies were rated as medium quality, except Gilling (2016) scoring in the high quality range.

Table 7: *Overview of Included Studies*

Author	Title	Aims *(Qualitative)*	Participant characteristics	Country	Type of study	Methodology	Data Analysis *(Qualitative)*	Outcomes and Key themes
Eames et al., (2016)	The Team of Life: A narrative approach to building resilience in UK school children	RQ: How do participants experience 'Team of Life' and what perceptions of change are reported qualitatively?	26 secondary aged children Year 7-9 from a comprehensive boy's school Referred as having SEMH needs or participating in a peer mentoring group (23%).	England	Pilot study	Pre-post design exploring intervention effectiveness based on data from two pilot groups. Mixed method design.	Thematic analysis	▪ Significant reduction in SEMH needs. ▪ Benefits to participants forming: 'shared understanding', 'confidence', 'peer support' and the 'positive impact of sport'. ▪ Potential for collaboration between clinical and education psychology colleagues to promote positive mental health in schools.
Gilling (2016)	What can narrative therapy bring to our understanding and practice around mental	To explore the impact of a narrative therapy based intervention on people's understanding	3 participants: a young person, teacher and mother.	England	Intensive interviewing, constructionist design	Series of narrative conversations with a young person, teacher and mother.	Grounded Theory	▪ NT viewed as a different way of researching, understanding and practicing in relation to behaviour.

	health and behaviour? Constructing preferred stories in the classroom	of mental health and behaviour, changes in their relationship with 'problem' behaviour and how this can bring about different action within the classroom.						▪ Acknowledgement of the construction of preferred stories in the classroom can create new possibilities. ▪ NT illuminated the possibility for change through the realising of unmet values in order to thicken stories through therapeutic consultation with an EP.
Rowley et al., (2020)	Supporting parents through a narrative therapeutic group approach: a participatory research project	To investigate the experiences of ethnic minority parents who had attended a Tree of Life group	6 ethnic minority parents of CYP with SEND in a mainstream school	England	Participatory research	Tree of Life group sessions	Thematic analysis with visual focus	▪ Sharing of experiences. ▪ Increase in self awareness. ▪ Changing relationships to challenge.
Williamson (2022)	An exploration of strengths-based consultation; Tree of Change	To present and evaluate the consultation model Tree of Change (ToC)	4 EPs generating 11 case studies	England	Qualitative Case Study	Studying common features across 11 consultations facilitated by	Content analysis	▪ Focus on pupils' strengths reduced emphasis places on deficits. ▪ Generated action plans influencing the choice of

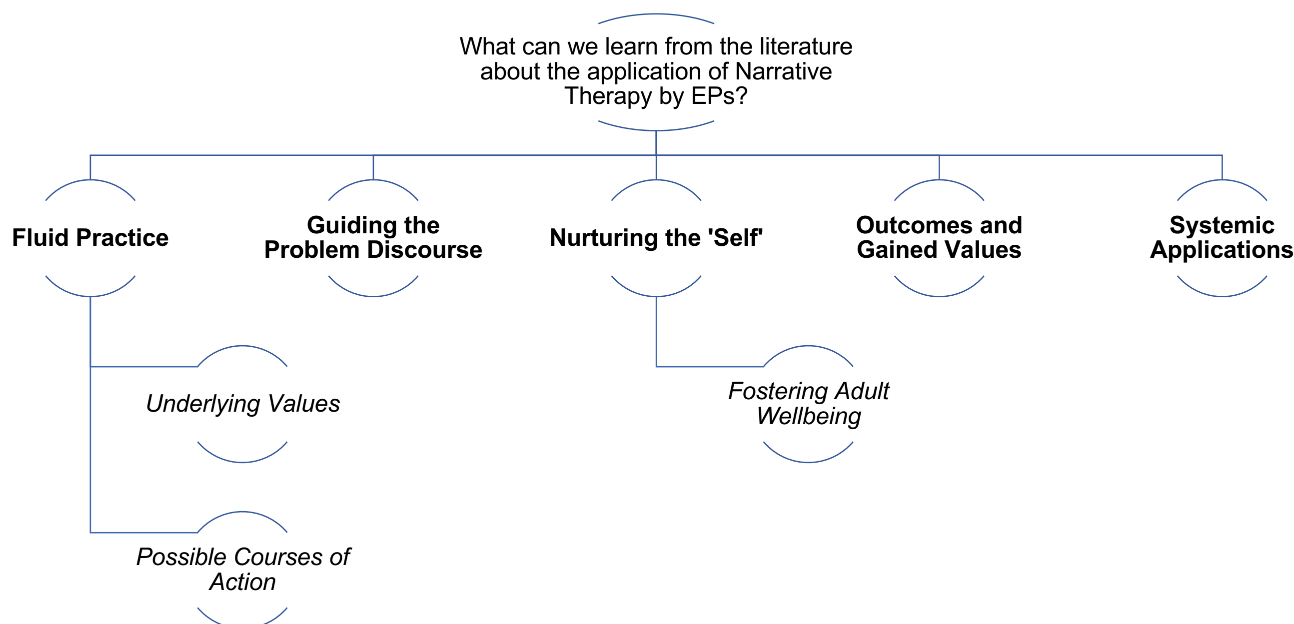
						EPs using the ToC model		strategy and/or target of interventions for young people. ▪ Shared understanding of pupil's narratives. ▪ Empowering marginalised voices.
Fleming et al., (2023)	Exploring young people's experiences of the Tree of Life narrative intervention through participatory research.	To empower young people and enable students to take an active part in participatory research as co-researchers.	Opportunity sample of 5 co-researchers (aged 12-13) from a specialist secondary school.	England	Small scale, qualitative, exploratory participatory study.	6, 80 minute ToL group sessions followed by 5 phases collaboratively coming to themes with co-researchers.	An adapted version of reflexive thematic analysis to include co-researcher involvement	▪ Improved friendships, group cohesion and fostered self-reflection ▪ Participatory approaches promoted autonomy of young people.

**CS – case study; TEPs – trainee educational psychologists; NT – Narrative Therapy; EPs – educational psychologists; CPs – clinical psychologists; HG – human givens therapy; ToL – Tree of Life; ToC – Tree of Change; RQ – research question; SEMH – social, emotional and mental health; MI – motivational interviewing; SFBT – solution focused brief therapy; ABI – acquired brain injury; CYP – children and young people; SEND – special educational needs and disabilities.*

4.1.4.2 Thematic Synthesis

The thematic synthesis identified five analytical themes, with two of these themes illuminating relevant subthemes. Figure 5 demonstrates the thematic map.

Figure 5: *SLR Thematic Map*



4.1.5. Discussion

The aim of this review was to further understand and describe current working and thinking within EP practice regarding Narrative Therapy. This review, therefore, provides an analysis of five contemporary published research articles to address the following review question:

— What can we learn from the literature about the application of Narrative Therapy by EPs?

Narrative Therapy and associated approaches were provided two separate definitions detailed earlier in section 3.1, as a distinction appears to be communicated in the wider literature. This SLR recognises how these two concepts can be viewed as distinct yet interrelated with regards to how this therapeutic approach can be applied, meaning both considerations were included in this review. For this reason, terms such as

‘narrative approaches’ or ‘narrative practice’ will be used in the following commentary to reflect this. The overall findings of this review suggest the application of Narrative Therapy by EPs is fluid in nature, and differ widely from a practical perspective, though an overarching social constructionist world view governs the practice. Interventions focused to nurturing the ‘self’, through strengths based methods are a key finding. This review found that outcomes from narrative interventions can assist in the understanding of what can be offered by EPs working therapeutically to support CYP and their families. This review also suggests systemic applications of Narrative Therapy are used at whole class and whole school levels.

4.1.5.1 Analytical Theme 1: Fluid practice

This theme represents a collective view of how Narrative Therapy was perceived to be delivered across studies, being fluid and adaptable, using practices that could be flexibly applied (Gilling, 2016; Williamson, 2022). Fluid practice related to EPs across studies being led by the participant and flexible to where conversations would transpire. This theme is divided into two subthemes as two different, yet related concepts were understood from the data that connected with fluid practice.

Underlying Values

Narrative Therapy was described as a way of practice that is the application of overarching values rather a singular, discrete intervention (Gilling, 2016). Narrative Therapy based approaches however were deemed one-off and individual interventions (Williamson, 2022) as well as longstanding pieces of work over time (Eames et al., 2016; Rowley et al., 2020; Fleming et al., 2023). This demonstrates the variety in what could be understood as Narrative Therapy in application, the differences in terms used, and how certain nuances are important to navigate when describing this approach within EP practice. Narrative processes as a whole were described across studies as the method of adopting a certain presence and outlook governed by Narrative Therapy principles. This seems to suggest that employing an approach aligned with Narrative Therapy is more affiliated with an underlying philosophy and understanding of what psychology can bring to an interaction or situation. This understanding aligns with White’s (2007) concept of a ‘landscape of

consciousness' within Narrative Therapy, which metaphorically describes how Narrative Therapy is a set of values and assumptions (Wallis et al., 2011). Wallis et al., (2011) understand Narrative Therapy as an approach that exists not based on tangible resources or tools but is rooted in three 'landscape of consciousness' stances taken by the professional in their acceptance of "…*the application of social constructionist ideas"* (Wallis et al., 2011, p.495). First is a 'political' account rooted in social justice that emphasises the importance of addressing cultural, social and societal issues in therapy. The second is a an 'irreverent' account that places value on an anti-pathologizing approach to therapy, making strengths and skills more explicit so that alterative stories can be created. Lastly, a 'reflexive' account draws on how professionals engaging in Narrative Therapy need to adopt a critical stance of therapy generally, as holding a position of reflexivity is valued when applying this therapeutic approach. The involvement of an EP in this study was minimal compared to professionals as members of other groups (e.g., clinical psychologists, social workers, family therapists etc) so the findings of this study by no means relates solely to EP practice and as a result, findings may arguably not be generalisable to applied educational psychology. This demonstrates the need for further research on how EPs view the application of these accounts when adopting a narrative approach in their work, and if they consider these as viable stances. It would be worthwhile exploring EP views and experiences to explore if this reported internalisation of Narrative Therapy is adopted in EP work.

Possible courses of action

A key finding across all studies was that multiple possible directions for practical applications of Narrative Therapy exist. Process features of Narrative Therapy were outlined across studies. Specific frameworks (Bruner, 2004; White, 2007) and approaches including the Golden Book strategy (Gilling, 2016), the Tree of Life (Ncube, 2006; Rowley et al., 2020; Fleming et al., 2023) and the Team of Life (Eames et al., 2016) interventions were outlined. In addition, more general technical aspects of applying Narrative Therapy were highlighted, such as studies valuing a purposeful structure (Rowley et al., 2020), visual resources (Rowley et al., 2020; Williamson, 2022) and creating safe, non-judgemental spaces to reframe negativity and help participants self-actualise preferred stories (Rowley et al., 2020; Fleming et al., 2023).

Duration of sessions and the structure of sessions were not fixed or specifically timebound across studies, with Rowley et al's (2020) narrative therapeutic group approach being longest in length to reportedly assist in bonding processes. Further technical aspects mentioned across studies included the 'Outsider Witness' process to grow a sense a togetherness (Rowley et al., 2020) and 'Reauthoring' to stimulate the exploration of new possibilities, strengthening future aspirations and altering perceptions to problems (Gilling, 2016; Rowley et al., 2020).

4.1.5.2 Analytical Theme 2: Guiding the Problem Discourse

Another pertinent theme across the studies was that EPs utilised Narrative Therapy to guide problem solving and discussions around problems. They did this by disempowering a medical model perspective to problems, such as reframing within child viewpoints and language (Gilling, 2016) and growing multi-storeyed perspectives of a problem (Gilling, 2016; Williamson 2022). A variety of problem solving models exist as frameworks within educational psychology (Cameron, 2006; Monsen & Frederickson, 2016; Chidley & Stringer, 2020). The problem itself does not seem to be the focus within Narrative Therapy however, but separating the problem from the individual (Ryan et al., 2015). Externalization is a process of helping an individual view themselves and their identity as separate from their problems (Carr, 1998; Russell & Carey, 2002; Strong, 2008). In the wider literature, externalisation has had a transformative role in supporting self-narratives of marginalised CYP (Edwards & Walker, 2019) and in supporting children manage aggression (Guterman & Martin, 2016) and self-cutting behaviours (Hannen & Woods, 2012). The importance of language and navigating different perspectives to within-child views during problem exploration were key applications of narrative approaches among included studies.

The notion of positivity within the guiding of problem solving was a frequented theme across studies through reframing negative self-talk (Gilling, 2016), initiating co-authoring consultative processes with strengths and positives first (Rowley et al., 2020) as well as participants having the opportunity to hear positives aspects of themselves from others to internalise positive self-views (Eames et al., 2016; Rowley

et al., 2020). For example, CYP started to engage in more positive self-expression following the Tree of Life (Fleming et al., 2023). The research therefore suggests practical applications of narrative approaches by EPs includes empowering others through shared positivity.

New knowledge and narratives documented by literary means seemed an important practical application of Narrative Therapy across studies, linking to an overarching value and focus on sharing positivity. For example, increased confidence was seen in children after engaging in documentary processes reviewing positive views and stories of themselves from others (Williamson, 2022). Practical applications of narrative therapy by EPs could extend to using a variety of documentary processes in casework, such as *"…diaries, journal writing, personal narratives, autobiographies and biographies…"* (Besely, 2005, p86).

4.1.5.3 Analytical Theme 3: Nurturing the 'Self'

This theme communicates how it was understood from the included studies that Narrative Therapy, when applied, appeared to nurture people's self-belief, self-reflection, self-narratives, self-awareness, self-identity and self-realisation. These various aspects of the 'self' were frequented amongst all included studies through a variety of processes, techniques and procedures. However, a central strengths based focus of empowering individuals through exploring their skills, strengths, resources, abilities and capacity for change were key to each. Nurturing the self through a strengths based lens supported adults and children in their realisation of alternative stories of themselves.

Foucauldian influences on Narrative Therapy include reflecting on the effects of knowledge, ethics and power as a means of providing a broader socio-political context of a person's life and their relationships (Beseley, 2002, Batters, 2011). This includes his writings on the 'care of the self' which signifies that individuals engage in the lifelong practice of self-formation as a means of creating what Foucault calls an "art of oneself" (Foucault, 1988, p.96). What can be taken from Foucault, of relevance to nurturing the 'self', is that ideas about ourselves influence the choices we make, which, under certain conditions, arguably create who we become (Beseley, 2005; Lazaroiu,

2013). This principle, for example, was actualized by Gilling (2016) through promoting self-awareness. Engaging parents in the Tree of Life allowed adults to consider how their wellbeing had impacted on their children, increasing their own self-awareness. Engaging children in the Team of Life, allowed children to become more aware of how they share commonalities with peers, thereby increasing understanding of their own identities (Eames et al., 2016). The application of Narrative Therapy by EPs, through focusing on a person's strengths and skills, helped people realise alternative stories of themselves and helped to nurture people's view of themselves.

Fostering Adult Wellbeing

This subtheme was developed due to the importance that was expressed across studies in adults seeking connectedness, relatedness, fulfilment, acknowledgement and togetherness through the sharing of experiences (Gilling, 2016; Rowley et al., 2020). This promotes the practical application of narrative approaches in group work with adults and in using Narrative Therapy within a consultation model of service delivery. Teachers reported they valued drawing on support from others, gaining feelings of emotional safety from a sense of togetherness following engaging in narrative approaches (Gilling, 2016). The wider literature also promotes EPs working with adults around the child to help support change rather than solely working with CYP directly (Zafeiriou & Gulliford, 2020). Practical applications of Narrative Therapy by EPs does not need to focus therefore on solely CYP but can be extended to family support contexts and communities, working with adults around the child.

4.1.5.4 Analytical Theme 4: Outcomes and Gained Values

The variety of outcomes that have resulted from EPs engaging in work associated with the ideas of White and Epston (1990) can help extend our understanding about what is possible from applying narrative ideas. Analysing outcomes and gained values from research of EPs who have previously engaged in such approaches can assist in understanding who may benefit from such approaches.

EPs have statutory obligations to support the understanding of four main areas of need and development. These are communication and interaction, social emotional and

mental health (SEMH), sensory and health and cognition and learning (Buck, 2015). Outcomes among included studies primarily related to supporting the domains of communication and interaction and SEMH. This review therefore illustrates Narrative Therapy and associated approaches have a place in supporting these areas of development, which EPs are directly involved. Eames et al., (2016) found narrative approaches provided a vehicle for friendship formation and enhanced children's social skills and understanding of their actual abilities. A narrative approach such as The Team of Life therefore could be adopted by EPs in casework to support CYP needing support in these areas.

All studies found that engaging in narrative approaches in their research fostered a sense of relatedness among participants. Through building on these gained values, it could be that EPs can support inclusion and school belonging using such methods, as key outcomes related to building connectedness and togetherness surfaced within findings. The importance of focusing on relatedness and togetherness also applied to research involving teachers. Gilling (2016) found teachers required acknowledgement that others had been through similar feelings regarding their response to behaviour in the classroom. Within this study, to preserve one's own wellbeing, teachers attempted to normalise their response to behaviour, preserve their integrity and reduce a sense of blame. Narrative processes allowed teachers to feel not defined by their role, with other aspects of themselves and their strengths revealed. Adopting the Golden Book strategy, for example, in their classrooms initiated feelings of self-recognition and supported the development of alternative stories. This suggests a role exists for Narrative Therapy and associated approaches to be linked to schools as an avenue to support teachers. This is supported by the wider literature that acknowledges narrative processes can be beneficial for the supervision of adults, particularly by engaging in Outsider Witness practices (Fox et al., 2002; Neuger, 2015). This suggests an application of Narrative Therapy could possibly exist at a coaching and supervisory level, with EPs facilitating these engagements.

4.1.5.5 Analytical theme 5 – Systemic applications

Systemic applications of Narrative Therapy to practice were raised in various studies. Whole school level concerns i.e., a school wide concern regarding parents' wellbeing

(Rowley et al., 2020) were supported by narrative processes. Narrative approaches were also deemed useful at a whole school level regarding behaviour (Gilling, 2016). Rowley et al., (2020) mentioned how a narrative approach challenged the influence of wider societal norms to promote inclusivity and helped reduce fear and blame in parents and teachers. Parents of children with SEND in this study found themselves needing to hide their true identity and feelings to fit in with wider societal norms, though following engaging in narrative approaches, parents felt increased feelings of comfort and reassurance. Systemic stigma and shame around SEND, experienced by parents of minority and ethnic backgrounds, was recognised as a dominant narrative in wider society (Rowley et al., 2020), though reauthoring processes from Narrative Therapy allowed parents to change the relationship they had with these challenges. Narrative approaches therefore stimulated a transformative process for adults. This suggests EPs could apply Narrative Therapy to support cultural understanding and perceptions of special educational needs of children on a systemic level, as well as support the emotional wellbeing of adults.

4.1.5.6 Limitations and considerations

Overall, the review identified a number of themes regarding how EPs apply Narrative Therapy in their practice. While this review used a robust and evidenced methodological approach to data extraction, this process was conducted by an independent researcher, leading to potential influences of bias. There are also likely to be issues with transferability and trustworthiness of this SLR, based on a sole researcher individually deciding on search terms and screening decisions.

This review includes results deriving from studies conducted solely the UK, narrowing findings, though this research decision was intentional with review purposes being to explore UK based practice. The review included views of EPs, parents, teachers and CYP. Most of these cases however employed small scale participatory, pilot or case study designs, gaining rich but arguably non-transferable data to wider populations.

It is worthy to note that as Narrative Therapy, and by extension, Narrative Therapy based approaches, is an elusive and not well understood approach (Wallis et al., 2011), the search terms of this review and inclusion criteria may not have led to the

inclusion of other studies which may have investigated versions of Narrative Therapy using different terminology or language. This means not all studies of relevance may have been incorporated into the selection of papers, limiting potentially relevant research from the review. A thorough review of reference lists and grey literature aimed to avoid this limitation.

The terminology used in this review presents not only subjective interpretations, but also raises a range of nuanced, ethical complexities for consideration. Hammond & Palmer (2021) note how little thought has been afforded to the ethical ambiguity which exists between the terms therapeutic practice and therapy, and the implications this has for EP practice. While Hammond & Palmer (2021) acknowledge that therapeutic working has long been considered a fundamental part of the EP role, they claim efforts need to be made to make this distinction clearer in the literature. The distinction of Narrative Therapy and Narrative Therapy based approaches and how it is employed in therapeutic working by EPs therefore needs further refinement and clarity. Definitions based on previous literature in this area (Carr, 1998) and publications by the Dulwich Centre (2009), an organisation which offers formalised training in Narrative Therapy, were corroborated in this review and aligns with the researcher's positionality regarding the distinction between terms.

There is a possibility of missed relevant research from one mixed method study that was included in the review (Eames et al., 2016). However, only qualitative data from the included studies were analysed to align with the social constructionist stance in this research and the type of review question posed.

Lastly, qualitative analysis is subjective and recognition of this is paramount in being a reflexive researcher and coding such data. The evidence-base was coded and assessed objectively to maintain impartiality throughout. This was supported by keeping a reflexive log of researcher thoughts and experiences throughout the research process (see Appendix 1 for extract examples).

4.1.5.7 Conclusion

This systematic review aimed to explore ways in which Narrative Therapy can be applied by EPs and with whom. It was learned narrative approaches permeate many levels in which EPs work. Narrative approaches are currently in use by EPs to support a variety of needs at individual (Hannen & Woods, 2012) group (Eames et al., 2016; Rowley et al., 2020; Williamson, 2022) and whole school, systemic levels (Gilling, 2016). Aims of all applications seemed to steer away from medicalised models of service delivery. Narrative Therapy was applicable in group contexts and could include a range of participants such as parents, school staff and CYP. Noted characteristics of Narrative Therapy by EPs were small-scale, short term, though prolonged sessions employing strengths-based practices were also valued. These processes inspired participants to realise aspects of their 'self' that could contribute to forming a preferred identity and preferred future. Exploratory research on EP views of Narrative Therapy however is under-researched.

4.2 Further rationale development for current research

The findings from the systematic review showed there is a limited body of research surrounding the application of Narrative Therapy in educational psychology (see also research rationale and aims in section 1.2). A gap in the literature remains around understanding what EPs, who apply Narrative Therapy in their work, take to mean as Narrative Therapy itself. A key finding from the systematic review suggested Narrative Therapy is the internalisation of a specific stance and set of underlying values. This demonstrates the possibility for further research on how EPs view this conceptualisation of Narrative Therapy. Based on this, it would be worthwhile exploring EP views and experiences to explore if this reported internalisation of Narrative Therapy is adopted in EP work, which the current research aims to do. A further gap in the literature remains surrounding the views and experiences of EPs using Narrative Therapy more generally in their work, outside of a specific Tree of Change model in consultation.

A view to explore this specific therapeutic modality lead to the formation of the current research questions posed by this thesis:

— How do EPs construe the term, Narrative Therapy?
— How do EPs conceptualise their application of Narrative Therapy?

The current research will therefore aim to understand and report on the views and experiences of EPs which appears to be lacking in this area of research. The following chapter will discuss the research aims and questions in more depth, by explaining the methodology of this research.

5. Chapter 3: Methodology

5.1 Chapter overview

This chapter will first describe the ontological and epistemological stance that is taken within this research, detailing my underpinning philosophical assumptions as a researcher. The aims of this chapter are to justify these assumptions and describe how they have influenced the research methods and methodological decisions taken. The research procedure will be outlined, and analysis method chosen described and critiqued. As Sullivan (2019) emphasises the importance of acknowledging researcher positionality when carrying out research, a transparent and reflective discussion of my core social constructionist values will also be provided in Chapter 5 (see section 7.5).

5.2 Methodological Orientation

This section will detail the theoretical position of the research and methodological approach taken.

5.2.1 Quantitative and Qualitative Research

Research is defined as *"the acquisition of knowledge in a systematic and organised way"* (Khaldi, 2017, p 23). Two main methodological approaches exist within psychological and educational research; quantitative methodology seeks to understand 'truth' through hypothesis testing, taking a positivist approach. In contrast, qualitative methodology does not seek to understand a 'truth', but strives to develop contextualised knowledge, focusing on generating rich, in-depth meaning from individual experiences (Braun & Clarke, 2022). The current research embraces the position that no singular universal truth exists to be discovered and focuses on analysing contextualised knowledge (Braun & Clarke, 2019). As the aims of this research prioritises understanding constructs of knowledge formed from individual experiences and the process of meaning making from these experiences, a qualitative methodology suits the current research. The strengths of qualitative research are well documented (Kidd, 2002; Maxwell, 2021) and aligns most with the research questions being posed. Clarity and trustworthiness of a chosen methodology is important to consider and explain (Young & Babchuk, 2019). For this reason, the ontological and

epistemological position of the research, taken within a research paradigm, will be reviewed in more detail.

5.2.2 Research Paradigm

It is recommended researchers should begin enquiry with a clear outline of what paradigm guides and informs their research study (Guba and Lincoln, 2005). A research paradigm refers to *“a comprehensive belief system, world view, or framework that guides research and practice in a field”* (Willis, 2007, p.8). Khaldi (2017) stresses how research paradigms, which determine research methodologies, cannot be fully understood without a thorough consideration of their underpinning philosophical tenets. Therefore, a clear understanding of the philosophical foundations of the research will be outlined, to justify the choice of an interpretivist paradigm in this research. These terms will now be explained, as a variety of ways can lead to the discovery of new knowledge, and this depends on the philosophical assumptions to which a researcher adheres to.

Paradigms referred to as *‘positivist’* or *‘post-positivist’* typically relate to quantitative research. Positivism assumes that “*the world exists as an objective entity, outside of the mind of the observer, and in principle it is knowable in its entirety”* (Della Porta & Keating, 2008, p.23). Positivism believes this ‘truth’, or one ‘reality’ can be discovered through seeking causal explanations that are considered universal (Cohen et al., 2018). As positivism assumes objective knowledge is possible (Al-Ababneh, 2020) it closely ties with empiricism, which states knowledge can be created and understood from observation (Willig, 2013).

Post-positivists still believe in one reality but reject the idea that this reality can be perceived with total accuracy by observation alone (Khaldi, 2017). This paradigm has been considered a ‘weaker’ version of positivism. While it assumes reality is composed of measurable objective facts, they accept subjectivity exists as the values of a researcher can influence what is observed (Khaldi, 2017). Understanding reality is therefore based on probability rather than certainty for post-positivists (Mertens, 2015; Robson & McCartan, 2016).

Paradigms referred to as *'interpretivist'* typically relate to qualitative research. This paradigm assumes multiple realities exist, as all individuals interpret the world in their own ways, forming their own constructions of reality (Creswell & Creswell, 2018). Research that adopts this paradigm tends to take mostly an inductive approach to meaning making rather than deductive. This means that knowledge and themes are created from the dataset rather than a focus on existing hypotheses (Azungah, 2018). The exploratory nature of this research therefore aligns more closely with an inductive approach to research inquiry. Deductive elements are still acknowledged however, as I recognise my own knowledge as a researcher is arguably unavoidable during analysis, due to the subjective nature of interpretivist research. Constructivist researchers are interested in social constructions of knowledge to understand *"the world of human experience"* (Cohen et al., 2007, p.36). An '*interpretivist'* paradigm therefore is appropriate for the current research as it aims to explore and interpret the lived experiences of EPs in their use of a specific therapeutic approach, Narrative Therapy. As the researcher, I acknowledge and believe that multiple realities exist, and sought to gain an understanding of the subjective realities of individual EPs related to their experiences of Narrative Therapy.

5.2.3 Ontological and epistemological positions

A philosophical position is required within psychological research to outline the world view taken by a researcher, as this influences a researcher's methodological decisions (Mertens, 2015). This encompasses the researcher's views on the nature of 'reality' (ontology) and how knowledge of 'reality' is produced and understood (epistemology). In order to achieve a robust research design, alignment of the researcher's philosophical standpoint and the research paradigm, design and methods is needed (Pouilot, 2007).

Ontology refers to what there is to know about the nature of reality (Al-Ababneh, 2020). Ontological positions are often referred to as either *'realist'* or *'relativist'* in nature (Willig, 2013). A *'realist'* ontology subscribes to the notion that a singular knowable reality exists that can be discovered in objective ways (Al-Ababneh, 2020). In contrast, a *'relativist'* ontology assumes multiple interpretations of reality can be formed, or constructed, from a certain situation (Willig, 2013). Paradigms referred to as *'positivist'*

align with realist ontological perspectives, whereas paradigms referred to as *'interpretivist'* align with relativist ontological perspectives.

The current research conceptualises knowledge is socially constructed by individuals. Therefore, it is assumed that multiple realities exist i,e., how one EP construes Narrative Therapy or conceptualises the application of Narrative Therapy will be different to another EP. The ontological stance taken within this research is therefore relativist.

Epistemology refers to the theory of how knowledge is created (Al-Abanbeh, 2020) as it describes a theoretical perspective of making sense of the world. Three epistemological positions were considered for the current research: objectivism, constructionism, and subjectivism. An epistemological position is important to consider as it governs the type of data collection method chosen and methodological choices to answer specified research questions (Willig, 2013).

The positivist and post-positivist research paradigms align with a realist ontological stance and tend to follow an *'objectivist'* epistemology (Duberley et al., 2012). This is due to the value placed on maintaining a high level of objectivity in the search for 'truth' in research (Robson & McCartan, 2016; Creswell & Creswell 2018). In contrast, an interpretivist/constructivist research paradigm aligns with a relativist ontological position and a *'subjectivist'* epistemology (Frost, 2011). Lincoln, Lynham & Guba (2018) state that knowledge generated from researchers in conjunction with participants is shaped by lived experiences. An interactive process between researcher and participant is therefore assumed in how knowledge is created, during the exploration of participant views and experiences (Creswell & Creswell, 2018)

In relation to my research, I reject the idea that a researcher can be detached from their research or produce data that is free from influence. Therefore, the analysis of data will include both deductive and inductive elements to pursue knowledge. I recognise an interactive link between myself as the researcher and participants in the construction of knowledge throughout the interview process. I believe that a lot can be learnt about the world, which cannot be measured through solely objective means. Therefore, I reject a positivist position. The original contribution to knowledge I would

like to make with this exploratory study is concerned with how the concept of Narrative Therapy is socially constructed by EPs and what we can learn from their constructs of reality in relation to the application of this therapeutic approach. This thesis therefore fits within an interpretivist orientation to research with relativist and subjectivist foundations. This underpinning philosophy of the research, and my position as a researcher provided the framework to address the following research questions:

— How do EPs construe the term, ‘Narrative Therapy’?
— How do EPs conceptualise their application of Narrative Therapy?

5.2.4 Positioning in this research

Once my ontological and epistemological positionality was decided, it allowed me to identify the type of knowledge I wanted to share and how I was going to gain data to obtain this knowledge. The current research aims to support how qualitative inquiry can offer original contributions to research. Therefore, this research is informed by a social constructionist theoretical perspective. This influenced my overall research design and procedure and formed the basis of subsequent research decisions.

5.3 Research procedure

This section will outline the procedural steps taken to carry out the research. The quality and trustworthiness of the research and the approaches taken to ensure rigour in qualitative research will be considered. This section will end with the ethical considerations taken within this research.

5.3.1 Choice of data collection method

The next methodological decision made was deciding on the research method that could complement my philosophical framework. Therefore, a method of data collection was chosen that aligned with exploring individual ideas and stories, drawing on a socially constructed position by interpreting individual EPs and then their construct of reality. I consequently chose semi-structured interviews as it provided a productive

way of collecting open-ended data (Adams, 2010; DeJonckheere & Vaughn, 2019) promoting a *“narrative mode of expression”* (Hiles et al., 2016, p.161).

A semi-structured approach was selected instead of structured or unstructured approaches as it offered flexibility to ask follow-up questions as the interview ensued. It also offered a guiding structure to refer to (Thomas, 2017). Flexibility was welcomed in the data collection process, as it provided participants with the space to discuss potential casework and express themselves fully. This allowed them to not be interrupted and to communicate their stories in the way they wanted to tell them. If I was looking for further detail to their stories, I was an active participant in the discussion, and asked follow-up and prompt questions, led by their responses to my initial questions.

Conducting the semi-structured interviews adhered to the following six stages: (a) selecting the type of interview; (b) establishing ethical guidelines, (c) crafting the interview protocol; (d) conducting and recording the interview; (e) analysing and summarising the interview; and (f) reporting the findings (Rabionet, 2011). Issues of purpose, consequences, consent, identity, relationships, confidentiality and protection were central considerations in the process (Rabionet, 2011).

5.3.2 Interview schedule

In line with recommendations by Kregar & Casey (2002) and Rabinoet’s (2011) stage three of ‘crafting the interview protocol’ guidance, the first step of forming the interview protocol was a focus group held with EPs within the local authority educational psychology service (EPS) I was working, to gain *“a good grasp of the subject matter”* (Rabionet, 2011, p.564). This was the first step of forming a ‘questioning route’ or otherwise termed, interview schedule. This focus group included a conversation about what EPs currently know about Narrative Therapy, gaps in knowledge and what they would like to learn most from the research to inform practice. The group size included five EPs, not including myself as the researcher. Following this one-hour focus group, the team’s gaps in knowledge were considered which then informed a co-created list of questions that would be used to inspire the final interview questions chosen (see Appendix 7). The participants from this focus group were not able to be recruited as

main participants of the research. The final interview schedule (see Appendix 11) followed Robson's (2002) proposed semi-structured interview structure, as recommended by Al-Balushi (2016); starting with a warmup question to cue the participant into the topic of discussion, followed by the main body of questions focused on the research area, and then ending with a less demanding final question that brings the interview to a conclusion. Chosen questions aimed to address the purpose of the study. As *“existing literature and previous work are the best resources”* for the development of interview questions and follow up probes (Rabionet, 2011, p.564), my own research as well as inspiration from this focus group contributed to the crafting of the final interview protocol.

5.3.3 Participants and recruitment procedure

Following the decision to use semi-structured interviews as my main data collection method, the next step in the research process was the recruitment of participants. As the research aimed to explore individual views and experiences of EPs, participants were recruited opportunistically (Warren et al., 2014) based on certain exclusion and inclusion criteria (Willig, 2013, see Appendix 18). Participants needed to be EPs registered with the Health and Care Professions Council (HCPC), have an interest in the topic area and have at least one professional practice example of applying what they believed to be Narrative Therapy to share. Formal training in Narrative Therapy was not an inclusion criteria due to the term not being a protected title in the UK. I did not want to risk excluding a potential participant who may have been well versed in Narrative Therapy, valued the approach, and had experiences to share who may have not completed formal training.

Participants were recruited in several ways. Firstly, by emailing research information to the Principal EP at the Local Authority (LA) EPS I was a trainee, to kindly disseminate a message for recruitment to the service and his wider connections of Principal Educational Psychologist’s (PEP) nationally. Information about the study was also posted on EP forums e.g., EPNET with researcher email information included for willing participants to get in contact (see Appendix 17). 17 EPs in total volunteered their time to take part in this research, ranging from newly qualified to specialist senior status. Table 8 details key participant characteristics.

Table 8: *Participant characteristics*

Participant Number	Completed Formal Training in NT*	Role	Setting	Year's experience as a qualified EP
1	Y – Dulwich Centre Refresher Course	EP	LA	10
2	Y – Institute of NT Level 1	EP	LA	3
3	Y – Institute of NT Diploma	EP	Independent / Academia	8
4	Y – Institute of NT Level 1	EP	LA	3
5	Y – Institute of NT Level 2	EP	LA	11
6	Y – Institute of NT Level 1	EP	LA / Independent	12
7	Y – Institute of NT Diploma	EP	LA	11
8	Y – Institute of NT Level 2	EP	LA	4
9	Y – Institute of NT Level 2	EP	LA	20+
10	N	EP	LA	13
11	Y – Institute of NT Diploma	EP	LA	10
12	N	Newly Qualified EP	LA	1
13	Y – Institute of NT Level 1	Newly Qualified EP	LA	1
14	Y – Institute of NT Level 3	EP	LA	20+
15	Y – Dulwich Centre Accreditation	EP	Independent	8
16	Y – Institute of NT Diploma	EP	LA	10
17	Y – Institute of NT Level 2	Specialist Senior EP	LA / Academia	12

*NT – Narrative Therapy

3.3.4 Sampling strategy

The initial aims of the research were to recruit 6-8 participants as this is deemed a suitable number recommended for interviews analysed by Reflective Thematic Analysis (Braun & Clarke, 2013). When faced with more participants willing to be involved in the research, I considered Malterud et al's (2016) research on 'information power' to assess whether further participants would be beneficial to my research endeavours and the research questions posed. Malterud et al., (2016) noted, *"Qualitative interview studies may benefit from sample strategies by shifting attention from numerical input of participants to the contribution of new knowledge from the analysis."* (p.1759). Based on this, a specific number of participants to obtain was considered but not the focus of the sampling strategy, but a recursive process in which I assessed information power as interviews ensued, considering how each interview contributed new knowledge. These decisions were based upon the items and dimensions of information power as detailed by Malterud et al., (2016). The number of participants included in this study therefore reflects the point at which I felt the research would demonstrate strong information power. This process is understandably more subjective, which raises its own limitations, though I felt this aspect of the research design better fit with my theoretical and underlying social constructionist approach to research.

5.3.5 Transcription

Following the semi-structured interviews, the next stage in the research procedure was to organise the data in a way that could be ready to be analysed. Individual transcripts were formed for each participant, which formed the data corpus of this research. Due to the majority of interviews taking place virtually using Microsoft Teams video conferencing software, in-built transcriptions were saved from these meetings, then manually reviewed alongside video and auditory recordings. For the two interviews that did not take place virtually, The Automated Transcription service provided by Nottingham University offered secure transfer of audio and text files to a transcript document. These transcripts were thoroughly checked for accuracy and manually reviewed and edited alongside video and auditory recordings.

5.3.6 Rigour and trustworthiness in qualitative research

Willig (2017) states *"qualitative data never speaks for itself and needs to be given meaning by the researcher"* (p.274). Subramani (2019) similarly states that the validity of research is strengthened by reflexivity, which leads to a more rigorous analysis. Researcher interpretations are therefore a fundamental part of making sense of and attributing meaning to qualitative data.

To acknowledge researcher interpretation as a central process to analysis in qualitative research endeavours, criteria is needed in order to establish trustworthiness of qualitative research. Such criteria should not be "fixed" (Parker, 2004, p.95) as this presents inflexibility, which aligns more to quantitative research designs. Therefore, to carry out rigorous and trustworthy research, I referred to best practice recommendations (Braun & Clarke, 2006; 2023) (see also Appendix 8) and considered studies related to representing quality in qualitative research (Lincoln & Guba, 1985; Yardley, 2000; Stahl & King, 2020).

Procedures for enhancing and demonstrating the quality of qualitative research can be broadly grouped into four main areas: sensitivity to context; commitment and rigour; transparency and coherence and impact and importance (see Figure 6). Meaningful steps were taken to ensure these aspects were considered, detailed below in the description of the data analysis phases of RTA in section 5.4.6.

Figure 6: *Characteristics of good qualitative research (Yardley, 2000)*

Sensitivity to context
Theoretical; relevant literature; empirical data; sociocultural setting; participants' perspectives; ethical issues.

Commitment and rigour
In-depth engagement with topic; methodological competence/skill; thorough data collection; depth/breadth of analysis.

Transparency and coherence
Clarity and power of description/argument; transparent methods and data presentation; fit between theory and method; reflexivity.

Impact and importance
Theoretical (enriching understanding); socio-cultural; practical (for community, policy makers, health workers).

5.3.7 Ethical considerations

Ethical approval had been met for this research based on the decision of the Research Ethics Committee at The University of Nottingham (see Appendix 9). The research was conducted in accordance with the British Psychological Society (BPS) Code of Human Research Ethics (2021). Participants were made aware of the topic and interview purpose before taking part and were able to withdraw at any time without giving a reason. It was ensured participants consented to the research (see Appendix 10). Ethical considerations were closely aligned with the Data Protection Act's (2018) principles to protect the privacy of participants.

5.4 Research Design

This section will explain the methodological decisions considered for analysis of the data. This section ends with an explanation of the chosen analysis method, reflexive thematic analysis (RTA), with an overview of the steps taken per phase of the analysis process provided.

5.4.1 Consideration of qualitative analysis methodological options

This section will outline the qualitative analysis method options that were considered in this research.

Grounded theory was rejected as a possible analysis option as it is a method that aims to generate theories from a data set rather than explore views and experiences which the current research aimed to do (Creswell & Creswell, 2018). The intention of this research is to explore the phenomenon of Narrative Therapy and its associated approaches in practice, not to construct or develop theories to explain it.

Narrative Analysis is primarily concerned with the content and structure of stories that individuals tell (Esin, 2011). However, this research aimed to bring meaning together across data rather than interpret individual narratives. Narrative Analysis might have been more suitable if the participants were adults or CYP who have taken part in

Narrative Therapy or a narrative intervention perhaps. It seemed less suitable for the subject area being explored by this study, being EP professional views.

Discourse analysis is used to study language and meaning within its context, following a social constructionist approach (Georgaca & Avdi, 2011; Harper & Thompson, 2011). While the current research adopts a social constructionist perspective, the aims were to explore views and experiences across participants through a predetermined research agenda. Discourse Analysis did not seem suitable for this research as it is recommended to be used with naturalistic conversations rather than semi-structured interviews (Harper & Thompson, 2011). Rather than being concerned with patterns in conversations, I am interested in the exploration of professional practice to address what is known about Narrative Therapy.

Interpretative phenomenological analysis (IPA) focuses on personal lived experiences (Alase, 2017). The analytic focus of this research however was to identify themes across the data set, rather than explain or review unique features of individual cases. In contrast to aims of IPA, the current research aimed to explore the views and experiences of multiple EPs and consider the commonalities between their experiences, to add to the body of research in the area.

Braun & Clarke (2023) state how Thematic Analysis is *"closer to a method – a theoretically-independent research tool or technique – than a methodology – a theoretically informed and delimited framework for research." (p.5).* It is based on this that qualitative researchers take thematic analysis to be different from other qualitative analytic frameworks, such as those described in this section.

5.4.2 Reflexive Thematic Analysis

Thematic Analysis refers to a continuum of approaches, each defined by their own paradigmatic assumptions (Braun & Clarke, 2022). This collection of approaches refers to coding reliability, codebook approaches, and reflexive thematic analysis (RTA) (Terry & Hayfield, 2020). Thematic Analysis as a research method is designed to develop, analyse, and interpret patterns across qualitative data, involving a transparent and systematic process of coding data and constructing themes from a

data set (Braun & Clarke, 2022). Researchers are considered to take an active role in the analysis of a dataset (Braun & Clarke, 2021a; Maguire & Delahunt, 2017), meaning a Thematic Analysis approach is thought to not just *‘give voice’* (Braun & Clarke, 2006, p7) to research findings, but considers researchers as active in the process of constructing knowledge and meaning making. I acknowledge that selecting this analysis approach meant I would take a prominent role in the identification of themes and patterns across the dataset, being mindful to maintain high levels of rigour and trustworthiness during analysis.

The reconceptualization of RTA from the initial six step process (Braun & Clarke, 2006) is well documented (Braun & Clarke, 2019, 2021a, 2021b, 2022; Byrne, 2022). The approach now embodies a similar structure, but the conceptual understanding of this structure has differed. A detailed outline of RTA’s analysis phases will be provided. RTA, as a data analysis approach, is fully rooted within the values of a qualitative paradigm. It is recognised as a useful way of identifying shared meaning across data through the identification of codes and later themes (Braun & Clarke, 2019). The ‘reflexivity’ element of RTA places emphasis on how I, as the researcher, am required to recognise my own position within the research process, and to review how this impacts on the interpretation of data (Braun & Clarke, 2022). To ensure I was conducting a ‘good’ thematic analysis, guidance and criteria provided by Braun & Clarke (2006) was closely considered (see Figure 7).

Figure 7: *15 point checklist for good thematic analysis (Braun & Clarke, 2006)*

Process	No.	Criteria
Transcription	1	The data have been transcribed to an appropriate level of detail, and the transcripts have been checked against the tapes for 'accuracy'.
Coding	2	Each data item has been given equal attention in the coding process.
	3	Themes have not been generated from a few vivid examples (an anecdotal approach), but instead the coding process has been thorough, inclusive and comprehensive.
	4	All relevant extracts for all each theme have been collated.
	5	Themes have been checked against each other and back to the original data set.
	6	Themes are internally coherent, consistent, and distinctive.
Analysis	7	Data have been analysed – interpreted, made sense of – rather than just paraphrased or described.
	8	Analysis and data match each other – the extracts illustrate the analytic claims.
	9	Analysis tells a convincing and well-organized story about the data and topic.
	10	A good balance between analytic narrative and illustrative extracts is provided.
Overall	11	Enough time has been allocated to complete all phases of the analysis adequately, without rushing a phase or giving it a once-over-lightly.
Written report	12	The assumptions about, and specific approach to, thematic analysis are clearly explicated.
	13	There is a good fit between what you claim you do, and what you show you have done – ie, described method and reported analysis are consistent.
	14	The language and concepts used in the report are consistent with the epistemological position of the analysis.
	15	The researcher is positioned as *active* in the research process; themes do not just 'emerge'.

5.4.4 Rationale for RTA

The goal of this qualitatively driven exploration of knowledge was to provide a theoretically informed interpretation of participants views and experiences, to understand how participants construed and conceptualised a particular therapeutic approach. Braun & Clarke (2022) state RTA is mostly recruited to explore *"questions centred on exploring participant's experiences and sense making…" (p.10)* in psychological research. RTA therefore was the best fit for my research questions, to identify patterns in data and then to describe and interpret those patterns.

I considered the ontological and epistemological positionality I wanted to abide by throughout the research, and the interpretivist lens to knowledge creation adequately fit with the analysis method chosen.

5.4.5 Reflexivity

Braun & Clarke (2023a), in line with Trainor & Bundon (2021), report the *'craft'* of RTA requires *"a thoughtful, engaged, situated and questioning practice*" (p.7). In the process of engaging reflexively within this research, I was striving to be a more 'knowing' and 'positioned' researcher in practice (Braun & Clarke, 2023a). Focusing

on tensions and inconsistencies in the data set allowed me to do this. Throughout this thesis, reflections, thoughts and ideas have been captured in 'reflexivity boxes' that aim to demonstrate how I have committed to this process.

5.4.6 Data analysis phases

Braun & Clarke (2022) have continued to revise and develop their framework of RTA since the publication of their original 2006 paper. One of the purposes of this revision was due to multiple elements of their method for analysis being commonly misunderstood. A notable change was the modification of 'reflexive' thematic analysis becoming a prominent feature of this analytical method. This section will be organised according to the six phases that Braun & Clarke (2022) report. I will clearly outline the research decisions I made at each stage, and the process I went through to analyse data using this method. Throughout the process, I drew upon worked examples of researcher's developing their craft and explaining their experiences of engaging with the RTA process (Trainor & Bundon, 2021). As analysis of the data set was conducted in a recursive manner, I will detail what processes worked best and the actions I took to complete each phase. Figure 8 is derived from Braun & Clarke's (2006) initial publication, though the process remains similar. The alterations made to the names of the phases (Braun & Clarke, 2022) will now be used.

Figure 8: *Phases of Thematic Analysis*

Phase	Description of the process
1. Familiarizing yourself with your data:	Transcribing data (if necessary), reading and re-reading the data, noting down initial ideas.
2. Generating initial codes:	Coding interesting features of the data in a systematic fashion across the entire data set, collating data relevant to each code.
3. Searching for themes:	Collating codes into potential themes, gathering all data relevant to each potential theme.
4. Reviewing themes:	Checking if the themes work in relation to the coded extracts (Level 1) and the entire data set (Level 2), generating a thematic 'map' of the analysis.
5. Defining and naming themes:	Ongoing analysis to refine the specifics of each theme, and the overall story the analysis tells, generating clear definitions and names for each theme.
6. Producing the report:	The final opportunity for analysis. Selection of vivid, compelling extract examples, final analysis of selected extracts, relating back of the analysis to the research question and literature, producing a scholarly report of the analysis.

Phase one: Familiarise yourself with the data

The use of technology for video calling and virtual meetings became a common approach to interaction in the education and educational psychology field as a result of the worldwide COVID-19 pandemic. It became relatively common practice for video platforms to be used in communication by EPs with schools and other stakeholders. Participants in this study were offered either in-person interviews or virtual interviews, with the latter being chosen by, not all, but the majority of participants. Considering the first phase of familiarising myself with the data in RTA, being able to review auditory as well as visual information as I reviewed each transcript was beneficial. I found visual recordings allowed me to familiarise myself with the data in a more in-depth way, rather than relying on solely audio recordings.

Braun & Clarke (2006) claimed a far more thorough understanding of a dataset can be achieved by transcribing it. Due to the majority of interviews taking place virtually using Microsoft Teams video conferencing software, in-built transcriptions were saved from these meetings, though the accuracy of these transcriptions were not sufficient. I therefore double checked each transcript, by listening and reviewing the recordings alongside each document to ensure coherence and accuracy. This aligns with Braun & Clarke's (2006) criteria 1 for appropriate transcription in addition to Yardley's (2000) characteristic of *'commitment and rigour'.*

Following the review and re-review of individual transcripts, I printed each transcript and began by noting down keywords related to what I believed encapsulated the story each participant wanted to tell (see Appendix 12a). Throughout this process, I highlighted quotes of raw data from participant responses that I believed shared particular resonance to my research questions. I also noted various reflections and my own responses to the data. While this process was lengthy, this allowed me to make sense of the data and connect with the second phase of the RTA process (Maguire & Delahunt, 2017).

Reflexivity box 1:

As I reviewed the transcripts, I found myself reflecting on how the terminology used by myself and participants differed considerably when attempting to form an understanding of the concept of Narrative Therapy. Participants had their own language preferences to explain the same entity, which required a considered and focused approach to understand fully the context of what participants had meant in their responses. I also found myself questioning incorrectly at times, for example, not stating Narrative Therapy in the question, saying narrative 'practice' instead for example, influenced by the language each participant used.

Phase two: Coding the data (originally generating initial codes)

Codes in RTA are *"important outputs and components of the researcher's developing analytic engagement. Codes are not pre-determined, or set, but organic. They are developed through ongoing interpretative engagement with the data, and can evolve and change throughout the coding process, capturing the researcher's deepening understanding of their data"* (Braun & Clarke, 2023b, p7). Good practice in RTA coding is evidenced by a recursive process of reflexivity and engagement with the data set, through developing fine-grained codes to construct meaning relevant to particular research questions (Braun & Clarke, 2023b).

To engage with this process, I adopted the suggestion provided by Braun & Clarke (2006) to manually code each transcript (see Appendix 12b) *"by writing notes on the texts you are analysing, by using highlighters or coloured pens to indicate potential patterns, or by using 'post-it' notes to identify segments of data"* (p. 14). I also referred to suggestions from peer supervision, my personal supervisor and in reviewing the suggestions of published work (Byrne, 2022) on coding processes to support this stage of analysis.

Following familiarisation with the data through noting initial thoughts and ideas about each participant's responses to my questions, I took an active role in the research process by creating initial codes (Braun & Clarke, 2021b; Maguire & Delahunt, 2017). Codes were generated according to each sentence that I felt was pertinent to my

research questions, providing a facet of meaning to encapsulate what I believed was being communicated (see Appendix 12a, 12b, 12c). The creating of these codes was influenced by my social constructionist position as a researcher, my engagement with forming a narrative literature review of the topic and my research questions. This phase allowed me to consider the aims of the study and attribute facets of meaning to the data in order to try and achieve those aims. It also allowed for further organisation of data (Braun & Clarke, 2023b) and a commitment to *'transparency and coherence'* (Yardley, 2000) in the research process.

Equal attention was paid to each transcript to maintain my commitment to 'good' qualitative research through *'commitment and rigour'* (Yardley, 2000). Considering that Braun & Clarke (2021) states *"a code captures what is analytically interesting about the data"*, I made sure to separately highlight elements that I felt could be constructed into potential overall themes in further phases of the analysis process. This helped me keep in mind particular topics which showcases *'sensitivity to context'* (Yardley, 2000) in the analysis process.

All codes were collated according to the research question they associated with. Each research question had their own group of codes. As I had two research questions in mind, I had two groups of codes per transcript and labelled them accordingly e.g., P1-RQ1-C1 was code 1, for participant 1's transcript applicable to answer research question 1 and P16-RQ2-C6 was code 6, for participant 16's transcript applicable to answer research question 2. I then was able to organise all of the codes relevant to each research question. Due to 17 transcripts being reviewed, this produced a large number of codes that felt quite overwhelming to process. For research question one, I collated codes manually, though for research question two, I moved to using Microsoft Excel to organise my codes in a way that felt, to me, more organised, systematic, and easily controllable. Throughout this process, I was mindful to report and make note of differing accounts, as it is argued, "*it is important to retain accounts that depart from the dominant story in the analysis"* (Braun & Clarke, 2006, p.14).

Reflexivity box 2:

I found myself grappling with codes that appeared contradictory (e.g., 'NT can feel informal, unrefined, all over the place' and 'NT has a clear formulaic structure') which encouraged me to reflect on both my research questions and how I facilitated the interviews. By reflecting on the *'transparency and coherence'* (Yardley, 2000) of the research, I made sure to not overlook such contradictions or favour one positionality over the other based on frequency, regardless of if one code appeared more dominant. This was in order to provide an accurate reflection of the dataset and because *"reflexive TA does not equate frequency with importance"* (Braun & Clarke, 2022, p.20).

Phase three: Generating initial themes (originally searching for themes)

Braun & Clarke (2023a) conceptualise a theme as a multifaceted summary indicating shared meaning. Theme naming practices described as *"poor"* (p.12) include single word names rather than a title summarising a unified meaning explored in the dataset. The importance of the development of themes is to draw together a coherent story to allow for interpretative depth and engagement within an analytic process. Braun & Clarke (2006; 2021) have long acknowledged how themes do not 'emerge' or are to be 'identified' from the data. The name of this phase was changed to reflect this conceptual idea more clearly. Therefore, to strive for conceptually coherent themes of shared meaning, a reflexive and recursive process ensued by manually arranging codes of the data set and referring back to original transcripts.

At this stage of the research process, all initial codes for RQ1 (n = 663) and RQ2 (n = 1145) across all transcripts (n = 17) were reviewed for each research question in turn (Braun & Clarke, 2006, 2022). I therefore had two groups of codes for each question whereby I merged duplicate codes together and grouped codes of similar ideas together. Each group of meaning was given a preliminary candidate theme name, to represent the group's concept. A singular topic summary was therefore given to each group of codes to describe the data set's themes. From this point on, the data represented an overall view of the research, as transcripts were no longer taken as separate. For research question one, this process was conducted manually. For

research question two, I moved to electronic forms of generating initial themes, using Microsoft Excel, to better manage the data (see Appendix 13a, 13b).

Phase four: Reviewing and developing themes (originally reviewing themes)

At this point, I had a significant number of candidate themes that needed collapsing down further to review and develop (RQ1 n = 63; RQ2 n = 96). It became evident that some codes, upon review, were no longer relevant and some candidate themes did not make sense in terms of the research questions posed. At this point, I reflected on guidance by Braun & Clarke (2006), "*It will become evident that some candidate themes are not really themes… while others might collapse into each other… other themes might need to be broken down into separate themes"* (p. 16). I therefore went through a recursive process of reviewing candidate themes by revisiting the initial transcripts and narrowed down to key topic summaries that I felt were telling a more coherent and compelling story of the data set. This process returned to examining raw data and participant's perspectives, demonstrating analysis decisions to maintain *'sensitivity to context'* (Yardley, 2000).

I found forming written mind maps helpful to draw associations between possible themes (see Appendix 14a, 14b). This process was guided by deductively produced overarching themes for RQ1 and a singular deductive theme being considered in RQ2 (see Chapter 4). In RTA, *"a deductive or theoretical approach entails using pre-existing theory as an interpretative lens through which to read and make sense of the data"* (Braun & Clarke, 2023b). My social constructionist positionality is also important to acknowledge, which contributed to the production of inductively produced themes.

I avoided focusing on topic summaries as themes or reporting a large number of themes with multiple subtheme levels in order to maintain *'impact and importance'* (Yardley, 2000). This was to avoid producing thin and homogenous themes, rather than nuanced themes (Braun & Clarke, 2023b). To avoid multi-level themes, I continued to merge and omit codes and reflect upon different theme names that might be able to capture a collective meaning between groups of candidate themes.

Phase five: Refining, defining, and naming themes (originally defining and naming themes)

I felt at this stage of the process, I was coming to understand the key ideas that represented the patterns of meaning across the dataset. In order to reflect this appropriately in the research, I reviewed the names given to themes and formed further mind maps that scoped boundaries of themes. The theme names chosen strived to accurately represent the research aims and connect well to the research questions posed (see Appendix 15).

The number of themes (including subthemes) reported is important to consider, because *"it speaks to quality, and how much rich depth/nuance and complexity an analysis can report"* (Braun & Clarke, 2023b) with too many themes at risk of producing a particularised or fragmented analysis. To aid the process of refinement, I found it helpful to write a theme description for each theme, which encompassed the essence of each theme and key areas of discussion.

Reflexivity box 3:

It took a while to come to accurate theme names that I felt would give the reader a sense of the concept and story of the theme I aimed to convey. I found myself coming to the end of this process, as I was able to give a succinct summary of each theme, themes were not lists of information, and I believed that each theme reflected relevant and interesting elements of the data that directly were able to connect with the aims of the research.

I found an important aspect of this stage of the analysis process was to not list or summarise a description of what was discussed during interviews, but to add a layers of deepened reflection and interpretation of what the data may mean on a broader level. I did this by drawing on relevant literature and considering theoretical assumptions (Braun & Clarke, 2006). This relates to Yardley's (2000) criteria for *'impact and importance'.* By acknowledging myself as an active participant in the research, the themes needed to apply meaning and contribute knowledge to the research area being explored.

Phase six: Producing the report

Producing the report refers to the final stage of Braun & Clarke's (2006; 2022) RTA framework. It is at this point that the research is presented in a way that represents the final product of the analysis, and is "*where you bring the analysis to life for the reader"* (Freeman & Sullivan, 2019, p.180).

At this point, the themes were formed into visual representations i.e., thematic maps, and each theme was discussed in detail in relation to their respective research questions. I noticed that continual re-working of some themes occurred during the writing process (Braun & Clarke, 2021). I noticed, for example, that as I was writing, one theme for research question two named 'a good fit' seemed more appropriate to be a subtheme of an existing theme, 'providing positive spaces', due to the substantiated link between their concepts. This final phase of the RTA process will form the basis of the next chapter, explaining the research themes.

6. Chapter 4: Themes

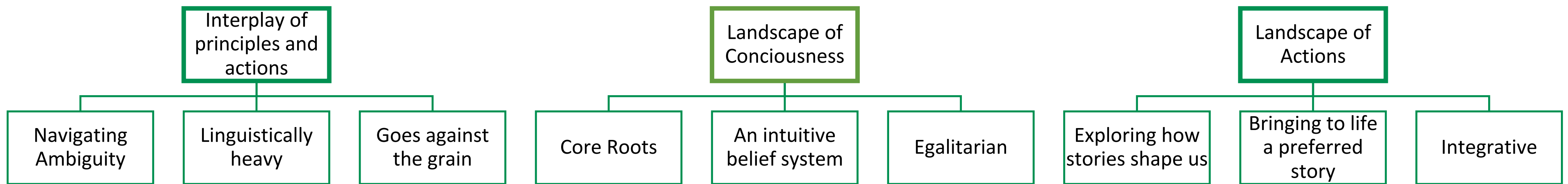
6.1 Chapter overview

This chapter will present the themes produced in this research as a result of a reflexive thematic analysis (RTA), following processes as detailed in Chapter 3 (Braun & Clarke, 2013). A social constructionist approach (Burr & Dick, 2017) to RTA was used due to the exploratory nature of the research, analysing EP views and experiences. Both inductive and deductive approaches to analysis were utilised (Braun & Clarke, 2013, 2022).

How the findings link to the relevant literature will be reviewed in the discussion (Chapter 5). In this chapter, the findings will be outlined according to how they relate to each research question.

The analysis is illustrated in two separate thematic maps detailing associated themes and subthemes. These separate maps are presented based on how the findings answer the two research questions posed. In explanation of these themes, quotations from participants are used (Nowell et al., 2017). Quotations presented are direct quotes from participants, with minor adjustments to support readability. To aid conciseness and clarity, the occasional use of ellipses (...) depicts either gaps and turns in conversation or where part of the transcript has been omitted.

Figure 9: *Thematic Map of Research Question 1: How do EPs construe the term Narrative Therapy?*



The thematic map illustrated in Figure 9 depicts the themes that were interpreted as a result of a RTA to answer the first research question. The findings show three deductively produced overarching themes with each containing three corresponding main themes, inductively interpreted from the data. There are therefore nine main themes in total. The three overarching themes framed a partly deductive approach to analysis. A deductive approach to analysis is detailed in section 5.4.6. A deductive framework for this research question was based upon the consensus of what constitutes Narrative Therapy by Wallis et al., (2011), participants of which were UK based practitioners of Narrative Therapy including family therapists, social workers and practitioner psychologists. The findings by Wallis et al., (2011) were organised into three organising concepts as emphasis was placed upon, *"techniques, practices or 'actions' in narrative therapy (reflecting a 'landscape of action'), an emphasis on the philosophy or theories informing narrative therapy (reflecting a 'landscape of consciousness') or the interplay between these two landscapes."* (p. 490-491). These metaphorical aspects of Narrative Therapy were noted to provide *"a useful frame to describe and discuss the results."* (p.490) and so will be the founding framework for answering the first research question. What will follow is a description of the scope, boundaries, and concept of each main theme.

6.2 RQ1

6.2.1 Theme 1: Navigating ambiguity

This theme reflects a strong interpretation from the data set surrounding the elusiveness of this therapeutic approach as it relates to applied educational psychology. This theme represents overlapping and confusing terminology used across participants to often describe the same phenomenon. Participants gladly gave their own perspective, but were, at times, seemingly unconfident on whether their responses were correct often premising their answers with caution.

> *"It is interesting because, I can give you these examples, but other psychologists would probably explain what I'm trying to do from another paradigm. I get it a lot when I talk to colleagues at work, when they ask me questions about narrative therapy, quite often they'll say, yeah, but that's just relationship based working, isn't it? That's just*

attachment stuff, isn't it? I am like, no. But, trying to explain why I think it's more than that, isn't always easy." (Participant 5)

Narrative Therapy was construed by participants as a largely misunderstood term at risk of being used superficially. Ambiguity surrounding a clear definition of Narrative Therapy was frequented in the dataset, with participants often commenting it being a hard concept to define.

"I think that's what makes it harder to define. When they said in my first session with the people, 'it's an approach and it's a belief system, not a set of tools'…it makes me feel better that I can't say, well, actually, it's 'this' and we use it for 'this'." (Participant 9)

Despite this, some key ideas seemed to permeate across the dataset with patterns of meaning interpreted from the data. What these key ideas are, as they relate to how EPs understood its meaning, will be summarised and outlined in the supplementary themes. Interpreted patterns of meaning as to how EPs conceptualised its application in practice will be outlined in the second research question. To begin the initial exploration of terminology, definition and meaning making, Participant 11 offered a succinct reflection of what Narrative Therapy means to them, in the context of working as an EP in schools.

"I think, now, I've come to a place that narrative therapy can be a momentary conversation. It can be in depth sessions over time. It can be supervision. It can be group experiences. It can be engagement with whole schools. What would make in narrative? I think it is about, I suppose, holding on to that awareness of where the practices come from, so really centering on some of those ideas around everything has a social and relational history. Every moment, every school policy, every teacher's decision, has its own history." (Participant 11)

This explanation illustrates the broad application of what could be taken to mean Narrative Therapy and how, what is of most importance seems to be being aware of the approach's origins (see also RQ1 Theme 4 and 5).

It was interpreted that what governed a participant's choice of terminology seem to be an ethical position taken by EPs, consciously altering what they called Narrative Therapy depending on the audience. Participants explained this by reflecting on the connotations associated with the term 'therapy', despite the content of delivery perhaps being the same.

"…you know, there's connotations with the word therapy and perhaps connotations that narrative people might want to move away from." (Participant 3)

"I would say in school I'm doing a narrative based approach or a narrative therapy approach or I'm using narrative techniques...I suppose it's the connotations that therapy brings with it…I don't imagine the content is much different." (Participant 15)

Participants used varying terminology interchangeably when discussing Narrative Therapy, with some participants also changing their terminology within the same interview. This added to the confusion when other participants seemed to be more explicit in why they chose to use a certain term. Overall, participants expressed how it was the underlying principles that were most important to understand and apply, regardless of the terminology used to describe the practice (see also RQ1 Theme 5).

"I use probably 'practice' when I mean, yeah, narrative therapy practice approaches. So, I'm using these interchangeably." (Participant 16)

"I think interpreting about that semantic level, about what it is – it is what it is. And I think people attribute different meanings to what it is, you know, and I think I'm quite fluid and quite open with it." (Participant 17)

Some participants made a distinction between Narrative Therapy and associated approaches that are narrative based.

"I would say that narrative therapy, which I am distinguishing from narrative approaches to a point, narrative therapy is a systemic therapy." (Participant 7)

“If someone said, like, would you go for narrative therapy or narrative approaches? Narrative therapy feels more in depth maybe. The others feel a bit more of a lighter touch....” (Participant 15)

“I think narrative based therapeutic approaches or narrative based interventions or, sort of, narrative informed practice is very much kind of taking the core essence of what narrative therapy is and being able to use it like a toolbox...” (Participant 4)

“…I've looked at different things and other narrative approaches work, but they're not as close to the original idea, the ideas that came from Michael White, who, yeah, kind of, developed narrative therapy.” (Participant 14)

It was noticed that a majority of participants referred to Narrative Therapy as an ‘umbrella’ term for multiple approaches and termed their involvement as narrative ‘practice’ or as a ‘framework’ to encompass both underpinning values and principles (landscape of consciousness) and certain techniques and methods (landscape of action).

“A narrative framework holds a lot of promise for how we might go about our work more generally as EPs. Especially say in consultation or in our systemic work with schools…even the statutory work we do...” (Participant 3)

This suggests that focusing on the semantics of the approach was of less significance to participants, though holding close the principles and values was interpreted as most important.

Contributing to the confusion in defining Narrative Therapy was the different possible delivery formats, practicalities, and logistics of applying Narrative Therapy, which differed across participants.

“If someone was to say to me, we would like a few sessions of narrative therapy. I will say to them, ok, I don't do a few sessions of narrative therapy, I ‘do’ narrative therapy. I use narrative therapy and, I don't know, it could be one session, it could be 21

sessions, I have no idea. So, I was talking to somebody who works in [area of UK] in CAMHS and he was saying, well, on average, he probably does narrative therapy over three sessions..." (Participant 7)

"In order to practice in a narrative way, we don't need to have the ideals of several therapeutic sessions that are protected…if we don't have those ideals in place, we can still draw on narrative therapy, narrative practices." (Participant 11)

Narrative Therapy training also added a level of ambiguity, shared by participants. EPs were thought to be a minority on formal Narrative Therapy training programmes. This theme notes participants found Narrative Therapy to have unclear training routes, with it also not being a protected term or protected professional stance in the UK.

"It's still a bit of a grey area because some therapies have very strict regulations regarding, you know, who can practice and how much supervision you have to have and all of that. Whereas narrative therapy isn't quite as rigid as that." (Participant 14)

"It's not a protected term I think. You can train as a CBT therapist, I'm not aware of a training route to be a narrative therapist." (Participant 8)

"I thought this would be like the other therapies where you get, kind of, a register under like the Psychotherapy Council or something and there isn't actually one for narrative therapy, which is really interesting." (Participant 15)

6.2.2 Theme 2: Linguistically heavy

This theme describes the importance placed on language by participants in the definition of Narrative Therapy. Narrative Therapy was described as a talking therapy framed as an intervention through language. Participants positioned Narrative Therapy as a process of exploring problems and creating change thorough discourse.

"…language is quite important for narrative therapy because it is, you know, it is around kind of like the meanings that are encapsulated in language." (Participant 1)

Participants recognised that a certain level of language skill is a pre-requisite for the recipient to engage, due to the level of reflective questioning involved. Participants defined the process as conceptually complex discussions which worked best when the recipient understood the aims of the process. Therefore, Narrative Therapy may not be appropriate or suit all people. While a need for a certain level of language skill was concluded in the majority, some participants reflected on how EP skills can be used to possibly overcome this barrier.

"I just needed them to be able to have some level of metacognition and metalinguistic skills to talk about how they'd experienced situations rather than just tell me about the situation." (Participant 12)

"…we as the EPs have to use our skills…do all that lovely stuff so they can access it." (Participant 17)

6.2.3 Theme 3: Goes against the grain

This theme illustrates how participant's construed Narrative Therapy as a way of working that goes against traditional norms or societal views of the EP role. It recognises the tensions that participants shared with EP obligations sometimes 'going against the grain' of a narrative positioning.

"On a few occasions, I have tried to write up my statutory advices from a narrative perspective, like telling the problem story, telling the preferred stories. It works really well in a sense, until you get to the point where you have to step into an expert position and define provisions as an EP, and that's where the dilemma comes, because that's not really a narrative positioning…" (Participant 3)

Participants shared ideas related to moulding aspects of Narrative Therapy to possibly fit EP systems.

"..we would talk about things like EHC needs assessment processes and how, at times, they feel like a real front to some of the values behind how we would want to

practice, but really stepping further back, to really recognise…we can still interact with it in a narrative way." (Participant 11)

Narrative Therapy was construed by participants to be non-hypothesising, which 'goes against the grain' of common purposes of EP involvement to hypothesise problems and come to possible formulations of need.

"I've got this hypothesis and those formulations in my head that I'm not sure you'd have in like a pure narrative kind of therapy thing." (Participant 13)

"So, there's no hypothesising, you're not making assumptions. I'm not thinking, I've got to be solution focused about this, I've got to make this better…" (Participant 16)

Reflexivity box 4:
The responses offered by participants when reflecting on their practice encouraged me to ruminate on the aspects of my role as a TEP that I take for granted, and whether I 'go against the grain' in my practice. I also found myself reflecting upon my own professional identity and the narrative and values I hold for myself. I reflected especially on the focus my particular doctoral course placed on forming a personal problem solving model to practice. The development of a problem solving model spanned a recursive process over my three years of training. I noticed myself reflecting on the type of EP I would like to be, the type of psychology I would like to use more broadly, in addition to how or if I would potentially describe my practice now, in those terms. I found myself connecting more with a narrative position to problem solving, being to navigate problems rather than fix or solve problems.

6.2.4 Theme 4: Core roots

This theme represents the historical influences of Narrative Therapy that have predisposed participants to construe the term in certain ways. A consensus across participants was that Narrative Therapy was a post-modernist therapeutic framework for practice developed by Michael White and David Epston (White & Epston, 1990) underpinned by philosophical ideas.

"It was first developed by Michael White in Australia and David Epston…they were interested in the ideas of people like Bruner and Vygotsky, and actually, some really important philosophers which I don't think are covered at all on [doctoral] training programs. People like Derrida and Leotard. These kinds of people who, you know, really kind of embrace this kind of postmodern view of the world." (Participant 7)

Narrative Therapy was construed by participants as an approach that theoretically links to a social constructionist position.

"So, thinking about the sort of ontology, epistemology around narrative…. it's that social constructionist sort of understanding of co-construction…" (Participant 10)

With social constructionist practice being a founding theoretical orientation, participants similarly noted how the stories we tell of ourselves are shaped by our environment.

"…we're living within the stories our society creates, and we're recruited into stories that society creates, that families create, and cultures create…" (Participant 15)

This theme recognises how participants viewed Narrative Therapy as originating from a family systemic therapy background, conducted in clinical therapy environments.

"…ultimately, narrative therapy came from, you know, family therapy approaches. Like, what's more complex than a family?" (Participant 18)

This theme emphasises the therapeutic essence of this approach, born out of clinical therapy roots, with participants reflecting on their role in engaging in therapeutic work and how their professional position links to the term Narrative Therapy.

"Narrative therapy, in my head, is more within a clinical setting, but I do think… we have the potential to, as EPs, to make changes for people in their lives in every encounter." (Participant 10)

“I think, as a psychologist, I was quite interested in working therapeutically, whatever that might mean…I know there's debates within the EP world…how much therapy can we do? Are we therapists or are we something else? So firstly, I think we definitely can be therapists and I think we usually underestimate our ability to be therapists as well…” (Participant 3)

Some participants however directly contrasted with adopting a therapist positioning in their role as an EP.

“Never in a million years would I call myself a narrative therapist, because I'm not at all. But what I'm trying to do is use some of the principles of narrative therapy in the work that I do.” (Participant 5)

A commonality across the dataset, regardless of what position participants took in describing their own personal position or personal identity in relation to therapeutic work, was acknowledgment that EPs largely have autonomy over the way they work and that it is the choice of the EP to practice in certain ways.

“I do think that narrative practices, narrative therapy, has real potential to make a difference in our role as educational and child psychologists. Yet, I also think it is about the relationship the psychologist wants to have with that way of practicing...” (Participant 16)

“If you’re passionate about it, you’ll fit it in. You’ll find a way.” (Participant 14)

6.2.5 Theme 5: An intuitive belief system

This theme showcases how participants construed Narrative Therapy as an intuitive belief system, a way of thinking, and approach to practice, rather than simply a methodology of deliverable tools. While distinct applications to practice exist, as discussed in the main themes in Thematic Map 2, this theme recognises how Narrative Therapy was construed as an EP embodying a specific set of principles and values.

“…my experience of where things have had most impact and transport or resonance with people is when it has been immersed in the values and principles of narrative.” (Participant 16)

“I think I probably use just the principles more than anything. So, in any conversation I'm having at any time.” (Participant 6)

Some of the principles mentioned by participants included adopting a de-expert stance, maintaining a position that a person is the expert in their own lives and empowering people to be recruited into this way of thinking.

“…being very aware that the therapist doesn't come in, sort of, as the expert telling a person what to do.” (Participant 1)

Another key principle commonly mentioned by participants was externalising, separating the problem from the person.

“We often get into discourses about, either, you know, the child is the problem, the behaviour is the problem, or the diagnoses are the problem, the ADHD is the problem, or a member of staff is a problem or lack of intervention is a problem or the system is problem, and we don't shift that problem into a space where we can co-research it, and narrative tries to do that…tell me about the autism. Even in that positioning of that word, ‘the autism’, we are attempting to separate that as a problem…” (Participant 7)

Participants acknowledged an intuitive element of embodying such principles and values. Intuition can be referred to understanding something without conscious, or described as a gut feeling or sense of knowing that comes from within (Epstein, 2010). This concept was interpreted from participants describing Narrative Therapy as a therapeutic approach EPs are ‘already doing’, ‘do already’, or participants sharing EPs hold a sense of unawareness they are actually using Narrative Therapy in practice, having a natural tendency towards this approach.

“What I took from it was embedding, kind of, what I already knew and what I was already doing in a more explicit framework.” (Participant 6)

“…I suppose, the more I learned about it, the more I felt, actually, I do a lot of this already.” (Participant 15)

6.2.6 Theme 6: Egalitarian

This theme describes how participant’s construed Narrative Therapy as an egalitarian approach. This understanding is based upon participants being grounded in the view that Narrative Therapy can be construed as a commitment to social justice agendas and minimising power imbalances.

“…a philosophy which is very respectful of the individual, very conscious of, sort of, socio-political dynamics, like the power difference, which I think is quite important.” (Participant 1)

“…I always feel like I go in and I'm there with my nice clothes and go, ‘Hi, I'm here to solve your problem’ and they're thinking, ‘You don't even come from my world’, and that kind of power imbalance is massive. So, I think it really helps using that approach to kind of equalize it…” (Participant 15)

Participants understood Narrative Therapy as an approach that acknowledges culture, societal inequalities and embodies strong ethical values.

“…it's more an ethics of how we're working with people within our relationships, on a more individual basis.” (Participant 3)

“I suppose, always recognising that I am a very lucky privileged person and people I work with may not be.” (Participant 15)

This relates to how participants collectively recognised that Narrative Therapy strongly values the principle of holding a non-judgemental and non-blaming stance, recognising that people's life choices are valid.

> *"I think we work with services and settings and people and there's always, unintentionally, I think there's a blame sometimes about why somebody does something or it's very behaviourist and you just think sometimes…that narrative is ok regardless of what that narrative is. I guess that for me, is what I wanted. I wanted something like that for me as a professional." (Participant 17)*

Commitment to creating an egalitarian therapeutic relationship was recognised by the use of anti-pathologizing language, fostering culturally sensitive spaces and resisting medical model perspectives.

> *"I think narrative, as well, is a really nice way of moving away from deficit medical orientations that locate problems within children, that label them, that pathologize them, and moving towards more contextual, socially situated historical understandings of how problems come to be…" (Participant 3)*

6.2.7 Theme 7: Exploring how stories shape us

Narrative Therapy was construed by participants as an approach whereby the metaphor of 'story' runs through the fabric of the approach. This theme notes how Narrative Therapy, as a term, was understood as a process of exploring people's problems and stories, helping them come to recognise currently held narratives and where these may have originated from.

> *"It's like, a talking therapy, maybe, in which we work with a person or a group of people or a family to explore their narratives and help them consider what the problem is..." (Participant 15)*

Narrative Therapy was viewed as holding the ontological position that knowledge is created through story, meaning the stories we tell ourselves can shape our identity.

“…narrative therapy, I guess, begins with the idea that people come to understand their lives and go forward in their lives in terms of the stories that come to predominate… those stories shape how we understand ourselves, shape how we act, shape how we think.” (Participant 3)

“…it's the fact that it enables the child or the person to develop their own sense of identity.” (Participant 14)

Narrative Therapy was construed as an exploratory process of identifying which stories are most and less heard, which are glossed over, which stories dominate and analysing how the stories told of people by others can affect them as individuals.

“…we are multi-storied people. The way we come to understand ourselves in the world is through the stories that we tell about ourselves, the story that other people tell about us and within those stories, how we relate to different concepts or people or situations.” (Participant 7)

Participants reflected on that it is through this process of exploring how stories shape individuals, that can potentially bring forward untold or silenced stories or support unknown needs to come to light.

“…you often get in school consultations, ‘this kid is a bad kid’, you know, ‘he's gonna be excluded’, ‘he's gonna end up in prison’…you're trying to flesh out the hidden stories about this....” (Participant 9)

“They discovered lots of safeguarding that they hadn't been aware of from children who had just quietly done well…” (Participant 11)

Participants differed in the routes taken to explore how stories shape individuals in practice using Narrative Therapy. Problem exploration was viewed as an important process of this therapeutic approach.

"So, what I would tend to do, is take in a big sheet of paper and some colours and begin by asking them about the problem. Well, what is the problem that's happening for you?" (Participant 10)

However, what was mostly construed across participants was the Narrative Therapy process aims to focus less on problems or unhelpful stories, and the EP actively tries to reduce re-telling or repetition of dominant problem stories.

"A psychologist, at our best, is when we're facilitating hopeful and helpful conversations to move a very stuck situation forwards. We need to reflect on, are we doing that? or are we just reiterating and enforcing the dominant narratives that are already around that situation?" (Participant 5)

"Mum didn't need me asking all the same questions that other people had asked…If you continue to hold onto an unhelpful narrative, you are forever feeling stuck 'cause it sort of self-fulfils..." (Participant 4)

Regardless of the approach taken to problem exploration, either problem focused, or solution focused, this theme illustrates how participants collectively viewed there is power in people recognising negative dominant narratives in their or others' lives with the EP role being to support this recognition and reflection.

"…it helped to give a different kind of narrative…up until then, it had been mainly around, you know, 'You can't do this, that is against the law, that is illegal, this is unsafe, you need to stop doing that'. It had moved from that to a place of, maybe, a bit of deeper understanding..." (Participant 6)

6.2.8 Theme 8: Bringing to life a preferred story

This theme emphasises a distinct re-authoring process that participants construed as Narrative Therapy. Participants viewed Narrative Therapy as phases of exploration to support a person move from holding unhelpful stories about themselves to a preferred story that they themselves create.

“So, narrative therapy is about bringing those alternative stories that might have been what we call ‘subjugated’ and bringing them to the fore…with the idea that those stories will then help people to go forward in life in ways that are preferred and more meaningful to them.” (Participant 3)

Participants recognised how, to bring preferred stories to life, it is important to support rich story development. This theme highlights how Narrative Therapy was seen to be an approach that reconnects people to what they find important, what and who they cherish most, and explores aspects of their life that they give the most significance to or aspects that are more aligned with their values and intentions in life.

“It’s really connecting in with what people value and what people want and intend in their lives.” (Participant 3)

“It was so illuminating hearing what she was connected to, rather than her being in denial of her abusive parents. You know, that was more fruitful for her and for me.” (Participant 4)

A re-authoring process leading to a preferred story takes into consideration societal imposes on people stories, ‘hijacking’ of stories from stakeholders in problems or people around an individual. It also recognises how the environment and lived experience of certain environments can be barriers to bringing to life preferred stories, narratives, and identities.

“So, it's really, I think, helping people to tell their own story in a way that empowers them, that enables the change that they want to make, not the change that perhaps somebody else is hoisting upon them.” (Participant 1)

6.2.9 Theme 9: Integrative

This theme recognises how participants viewed Narrative Therapy as an adaptable and flexible therapeutic approach that could be used alongside other tools. An integrationist nature was interpreted by participants reflecting on how processes

involved in Narrative Therapy could be used alongside other psychological approaches, to elicit and understand stories.

"I would incorporate other aspects of different approaches in there, like, maybe scaling or like using other tools like the Blob Tree." (Participant 8)

"I thought about bringing in the motivational interviewing wheel, and explain to her, you will go backwards and forwards. That's my difficulty, I don't use anything on its own." (Participant 15)

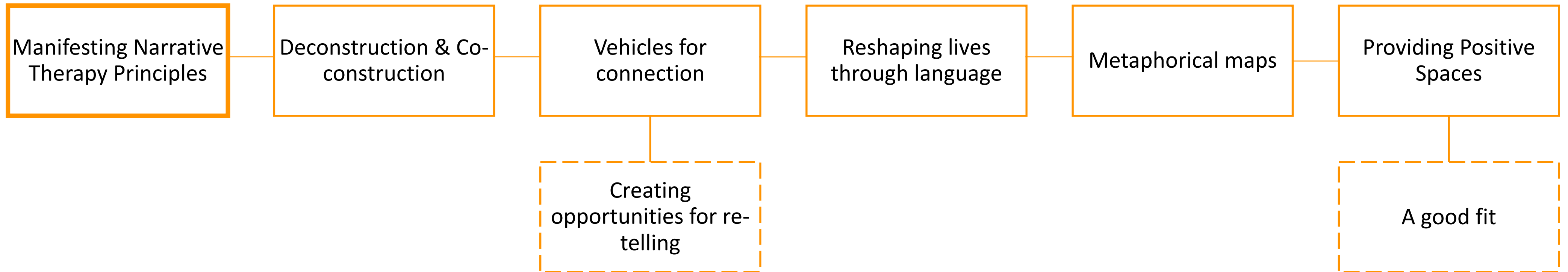
Participant's viewed Narrative Therapy as overlapping with other approaches relevant to applied educational psychology.

"I think sometimes it's quite hard to be very pure to narrative… I had done like solution focused stuff and personal construct psychology, and I think, for me, the techniques in narrative felt quite similar to that." (Participant 13)

Participants also described how integrating tools from other approaches supported children and young people to access this approach.

"I tend to have narrative therapy, being like, the kind of grounded bit, but I'll take tools from maybe personal construct or solution focused and just compliment… especially if I'm needing to go, ok, hold on a second, this is maybe slightly too language heavy." (Participant 4)

Figure 10: *Thematic Map of Research Question 2: How do EPs conceptualise their application of Narrative Therapy?*



The thematic map illustrated in Figure 10 depicts the themes that were interpreted as a result of a RTA to answer research question two. Six main themes were formed, two of which include a single subtheme each. These subthemes are displayed in dashed boxes. The first theme in bold illustrates the outcome of a partly deductive approach to analysis. All other themes were inductively produced. A deductive approach to analysis is detailed in section 3.4.6. A deductive framework considered as part of answering research question two was based upon four key principles that Denborough (2014) noted Michael White brought to his work in Narrative Therapy (see Table 2 in section 3.1). This table does not claim to be an exhaustive list of all principles that could be considered related to Narrative Therapy. Denborough (2014) framed these particular principles as offering major contributions to the delivery and application of the practice. For this reason, these principles were held as a theoretical framework to consider during analysis. What will follow is a description of the scope, boundaries, and concept of each of the themes and subthemes.

6.3 RQ2

6.3.1 Theme 1: Manifesting Narrative Therapy Principles

This theme represents the strong influence of Narrative Therapy principles in the application and delivery of this approach by EPs. Based on a deductive framework used during analysis for this theme, participants commonly resonated with all underlying principles as mentioned by Denborough (2014).

"You could meet 100 psychologists and they all practice in a different way. I think narrative therapy is similar, but what we stay true to are the principles. And that kind of coherent body of work that sits behind it, that's what we're staying true to." (Participant 7)

Denborough (2014) Principle 1: Not participating in pathologizing practice:

Participants demonstrated non-pathologizing practice by being careful with language choices, not speaking about people in totalising ways.

"…that for me is what narrative is about, it's about…moving away from objectifying people, it's about being very, very careful with the language that we use…" (Participant 7)

Participants shared applying a decentred, yet influential positionality in Narrative Therapy, supported an anti-pathologizing de-expert approach to creating impetus for change.

"So, we talk in narrative about being decentred but influential. So that's the idea that, the meanings and the knowledge that we're drawing upon are from the person we're working with. Narrative really positions the therapist as a facilitator and as someone who's scaffolds a process of, kind of, co-research into someone's life…but very much holding the knowledge and the skills and the hopes and the dreams and the intentions that people have for their lives as central." (Participant 3)

Denborough (2014) Principle 2: Challenging conceptions of normality:

Participants challenged concepts of normality by acknowledging societal expectations when engaging in Narrative Therapy.

"Because, we're saying that if someone needs an emotional literacy intervention, then we're, by definition, saying that they're illiterate. They're not meeting a norm. They're not meeting a social or cultural standard or expectation. Similarly with words like 'catch up'. Well, what you 'catching up' to?" (Participant 7)

Denborough (2014) Principle 3: Maintaining a position of egalitarian collaboration:

It was interpreted that by participants adopting a curious stance in conversations, this supported them in maintaining a position of egalitarian collaboration, through curious, targeted questioning.

"…just being really, really sensitive and really, really mindful of questions and being very… being curious with my questioning…" (Participant 13)

"…the idea is that you take a position as a curious listener…you are genuinely there thinking, I just wanna listen and respond." (Participant 16)

"…how powerful it can be to sit alongside and just, sort of, notice and be curious about possible alternative narratives." (Participant 11)

Participants also fostered an egalitarian collaborative environment by being mindful of the language they use.

"I'm always really aware of that, thinking I need to not make this person feel like an idiot by saying a big word that they've never heard before, or by telling them to do something that fits with my view of the world and, kind of, just really respecting that." (Participant 15)

Denborough (2014) Principle 4: Acknowledging how politics and privilege permeate therapeutic encounters:

Participants acknowledged how politics and privilege permeate the use of Narrative Therapy by critically reflecting on structural powers in society and the influences this can have, in addition to noticing how power imbalances can alter interactions.

"…there are groups in society that are more powerful and less powerful and being mindful of that power imbalance because of what goes on in society. So, there's, like, that kind of overarching context… the bigger story of recognising some people don't have very loud voices." (Participant 8)

It was interpreted that participants valued keeping a conscious awareness of potential prejudices and influences they may personally bring to an interaction.

"…and trying not to put my own, 'oh, I've seen that, you know, 10 times this term, I know what that is like'. Trying to hold back my own prejudices, my own worldview…" (Participant 8)

6.3.2 Theme 2: De-construction and co-construction

This theme represents how participants conceptualised the application of Narrative Therapy as a formulaically driven process and progression of some sort. Not in the sense of being prescribed to a particular agenda, the approach was interpreted as strongly anti-agenda, but a commitment to a process of going through a phase of de-constructing narratives to then come to alternative narratives.

"Well, there is a structure to it, so there's key questions and a quick key process that you go through." (Participant 14)

"I'm not coming in with a preconceived agenda… I'm very much allowing myself to be led by what comes out in the room..." (Participant 4)

This theme represents a cycle of change that a person goes through, supported by the EP. Externalisation was a key technique that participants reflected on to support this process. Participant 4 offered a case example of how externalisation of emotions with a child allowed the EP to create a safe environment for a child to discuss feelings in a creative way.

"We started off drawing the Portrait Gallery to think about different feelings…he had one called Gildred, which was a combination of guilt and dread… it kind of created this whole way of speaking to this child about these really, really big feelings that just felt humongous." (Participant 4)

Participants found Narrative Therapy gives the time for deep problem exploration, allowing dominant problem stories to be understood and explored, investigating histories of a problem.

"It's really refreshing actually for an EP because we're in, we're out, we do our WISC-V, our BAS-3, our resiliency questionnaire, whatever it is, we do a bit of a consultation. Oh yeah, we've done a bit of problem solving, tell me about that, let's rate it one to

five, blah blah blah, but we don't ever really do that history, 'tell me your story about why you are in isolation?', tell me about that." (Participant 17)

A key interpretation from the dataset, incorporated within this theme, was the co-researching and co-constructing element whereby EPs positioned themselves as not a bystander, but an influential participant in the de-construction of problems and co-creation of a persons preferred and alternative narrative. Participant 17 described an activity that can be used to strengthen the shedding of imposed narratives by others and embolden a preferred narrative around identity during co-construction.

"I asked them to rewrite three new postcards about how they viewed themselves, kind of, giving back any projections that they possibly had back to the other people." (Participant 17)

Another key element of co-constructing alternative narratives was concentrating on the person, highlighting what they give significance and value to most. This was often born out of exploring a person's strengths and skills and drawing on 'unique outcomes' i.e., exceptions. Applying Narrative Therapy was conceptualised as the process of supporting people to come to this realisation and support them to carry forward these aspects of themselves. This was interpreted to be an essential process in Narrative Therapy, supporting environments around a person to be enlightened to this information.

"So, what narrative therapy tries to do, at its heart, is to speak to people about their stories and tries to map those stories through time to make visible a plot, if you like, and to try to understand what it is that person gives value to, the way they are committed to living their life, and to look at ways at how they might continue to honour that way of living their life in the future." (Participant 7)

"…trying to thicken those preferred accounts, I might ask about those unique outcomes." (Participant 16)

6.3.3 Theme 3: Vehicles for connection

This theme emphasises a collective view across participants that Narrative Therapy employs techniques that seem to encourage and inspire the building of relationships and connections. Various applications of Narrative Therapy seem to influence how connections are built, recognised, or formed with oneself, with others, the broader community and with the future.

> *"So, I gave a bit about the key narrative ideas that I thought underpinned tree of life and underpinned how they might be using it to build relationships and connection." (Participant 11)*

Narrative Therapy was conceptualised as tool to support home-school connections.

> *"How truly listening to each other's stories… we might engage better with our families and really connect them into what is school and, because, for a couple of my schools, relationships with families were particularly tense…" (Participant 11)*

In addition to complementing community work and community psychology.

> *"…we are so well placed for this work because we are in the community, we are moving between spaces and places, you know, we have that privilege…to me, the idea of community…narrative therapy is community practice in how I make sense of it." (Participant 16)*
>
> *"I think in regard to our role, it is about how we are applied psychologists, not just in a school or in an education environment. It could be more broadly in the community." (Participant 17)*

The perceived link between Narrative Therapy and community work is also supported by further references of how Narrative Therapy can be applied to systemic level work by EPs.

“I feel like, I'm kind of freestyling it a little bit. Whereas it would be quite nice to have something a little bit more tangible. Like ‘Oh, actually, I'm doing X, Y and Z’. So that was kind of the thoughts around it, it [Narrative Therapy] would give us the tools to then really confidently go forward with systemic work.” (Participant 13)

“I think that we've actually influenced the culture and practice within the local authority through the project work around co-production. We actually work nationally now, and that was all based on narrative principles and narrative approaches…” (Participant 10)

Specific techniques such as re-membering was a key process, deemed unique to Narrative Therapy by participants. This application acted as vehicle for connection by reconnecting people to past influences in their lives.

“Things like the re-membering map of trying to work out the important relationships in someone's life, and why they're meaningful.” (Participant 3)

“So, it’s ‘re’ with a hyphen ‘membering’. It’s a series of questions and it basically tries to get the person to connect back to who they were, who knew that about them…” (Participant 9)

“So, you're trying to get people in tune with who they want to ‘member’ their stories of their life with…” (Participant 5)

This theme represents how the end of involvement and closure was important to participants in applying Narrative Therapy. Transporting what has been learnt in Narrative Therapy to a person’s wider community seemed an essential part this process.

“We don't come into a therapy room, get lots of expertise and then get on with our lives. There has to be some sort of joined-upness. That's not word, but, you know, there has to be some continuity…” (Participant 7)

Narrative Therapy was conceptualised as an approach to support connecting pupils to their values and aspirations for the future.

"…teachers became people who had lived before they were a teacher, who had worked in a shoe shop, who had been a mechanic, and they became people that they could really see similarity with…it really enabled them to connect around aspiration…" (Participant 11)

Lastly, Narrative Therapy was conceptualised as a vehicle for connection, by EPs recognising how sharing practice with adults around a child can connect stakeholders to the purposes of someone's life and enlighten them to strengths and ways forward that are important to the individual.

"The Wonderfulness interview …we unpick the strengths, so that's where the narrative approach comes in. More so we talk about who knows it about you? How long have people known that you like this? And it's all everybody contributing to this conversation…so it really comes to life…" (Participant 10)

However, caveats to sharing practice was also recognised by participants, reflecting on how psychoeducation and enlightening adults to narrative informed practices are important and helpful, but that care must be taken with cascading this knowledge.

"I think, there's something about narrative therapy that really requires us to be so open, connected, attuned, that, if we're not in a place to do that, I think it's easier for it to be dangerous…really feeling that it wasn't fair to put those staff in that position without supervision…with loads of children, they might do Beads of Life and it'd be fine, but, what about the one where it's not fine?" (Participant 11)

6.3.4 Subtheme 1: Creating opportunities for re-telling

This subtheme emphasises several practices participants associated with 're-telling'. Participants reflected on how forming opportunities for certain preferred narratives to be re-told to important people in an individual's life was important. By creating space

for narratives to be shared and endorsed, participants felt it supported an environment to maintain and sustain a certain preferred narrative. It was seen to support others to recognise and strive to be allies for a person, to then support the carrying forward of new positive changes.

“I think, that, I suppose, as EPs, the most important thing we can do, is to be enabling other people to witness young people and families as the live their lives.” (Participant 11)

Through re-telling, participants supported individuals to feel seen and heard, consequently creating a sense of connection and understanding. This suggests sharing of stories with others in various ways was seen to create a sense of mutual support and shared experience. A key technique to achieve this, noted across the dataset in various formats, was outsider witnessing. This process was seen by participants as a unique method derived from Narrative Therapy. Multiple examples of application were given by participants to support parents, teachers and children and young people.

“…the way the outsider witness group works is, I had a conversation with mum. It was a live therapy session, if you like, where, you know, we went through some of those values and some of those beliefs and some of the challenges that she faced. Then towards the end, we’d stop, and I then had a kind of mini session, if you like, with each of the group members... I'm pitching questions to them, things like, you know, ‘What did you hear?’ ‘What kind of images came to mind when this parent was talking?’ ‘How has this resonated in your life?’ ‘What does this connect to in your life?” (Participant 7)

Further techniques associated with re-telling, noted by participants, involved the use of therapeutic documents. Therapeutic documents were described as a key application of Narrative Therapy. What these documents entail is co-constructed with the person involved.

"So, those documents can be anything. They could be a voice recording, they could be a transcript, they could be a report or a letter or they could be a drawing, or they could be a picture or an image or something – it could be anything. But it's a document that is kind of negotiated at the end…it's not really about my interpretation of it. It's what we have discovered together." (Participant 7)

The process of a definitional ceremony was also explained as one way to support closure of involvement and re-telling.

"Then in the end, I asked him how he wanted to share this with family…because I'm thinking this is an opportunity for a definitional ceremony. So, who can we invite to outsider witness these alternative accounts of need? We actually created a book launch… for me, that's where it's transport… very much the aim and intention was always to connect with his community all the time, family, and school." (Participant 16)

6.3.5 Theme 4: Reshaping lives through language

This theme represents the importance placed by participants on how nuanced use of language could facilitate transformative conversations. Narrative Therapy was conceptualised as a talking therapy, with the power of language strongly acknowledged by participants to shape people's lives.

"I would say, our main vehicle of interaction is language based when we are working and narrative therapy…it's how we talk about and the language we use that helps us understand our experiences." (Participant 6)

Reframing negative narratives through specific language choices, modelling, and encouraging this were considered active processes in the application of Narrative Therapy. This included, for example, unpicking of language and labels to gain a deepened understanding of what terms mean to people. Using more inclusive terminology and supporting others to use different terminology was encouraged to eliminate self-limiting narratives.

"…a lot of kind of unpicking and altering language in order to be more 'experienced near'." (Participant 8)

"…think about the implications of language that we were using with kids and with parents and teachers to sort of see, you know, was that language helpful? Was it toxic? Was it limiting? Was it liberating?" (Participant 1)

Using externalisation techniques in conversations with adults and CYP was a key application of Narrative Therapy.

"I think for me, one thing I've learned through the narrative therapy training, and it sounds really simple, is the language that we use…by separating the thing from the person and their narrative, that's the important thing for me." (Participant 17)

This relates to how targeted, scaffolding questioning during consultation was key to participants to support discussions about, or with, a person to shift perspectives and narratives if needed.

"…we're really moving towards the consultation framework, which is great. I think that's where I see the most benefit and the most interest and the most kind of potential for narrative within educational psychology..." (Participant 3)

This relates to how targeted, scaffolding questioning in Narrative Therapy was used to assist EPs in trauma informed work.

"It [Narrative Therapy] critiques the whole idea of, you know, trauma counselling being cathartic and just, that you need to offload this terrible experience without actually paying any attention to what the experience was and how you modified its effects and what strengths and skills and values you were connected to… I just think trauma and attachment are not the only models out there." (Participant 9)

This suggests focusing on strengths and skills gained from past experiences can be therapeutic and safe when applied using a narrative framework.

Lastly, by acknowledging the practice of Narrative Therapy as a language based tool, participants reflected on how reassuring and normalising in conversation was key to delivery. Being empathetic in the use of language choices was also essential to applying Narrative Therapy, with knowledge base two skills such as active listening, being vital to the delivery of this approach.

"…she was distraught this mum about what had been said, and I think it's just, for me… it was about loosening that, the narrative around what we mean by an attachment disorder…" (Participant 5)

6.3.6 Theme 5: Metaphorical maps

This theme represents the collective importance participants attributed to narrative metaphor and several 'maps' of practice that guided them in their application and delivery of Narrative Therapy. This theme represents tangible methods shared by participants. The delivery of such 'maps', conceptualised as 'tools' were emphasised as fluid and exploratory, with participants stressing Narrative Therapy is not prescriptive or an approach that can be manualised.

"I think it's firstly important to note, Michael White wrote maps of narrative practice which has all these different maps that I'm kind of referring to. But he also writes about how the last thing he ever wants for narrative therapy is for it to become manualized…I think what we should, or perhaps as an alternative to that, is orient towards more of the principles of narrative." (Participant 3)

Participants framed their use of 'maps' in practice to support giving some structure to involvements and using them as available tools. Examples of such guiding 'maps' to practice included Statement of Position Maps 1 and 2, the Externalising Conversations Map, the Unique Outcomes Map, the Absent but Implicit map, the Landscape of Action map and using the technique of 'mapping the influence'.

"If we're talking about problems, then really using, say, Michael White's Statement of Position map 1 or Externalizing Conversations map..." (Participant 3)

“If I'm hearing things to do with, ‘absent but implicit’…I'm just thinking in my head, I'm holding those maps in mind.” (Participant 16)

Another map of practice referred to was the ‘Shoulds and Coulds’ map to support EP supervision and direct work with a child.

“…the initial conversation is about eliciting narratives of what it is a person thinks they should be doing and then really exploring…what are the ‘could’s’? What is it that I am going to step into the next day, the next hour, the next week of my practice?” (Participant 11)

A casework example was given:

“…he was performing the identity of narcissistic personality disorder in school and at home. And so, with him, it helped to explore, like, what are the ‘should’s’ of narcissistic personality disorder? …We left a lot of gap with him to then, far later, come back to ‘coulds’…” (Participant 11)

These techniques were supported by drawing on conceptual and physical maps and visually mapping histories to support the elicitation of stories and understanding of problems.

“…you're on this island, where are you aiming for? Where are we aiming for? If you got on a plane, if you got on a boat, where would that take you? And what would that look like?...the map gave us this really visual way of figuring that out…” (Participant 4)

Participants also used visuals timelines to map people’s histories and used this to understand story plots and as a frame for scaffolded questioning.

“When we were pinpointing the problem, I started to bring in like a timeline so that he could plot exactly where it started, where he was now. So, we had, like, ‘life full of anxiety’ on one pole and ‘life separate to anxiety’ on the other...” (Participant 2)

“We did, like, a timeline of like her life. So, we had some conversations about values and about the ADHD and when it’s big in her life and when it's small in her life.” (Participant 13)

6.3.7 Theme 6: Providing Positive Spaces

This theme represents how participants viewed the application of Narrative Therapy as providing people positive spaces to experience both practically and emotionally. Participants valued the importance of considering the physical environment and space offered to engage in Narrative Therapy with an individual, often reflecting on how certain undertones of spaces can change the atmosphere of an experience e.g., a sick room in a school.

“I think, having a nicer space to work in would be lovely. So, not in a classroom, not shoved in a corner where we're gonna do our therapeutic work…it's, I don't know, the sick room or something...” (Participant 15)

“I suppose sometimes going into a home environment can be trickier…it changes the dynamics a little bit…” (Participant 2)

Participants valued creating a positive therapeutic space for a person, fostering a sense of trust and safety, with the EPs responsibility to hold the emotions in the space if needed.

“With narrative, you never know where it's going to go. And, for some, it can be calm and reassuring and happy, for others, it can be really deep, and it can be really vulnerable. So, being sort of ready to be able to look after them...” (Participant 11)

Participants reflected on how the application of Narrative Therapy is providing a positive space that a person needs in that particular moment in time. The space itself is therefore needs led, not led by the purposes of EP involvement or what initial thoughts of involvement may have been pre-arranged to be.

"… has anyone actually sat and listened to this young person? And you're telling me that you haven't really got time to do that, because they got to do maths and English…I wonder, actually, if there's something here where narrative approaches might be a more useful tool to use?" (Participant 17)

Reflexivity box 5:
As conversations transpired upon how Narrative Therapy provides positive spaces for people to experience both practically and emotionally, I continued to reflect on if I have focused enough on providing a positive space for a person, aside from my own agendas, that could be different to what they may have experienced from other professionals.

This theme recognises the weight participants placed on the delivery of Narrative Therapy being a positive and empowering experience for the person involved. It was important that the recipient of Narrative Therapy leave the space with positive feelings.

"So, like, the young person comes away and then they are like, wow, yeah, I was talking about something that made me feel good." (Participant 14)

"I'd much rather them go away and say to their friend, I met the psychologist the other day and I realized, actually, the way that I respond in these situations, it's because I love my child so much, rather than, 'the psychologist thinks he's got autism as well'" (Participant 7)

This theme also recognises how participants acknowledged how an environment around a child often needs to change to support a child. Creating positive environmental change for a child or person was key to sustaining preferred narratives and re-framing negative narratives.

"It's more potentially about some of the systems involving the external influences that may have contributed." (Participant 2)

6.3.8 Subtheme 2: A good fit

This subtheme represents how participants conceptualised the role of Narrative Therapy generally as a good fit to the EP profession, with participants reflecting on how it is professionally satisfying and a privilege to adopt this therapeutic approach in practice.

"…it's a real privilege to practice in a narrative way, like, some of the stories that people tell when they just have a different space… are remarkable. It can be really moving just to have been part of that." (Participant 11)

Participants reflected on how Narrative Therapy empowers EPs to work in ways in which they aspire and espouse to.

"The more I learn about it, the more it helps me feel a bit validated and skilled… I will be in a consultation, and I feel like, I don't know what I'm talking about...It makes me feel like I am doing something, I'm just doing in a different way…it does make me feel a bit less incompetent." (Participant 15)

"I love it. It's had such an impact on my practice, which sounds really dramatic and really crazy..." (Participant 17)

Participants construed the application of Narrative Therapy a good fit to EP work, as they believed schools would be open to use of the approach and not find the approach significantly different to what schools may be expecting EPs to offer or deliver.

"I'd say it's not a shocking thing for schools, if you've got a staff member to sit in, I don't think they'd query, 'Oh, this is very different to normal'." (Participant 8)

Another way in which Narrative Therapy was conceptualized as a 'good fit' for EPs was how participants viewed Narrative Therapy as flexible enough to incorporate into day to day roles EPs are already performing.

"I think there's also scope to, for creative EPs, to think about some of the stuff that they're already doing, and then just to shape it up in a narrative way." (Participant 3)

Governing legislation outline specific guiding frameworks for EP practice. Participants reflected on how Narrative Therapy aligns with how the EP role is positioned legally and legislatively.

"…lots of the guiding ethical principles that we focus on as EP's that underlies, say, the Children and Families Act, that underlie the SEN code of practice, really nicely align with narrative approaches…these things are literally in the legislation, which, just fundamentally align with narrative." (Participant 1)

This theme also reflects an essential aspect to the delivery of Narrative Therapy, to be critically reflective. This aspect of application was viewed as a good fit to the nature of how EPs work, as reflective practitioners.

"I think one of the other factors is, in my experience of EPs, there are different levels of reflective practice. I think to do narrative therapy well, I think you've got to be very reflective." (Participant 5)

"You've got to be in a space where you are critical, you know, you are critical of yourself…" (Participant 9)

Participants shared that to support critical reflection and the delivery of Narrative Therapy, it was important for EPs to go through a process of self-exploration and experience Narrative Therapy for themselves to best support their application of this therapeutic approach.

"I think it's really important for EPs to experience it as well as practice it." (Participant 11)

"I think it's really helpful when they say, you know, therapists should receive therapy too. And when I looked at this, I kind of understood why, actually, because I think you

do just get a much better understanding of how to deliver it and what impact it might have on the individual.” (Participant 2)

“…you can't really do narrative therapy unless you've done it on yourself as well.” (Participant 9)

6.4 Summary of findings

The first research question related to how Narrative Therapy is construed. Construing, in this context, explored what participants felt the approach refers to and what properties it has, analysing subtleties and contextual elements that enabled participants to arrive at their interpretations of Narrative Therapy. Seeking a singular definition of Narrative Therapy was not the aim of the research, as a social constructionist approach to research embraces the position that the creation of knowledge and meaning is not objective or fixed. Exploring patterns of meaning across individual perspectives regarding definition and terminology was important to explore the multiple and contextual nature of knowledge socially constructed across individuals. Therefore, I challenge the notion of a singular truth, and understand that definition and terminology can differ per individual, and that attempting to define Narrative Therapy in a singular way does not align with my research assumptions. The second research question related to how participants formed a mental representation of how Narrative Therapy is implemented in practice i.e., how participants conceptualised the delivery of the approach. This question aimed to capture what participants viewed as its essential features, techniques, and characteristics.

There is therefore a distinction between construing and conceptualising Narrative Therapy in this research, though there can often be some overlap between the two, due to the aims of both processes being to interpret meaning. For example, participants understood Narrative Therapy as a distinct process of re-authoring (see RQ1 Theme 8) yet also conceptualised the application and delivery of ‘doing’ Narrative Therapy as re-authoring i.e., deconstructing narratives and then co-constructing new narratives (see RQ2 Theme 2). I felt it was important to capture key patterns of meaning interpreted for each research question, despite some nuanced overlaps to accurately and meaningfully disseminate EPs views and experiences. Separate

research questions also aimed to provide a more complete and in-depth understanding of the therapeutic approach being explored. Both questions therefore play different yet complementary roles in establishing a clearer understanding of Narrative Therapy as applied to the educational psychology context.

The data set reflected that Narrative Therapy was understood as a set of key values and principles. Participants seemed to frame this aspect of Narrative Therapy as possibly the most important aspect to understand what Narrative Therapy 'is' as well as how to apply and deliver Narrative Therapy, over and above aspects that were considered to be Narrative Therapy techniques or methods.

The findings also draw attention to a high level of dichotomization across the dataset in how Narrative Therapy was viewed by participants. This interpreted existence of multiple paradoxes could be possibly adding to the ambiguous and elusive nature of this therapeutic approach. In describing how participants construed the term Narrative Therapy and conceptualised its application in practice, five key areas of contention were interpreted from the dataset portraying Narrative Therapy as: formulaic yet flexible; problem focused yet solution focused; clinical yet informal; needing language pre-requisite skills yet accessible to all and lastly; a good fit to EP practice yet holding tensions with EP obligations.

7. Chapter 5: Discussion

7.1 Chapter overview

Chapter 4 highlighted the resulting themes that were inductively and deductively produced from the data, with excerpts of participants' quotes illustrated throughout to showcase points of information. In this previous chapter, I guided the reader through my findings, where patterns across the data were combined into thematic groups of meaning.

The discussion will now reflect on the findings and how they are relevant to the proposed research questions, by exploring their connections to the relevant wider literature. I refer the reader to key findings discussed in the previous chapter. Whilst commonalities have been interpreted, the integration of themes does not seek to determine a singular conclusion or truth. Instead, the subjective accounts aim to open up possibilities for practice, that may enlighten other EPs to extend their knowledge in this area of therapeutic work. A discussion of the limitations of the research will be outlined, along with potential implications for practice and future research directions. It is concluded that the application of Narrative Therapy has grounds to be a promising framework for practice, in addition to offering specific techniques and approaches underpinned by Narrative Therapy principles (also described in section 3.1.11) as valuable intervention tools that EPs are proposedly well placed to deliver.

This study set out to answer two research questions:

- How do EPs construe the term, Narrative Therapy?
- How do EPs conceptualise their application of Narrative Therapy?

The aims of the research were to extend conceptual and practical knowledge of Narrative Therapy. It was hoped this research could contribute useful insights on terminology and explore defining features and functions of this therapeutic approach. By exploring how this approach is applied in practice, it hopes to add understanding as to who Narrative Therapy is suitable for and the methods and practices that EPs can engage in to deliver what is deemed, 'Narrative Therapy'.

Six key findings can be understood from this research. These have been informed by the themes that were generated from the data.

1. Paradoxes inferred from the data are suggested to be contributing to the ambiguous nature of the approach.
2. Narrative Therapy can be construed in three separate ways.
3. Key principles define how Narrative Therapy is construed and conceptualised.
4. It is a therapeutic approach that holds a lot of promise viewed as a professionally satisfying and empowering framework to work from.
5. Nuanced use of language is important to the delivery of Narrative Therapy.
6. Its application is broad and flexible, with key techniques understood in the application of Narrative Therapy.

Appendix 16 presents a table as to how these key findings relate to the defining themes of this research. While I acknowledge that the journey to interpretations made was not as simplistic or reductionist as this table may suggest, it is presented to aid clarity to the reader in how I made links between themes and findings. What will follow is a discussion of the main findings as applied to each research question. Thereafter it will examine implications for practice, limitations of the research and recommendations for future research directions.

7.2 Research Question 1: How do EPs construe the term Narrative Therapy?

7.2.1 Key finding 1: Key paradoxes are suggested to contribute to ambiguity

Ambiguous

Ambiguity surrounding a clear definition of Narrative Therapy was a strong interpretation from the dataset, with participants often commenting on it being a hard concept to define, using different terms to describe the same phenomenon (See RQ1 Theme 1). Following analysis, defining Narrative Therapy remains a difficult task, with over half of participants mentioning the struggles in defining succinctly and with confidence what Narrative Therapy is. Participants gladly gave their own perspective, but were, at times, seemingly unconfident on whether their responses were correct, often premising their answers with caution. This aligns with previous research stating how EPs position themselves as *"confused, reluctant and unconfident"* (Stiff, 2013, p. 1; Wade, 2016) when discussing their role in therapeutic working. Various terminology was often used interchangeably e.g., Narrative Therapy, Narrative, Narrative Therapy Based Approaches, Narrative Therapy approaches etc., with other participants marking distinctions between these terms. Participants largely felt most comfortable referring to Narrative Therapy and associated approaches as Narrative 'practice' with all possible versions of Narrative Therapy fitting into this category. This appears to suggest that use of the term Narrative 'practice' could be thought of as somewhat comparable to a spectrum, where some approaches are understood to be closer to or further from the ideas of Narrative Therapy's origins (White and Epston, 1990).

Some participants based their language decisions on ethical considerations and changed what they called Narrative Therapy depending on their audience, considering the connotations attached to the word 'therapy' in their interactions. While there may be an unspoken understanding that the word 'therapy' implies a medical model perspective due to its historical use (MacKay, 2007), research has implied EPs have sufficient expertise and professional training to be able to work safely with therapeutic techniques, for example, EPs delivering Cognitive Behavioural Therapy (Perihan et al., 2020) and Acceptance and Commitment Therapy (Gillard, Flaxman & Hooper, 2018) and other therapeutic approaches with similarly the word 'therapy' in their

descriptions. This is supported by research that suggests ‘therapy’ is universally understood in psychology (Greig et al., 2016). These researchers also claim there is *“little consideration of the pivotal role that could be played by the educational psychologist’* in supporting and delivering direct therapy (p.8). It was concluded from the current research that what brings meaning together to the term ‘Narrative Therapy’ are the founding ideas of Michael White in his published works (White, 1989; 1995; 2000; 2007; 2011), in addition to David Epston (White & Epston, 1990, 1992), also a founding author of the approach, and holding close those teachings. It is also important to draw on the knowledge of their colleagues (e.g., Denborough, 2014; Madigan, 2010; Monk, Winslade, Crocket, & Epston, 1997) at the Dulwich Therapy Centre in Australia. This suggests that a consultation, intervention, activity, or conversation could take place and be ‘called’ Narrative Therapy, but, if the EP is not connected or attuned to the ideas and founding premises of the approach, then that may not necessarily be considered Narrative Therapy.

Paradoxes

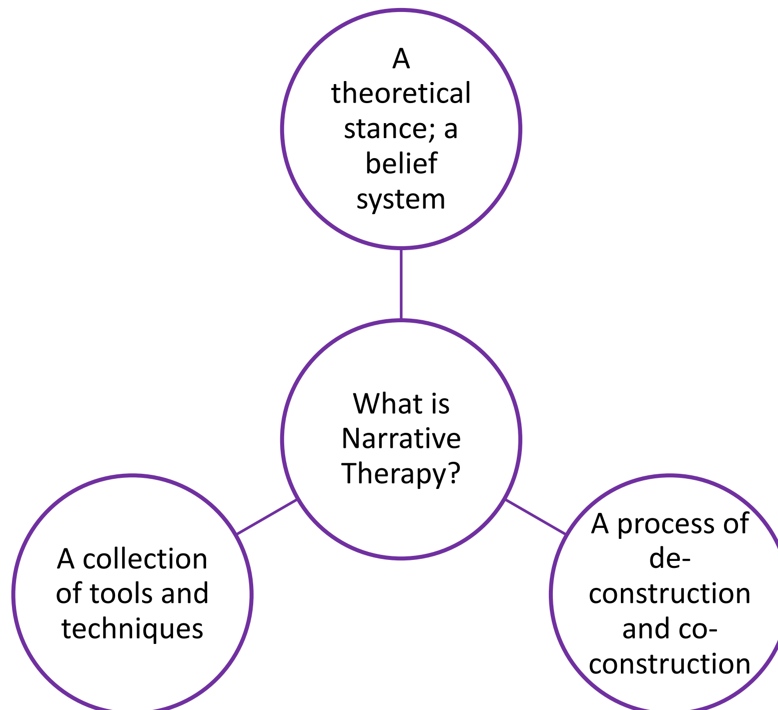
Contributing to the confusion as to how Narrative Therapy is construed, key paradoxes were interpreted from the data (see section 4.3) based on common inconsistencies in participant responses describing the nature of the approach. The research therefore raises more questions as to whether Narrative Therapy needs to be defined in one way or if actually, all these perspectives are acceptable, and that Narrative Therapy can be construed in different ways. For instance, Narrative Therapy, being a multi-professional approach adopted by multiple fields and professions (Carr, 1998; 1999) could have equal grounds to fit in clinical settings and be applied formulaically as well as used flexibly in informal momentary conversations. This conclusion emphasises how people’s socially constructed views can influence the nature of knowledge creation and meaning making. The main paradox that was interpreted as being the biggest contributing factor to the confusion in terminology with relation to the EP field, was how key founding premises of Narrative Therapy can cause tensions with EP obligations and various aspects of the job role. For example, to form and test hypotheses, formulate needs and map out provisions based on expertise and knowledge of psychology and child development (Ashton & Roberts, 2006; Cameron, 2006). Participants noted how this directly contradicts EPs embodying a de-expert and

decentred position, a key principle of Narrative Therapy (Denborough, 2014; Vermeire, 2017) (See RQ2 Theme 1). Some participants felt that Narrative Therapy needs adapting into a form that can abide by these premises yet also fit EP systems. However, this raises questions as to whether Narrative Therapy can be applied to EP practice in the true manner that was intended by its writers. Based on this, further research is likely required to investigate how such adapting can occur and what this could look like in practical terms.

7.2.2 Key finding 2: Narrative Therapy can be construed in three separate ways

Despite these inferred paradoxes, some key ideas seemed to permeate across the dataset with patterns of meaning interpreted from the data. Narrative Therapy was viewed by EPs to encompass three founding conceptual areas in its definition: a theoretical stance and belief system; a process of de-construction and co-construction; as well as a collection of tools and techniques that embody a certain outlook. This outlook appeared to be grounded in social constructionism and a post-structuralist world view, influenced by philosophical writers (Combs & Freedman, 2012). This three tiered conceptualisation of the term Narrative Therapy is not hierarchal; nevertheless, it was strongly communicated from this research that however Narrative Therapy is applied to fit the systems of working in educational psychology, it is holding close the principles and values embedded in the belief system of narrative that can have the most resonance. Figure 11 below has been developed to represent these findings from this research.

Figure 11: *Narrative Therapy's conceptual areas*



A theoretical stance; a belief system

The wider literature outlines how, *"Narrative Therapy has tapped into several post-structuralist theories and Foucauldian themes".* (Besley, 2002, p. 126). This refers to Narrative Therapy offering new ways of thinking about therapy, of people and counselling of people, by drawing on philosophical underpinnings associated with *"…examination of self, cultural contexts, power/knowledge, the way power relations shape, legitimise and constitute personal narratives and the assumed neutrality of institutions (such as counselling) – that often seem unaware of their power/knowledge relationships…"* (p. 127). This seems to suggest Narrative Therapy's roots in core philosophical positions influences a unique emphasis on how certain principles, language and acknowledgment of power dynamics in discourse is embedded in the approach, as interpreted by participants (see RQ1 Theme 4 and RQ2 Theme 4).

A collection of tools and techniques

In addition to a theoretical stance as a potential overarching framework understood to be Narrative Therapy, participants also considered more practical aspects of what they

termed Narrative Therapy to be. An overview of the collection of tools and techniques will be outlined in research question two, as this relates to how Narrative Therapy can be applied in practice. A myriad of perspectives were interpreted as to how participants construed the delivery format of Narrative Therapy. These generally fitted into three main formats:

1. An extended period of delivery, over a few weeks, framed as a group or one-to-one therapeutic intervention;
2. Tools and techniques suitable for one-off involvements, consultations or assessments and lastly;
3. An all-encompassing ethos delivered through discourse and language, fitting into all interactions, with every person, in any situation.

A process of de-construction and co-construction

The final conceptual area relates to how EPs construed the term Narrative Therapy as a re-authoring process of de-constructing narratives and co-constructing new, more liberating, and person-centred narratives. The ultimate aim of this process was interpreted to be supporting people to be enlightened to their own preferred ideas about a situation, identity, or story plot of their lives, with 'story' being a fundamental concept essential to the fabric of taking on a Narrative Therapy position. This aligns with an 8 stage model of Narrative Therapy as a framework proposed for EP practice that outlines the objective of Narrative Therapy is to form a preferred alternative story (Hannen & Woods, 2012). Russell & Carey (2002) similarly reflected on the intentions of Narrative Therapy being *"to contribute to the thickening of preferred stories of identity"* (p. 48). This process was supported by techniques and methods that will be reviewed in relation to research question two.

7.2.3 Key finding 3: Key principles

In addition to the four key principles by Denborough (2014) that all participants appeared to share significance with (see section 3.1.7), some further principles of what constitutes Narrative Therapy were interpreted from the data. These three principles were believed to also govern how EPs construed the term:

1. Externalisation.
2. A non-blaming and non-judgemental position.
3. Positivity and optimism, creating a positive experience for the recipient.

Denborough's (2014) first principle of being non-pathologizing closely relates to the famously coined principle in Narrative Therapy related to externalisation, that the person is not the problem, 'the problem is the problem' (White & Epston, 1990; White, 2000). Participants drew on many examples of how a key function of Narrative Therapy is to externalise problems due to the perceived benefits this can have for an individual and the Narrative Therapy process.

A non-blaming, non-judgemental stance is an attitude EPs strongly connected with in describing Narrative Therapy. This relates to a key narrative practice that White (1997) referred to as one possible way of being 'decentred' when delivering Narrative Therapy. White (1997) stated, *"Practices of acknowledgement that do not reproduce the tradition of the applause, and that do not centre the therapist through acts of judgement in matters that relate to persons' lives"* (p. 202-203) is key to 'decentred' practice. It is through this way of thinking that led EPs to reflect on anti-oppressive practices and understand this therapeutic approach as a belief system (see Figure 11) and attitude to embody in all interactions. Participants also drew on this principle to explain how Narrative Therapy is an approach that can suit one-off pieces of involvement, or momentary conversations rather than the ideals of extended periods of therapy or intervention alone that can be uncommon for some EPs.

Thirdly, a key principle understood from participants is that they construed Narrative Therapy to be rooted in positivity. Participants often commented on the strengths in sharing and modelling optimism and supporting optimistic outlooks, to move away from being immersed in problems. This also related to participants describing Narrative Therapy as an approach that creates positive spaces for those involved (See RQ2 Theme 6).

7.2.4 Key finding 4: The approach holds a lot of promise as an empowering framework

Connected to how the term was construed as rooted in positivity, the findings demonstrate an overwhelmingly positive response to Narrative Therapy, described to be empowering for the EP, regardless of the delivery format chosen. Many participants shared positive examples of how using Narrative Therapy in practice supported them in aligning to their purposes and inspired them to work in the way that they aspire and espouse to. This aligns with research findings from previous studies that advocate for the utility of Narrative Therapy as a therapeutic approach within EP practice (Hannen & Woods, 2012). Participants shared encouraging qualitative feedback they had received following involvements incorporating Narrative Therapy in their practice. This links to previous research where professionals were described to have had a positive experience of delivering Narrative Therapy based interventions, such as the Beads of Life (Portnoy & Ireland, 2019). Most participants commented on the value they believed Narrative Therapy brought to their practice, with all participants speaking with enthusiasm about the approach. What this conveys is how Narrative Therapy possibly offers an empowering framework for practice to work from, that EPs appreciate and see value in. Models of Narrative Therapy as a framework for practice exist (Hannen & Woods, 2012; Romagnolo & Ohrt, 2017). Further research as to how these models can be adapted to include the findings of EP views and experiences could be beneficial.

7.3 Research Question 2: How do EPs conceptualise their application of Narrative Therapy?

The findings revealed Narrative Therapy's application is broad and flexible. Its delivery supported mainly EP assessment, intervention, and consultation, relating to three of the five core functions of EP work as detailed in the Currie Report (Scottish Executive, 2002). This falls in line with research detailing key aspects of the EP role that offer a unique contribution to schools (Ashton & Roberts, 2006) with more recent research also detailing these aspects of the EP role as particularly valued by schools in traded scenarios (Lee & Woods, 2017). Governing bodies also note core roles of the EP include, *"a focus on assessment, intervention and consultation."* (DfEE, 2000, p.5).

These factors align with how participants believed Narrative Therapy to be a good fit to the EP profession (see RQ2 Subtheme 2).

What will follow is a discussion of key techniques of Narrative Therapy applied by participants, such as re-membering processes, outsider witnessing and use of therapeutic documents. The nuanced use of language through targeted and scaffolded questioning was interpreted as a key finding. Key defining features in the delivery of Narrative Therapy draw upon on specified 'maps' of practice, externalisation and creating a safe and positive environment.

7.3.1 Key finding 5: Nuanced use of language is important to the delivery of Narrative Therapy

One perspective of how participants conceptualised the application of Narrative Therapy was an all-encompassing ethos delivered through discourse and language, fitting into all interactions, with every person, in any situation (See RQ2 Theme 4 and section 5.2.2). Participants drew on this conceptualisation to support Narrative Therapy's application to momentary conversations and interactions with people. Participants reflected on how nuanced use of language and targeted questioning supported them within a consultation model of service delivery. Participants highlighted that it was through language choices and unpicking of language that enabled them to support people to consider alternative perspectives and support change in the environment around a child to help to eliminate self-limiting narratives. These conclusions align with the wider literature that claim, *"the importance of language…has been profound in many social sciences, but had been largely unexplored by writers in counselling until White and Epston's (1989) pioneering formulation of narrative therapy emerged."* (Besley, 2002, p. 126). Based on language being an important feature of this therapeutic approach, this research suggests Narrative Therapy could be best delivered by EPs to support impetus for change using a consultation framework. This conclusion connects with wider literature that suggests upskilling adults can possibly influence change and outcomes for CYP more effectively than working with CYP directly (Zafeiriou & Gulliford, 2020).

Participants shared a high level of complex language, and, at times, abstract language, is involved in Narrative Therapy with participants often reflecting on a certain level of language pre-requisite skills needed by recipients to understand conversations and get the most out of the process. While some participants noted this, other participants reflected on how EPs can draw on their skills to adapt resources or be creative with their use of visuals, for example, to make the approach as accessible as possible to different groups of children or people EPs may be recruited to support. This aligns with recent research that has found Narrative Therapy to be beneficial for pre-school children (Zarra-Nezhad, Pakdaman & Moazami-Goodarzi, 2023) and children experiencing developmental disabilities (Baldiwala & Kanakia, 2022). This suggests that, in order for Narrative Therapy to be functional, adaptation is needed for the approach to fit the EP context to support such groups. Also, for this reason, a consensus of how schools can receive Narrative Therapy as an offer from LA services needs building. This is in addition to how services themselves choose to understand and construe Narrative Therapy, as mentioned in the three conceptual areas interpreted from the data (see Figure 11), and how this is then communicated to education settings.

7.3.2 Key finding 6: Key techniques are understood in the application of Narrative Therapy

A discussion of key techniques shared by participants, viewed as how Narrative Therapy could be applied in practice, will be framed in four sections related to EP work: direct work with CYP; with adults; supervision and lastly; systemic applications. This is to add clarity to how the findings from this research can be applied to the EP context and supports how participants shared that Narrative Therapy could be applied in different formats. Key techniques such as re-membering processes, outsider witnessing, definitional ceremonies and use of therapeutic documents will be explained and discussed.

This section will first draw upon on specified ‘maps’ of practice, externalisation and how providing positive spaces were key defining features to the delivery of Narrative Therapy.

Specified Maps of Practice

Participants framed the use of various ‘maps’ of practice as available ‘tools’ in an EPs ‘toolbox’. Examples of such guiding ‘maps’ to practice given by participants are listed in section 4.2.6. This is not an exhaustive list of all possible ‘maps’ of practice, yet, what they have in common is they draw on key teachings by White (2007). White (2007) outlined six main areas of narrative practice that are supported by the use of such guiding maps (See Table 9).

Table 9: *Six main areas of Narrative Therapy supported by guiding ‘maps’ of practice*

1.	Externalising Conversations
2.	Re-authoring Conversations
3.	Re-membering Conversations
4.	Definitional Ceremonies
5.	Unique Outcomes Conversations
6.	Scaffolding Conversations

The main purposes of such ‘maps’ of practice are to guide professionals in the application and delivery of Narrative Therapy, focusing on the practical implications for therapeutic growth of each of the above areas of practice. These guiding maps were also supported by participants drawing on conceptual and physical maps, representing White’s (2007) use of metaphor of maps, by visually mapping histories to support the elicitation of stories and understanding of problems. Participants also used visual timelines to map people’s histories and used these to explore story plots and as a frame for scaffolded questioning.

Participants framed their use of ‘maps’ in practice to support integration of techniques (See RQ1 Theme 6) and proposed it gave them structure and grounding to involvements, particularly in consultation. This suggests the use of such ‘maps’ could support a consultative approach to service delivery, adopted by many EP services (Wagner, 2000; 2008), as possible consultation pro-forma.

Externalisation

One of the main features of Narrative Therapy is externalizing the problem (White & Epston, 1990; Denborough, 2014). White and Epston (1990) expressed externalising problems is an approach *"that encourages a person to objectify and, at times, to personify the problems that they experience as oppressive."* (p.38). It is therefore through the process of externalising conversations that people can be supported to see themselves as separate from their problems (White & Epston, 1990). This key aspect of Narrative Therapy was viewed by participants as a key feature in the delivery of Narrative Therapy, in addition to being a founding principle of the approach. Research has shown using specific procedures, such as the Wonderfulness Interview, can be used in direct conversations with CYP to explore problems in an externalised manner, focusing on strengths based techniques (Epston, 2016). Several participants shared case examples of their use of the Wonderfulness Interview in casework (see section 4.2.3). Research has also drawn on the use of puppets to support externalising conversations with CYP with behavioural needs (Butler, Guterman & Rudes, 2009; Guterman & Martin, 2016). This suggests that Narrative Therapy can be adapted and supported with visuals and resources to make the key process of externalisation accessible to CYP.

Creating a safe and positive environment

A pattern across participant's responses reflected a strong view that the process and experience of Narrative Therapy for a person needs to be a positive one, with the process needing to provide empowering feelings for the person involved, so that they can walk away from the experience with encouragement, feeling like the process was constructive (see RQ2 Theme 6). This aim was supported by high levels of critical reflection on behalf of the EP to actively flatten power imbalances and diminish the influence of perceived hierarchies in a room. This was also supported by EPs engaging in self-exploratory therapy for themselves (see section 4.2.8). Emboldening feelings of trust and safety were key priorities for participants before engaging in problem based discussion or key techniques of Narrative Therapy. This reflects the importance this therapeutic approach places on building rapport. This aligns with previous research that reports therapeutic alliance, born out of trust and feeling safe

with a professional, is a key predictor of successful outcomes of therapeutic work (Brown, 2007; Allen et al., 2017; Sibeoni et al., 2020). This also draws similarities to how using drawing and art, for example, during the Tree of Life approach can support Narrative Therapy in appearing non-threatening to CYP (German, 2013).

Part of creating a safe and positive environment, was the EP engaging in counselling skills such as empathetic engagement, active listening, and attuned communication skills, also recognised in the wider literature as important to therapeutic working (Luca, Nuttall, Emilion & Postings, 2022). These skills are reflected in BPS Competencies (2019) and HCPC Proficiencies (2015) that EPs possess. These findings support the interpretation that Narrative Therapy is a good fit to the EP profession based on this research (see RQ2 Theme 6 Subtheme 1) and wider literature which highlights the importance placed on reflective practice by EPs (Rowley et al., 2023) and how EPs are well placed to deliver therapeutic interventions due to their skillset (Atkinson et al., 2011c; Greig et al., 2019).

What will now follow is a discussion of key techniques shared by participants framed in four sections related to EP work: direct work with CYP; with adults; supervision and lastly; systemic applications.

Direct work with children and young people

Participants shared varied examples of casework with CYP in one-to-one formats, framed as interventions over a period of time, in addition to interactions with CYP on one-off or short term involvements, for example, during statutory needs assessments. EPs shared they recruited a range of narrative practices to support them in casework involving CYP with a broad range of needs. Most children had needs in the SEMH domain, but also medical needs and neurodevelopmental needs. This included supporting direct work with children across primary and secondary school ages. This variation of delivery format, proposed areas of need and age range shows that Narrative Therapy is a flexible approach to direct work with CYP that can be adapted to suit their needs. This aligns with previous research which has shown Narrative Therapy approaches can be used flexibly based on the setting and needs of the child (Gilling, 2016; German, 2013) and connects with how participants in this study

construed Narrative Therapy as a flexible and integrative approach (see RQ1 Theme 9).

Participants drew upon strength-based models of practice when using Narrative Therapy with CYP, to support speaking about problems in an indirect way, with key aims being to empower children and support them to have a positive view of themselves. This finding is consistent with research that found child recipients of a Team of Life intervention learnt about their own abilities and began to use positive language to describe themselves after engaging in this approach (Eames et al., 2016). This links to how EPs also conceptualised their application of Narrative Therapy at group levels, for example, to support groups of children during Narrative Therapy interventions. This aligns with how Narrative Therapy can be applied within group intervention formats using Tree of Life (Lock, 2016), Beads of Life (Portnoy & Ireland, 2019) and Team of Life (Eames et al., 2016) approaches.

Use of therapeutic documents is a key practice of Narrative Therapy (Fox, 2003; Payne, 2006) which was noted by participants as helpful when coming to the end of involvement of direct work with CYP. Therapeutic documents were noted to support the 'transport' of a preferred alternative narrative to a person's wider community, for example, connecting a child's strengths, skills, aspirations and dreams back to their parents or teachers. Therapeutic documents were also deemed useful by participants to highlight unique outcomes i.e., exceptions to problems. The ultimate purpose of therapeutic documents is to give voice and meaning to new knowledge that is formed during the re-authoring process, making these ideas more tangible (Combs & Freedman, 2016). Fox (2003) outlined the variety of forms such therapeutic documents can take, including lists, letters, certificates, and artistic reflections. Participants stressed the type of document and what is included in the document is a collaborative decision made between the recipient of Narrative Therapy and the EP. This connects with wider literature which found the use of a therapeutic document, co-constructed with an EP, supported a child to move towards independence and strengthened the message of an emerging preferred story to parents and teachers (Hannen & Woods, 2012). What is included in therapeutic documents may vary, though this usually summarises what has been discussed during individual sessions, as this is thought to 'thicken' thin story lines. These documents may also include

accomplishments of the person involved and new positions that a person may be holding about themselves or a situation (Combs & Freedman, 2016). This aligns with participants sharing that they commonly included what strengths and skills they found the child to possess in their documents. Combs & Freedman (2016) made further reflections on the perceived benefits of such documents, noting that, "*in re-reading documents, people often have the experience of re-making and re-experiencing the meaning that is located in them. They serve as places where important aspects of a relational, complex, non-reductionist identity are distributed."* (p. 220)

Direct work with parents and school staff

Therapeutic documents were not only used with CYP but served a purpose to support adults. Participants reflected on how they encouraged adults to write therapeutic letters to their younger selves and commented on the resonance this had with people. Participants also commented on how therapeutic documents served as a helpful tool to support parents build empathy and understanding about their children. The research therefore suggests that therapeutic documents offer a creative opportunity for EPs to engage people in their and other's preferred and alternative narratives (see section 4.2.4). As Narrative Therapy assumes people are multi-storied (Guilfoyle, 2015), there is scope to use therapeutic documents with adults that EPs are recruited to support, such as parents, school staff, fellow EP colleagues, TEPs and wider professionals, to support them *"to build living double-storied documents around certain themes"* (Newman, 2008).

Participants reflected on multiple experiences of using Narrative Therapy to support adults around children with SEN, such as parents and school staff. This relates to how Narrative Therapy links ecological systems theories to a framework to practice, as it considers wider circles of influence, taking a holistic picture of a situation or child to support their needs (Bronfenbrenner, 1979).

Re-membering processes were shared by participants to support school staff in connecting with their professional expertise, connecting them to their own values and where these may have originated from. Re-membering processes were also used directly with CYP to understand their worldview and who may be key people in their microsystem and wider circles of influence (Bronfenbrenner, 1979). Re-membering

refers to a practice in Narrative Therapy introduced by White (1997), which is the idea that the interactions people have with others in their lives may have influenced how people now come to experience themselves. White (1997) refers to these people as a “club of life” (Russell & Carey, 2003, p. 47). This connects with how the approach was construed by participants as post-modernist, with the approach assuming that people’s identities are formed through relationships with other people. Re-membering therefore connects with descriptions of Narrative Therapy being “…*the application of social constructionist ideas”* (Wallis et al., 2011, p.495). It is thought re-membering conversations possibly open up opportunities for people to reflect upon how others, in their “club of life”, may have contributed significantly to their life story. Russell & Carey (2003) reflected on the purposes of re-membering and stated it *“has the person standing with significant others in this preferred territory of their identity, and these connections provide a great deal of support for the preferred actions they may wish to take”* (p. 48).

Participants commented on how re-telling processes with school staff supported the maintenance of preferred stories, for example, using outsider witnessing. To clarify this process within narrative practice, Carey & Russell (2003) note, *“an outsider witness is an invited audience to a therapy conversation – a third party who is invited to listen to and acknowledge the preferred stories and identity claims of the person consulting the therapist. Outsider witnesses may be part of a person’s existing community – family, friends etc; or they may be invited from outside these networks, in which case they may be professionals”* (p.1). This draws on research that has encouraged teachers to be ‘communities of acknowledgement’ (Walther & Fox, 2012) through outsider witness practices. Perceived benefits of outsider witnessing have been for others to acknowledge and authenticate steps people have taken to alter their lives, as well as to acknowledge the skills, and sometimes bravery, required to go through certain life changes (Carey & Russell, 2003). It also aims to strengthen the intentions and hopes people decide to make about their lives (Carey & Russell, 2003). What this suggests is that adults can support a child by becoming allies for that child and help strengthen their goals. Participants also commented on how sustaining preferred stories is supported by involving parents and school staff in discussions, for example, in consultation formats using the Wonderfulness Interview (see RQ2 Theme 3). This aligns with research that has noted the value of EP skills in encouraging

parental participation (Rothi, Leavey, & Best, 2008). This finding also draws similarities with McQueen and Hobbs' (2014) research as they commented on the advantages of building collaborative working relationships between professionals and parents through Narrative Therapy approaches. The SEND Code of Practice (DfE & DoH, 2015) regards EPs working collaboratively with parents a crucial part of the EP role. This research therefore supports using Narrative Therapy processes with adults, suggesting it could help sustain the effects of this therapeutic approach in real life contexts.

EP supervisory practices

Narrative Therapy was applied by participants as a supervisory framework utilising specified questions from various 'maps' of practice (White, 2007; Hannen & Woods, 2012), such as the 'should and coulds' map (see RQ2 Theme 5). Applying Narrative Therapy to supervision took mostly two forms based on this research: to support EPs in group peer supervision in addition to EPs supervising adult professionals, such as, family support workers, special educational need coordinators (SENCOs) and school staff e.g., designated safeguarding leads (DSLs).

An outsider witnessing format was most frequently used in group peer supervision sessions of EPs. Participants shared this process allowed for deepened levels of reflection and supported them in holding close Narrative Therapy values, principles, and assumptions. Participants viewed the outsider witnessing process brought structure to supervision. It also allowed participants to feel more connected to the therapeutic approach. Narrative Therapy applied to staff supervision, however, mostly took on one-to-one formats, in the form of confidential teacher drop-ins, for example. How these meetings were delivered reinforced the use of externalising conversations and facilitated a re-authoring process of deconstructing problems to then co-construct new ways forward (See RQ2 Theme 2). Participants viewed the aims of these meetings were to enlighten adults to their own strengths, skills and resources as well as normalise experiences and support adults to feel more empowered in their job role. Conversations involving externalisation have been found to support the development of alternative stories and open up new possibilities for people to describe themselves (Morgan, 2000; White & Epston, 1990). It is likely that Narrative Therapy therefore, utilising the externalisation process, can provide school staff with a safe experience

for them to share their problems and stories in a comfortable and positive space, focused to their needs at that moment in time (see RQ2 Theme 6). This suggests that Narrative Therapy can be used to support staff wellbeing, which aligns with the EP role in supporting the mental health of adults in school settings (Gillard, Flaxman & Hooper, 2018).

Systemic applications

Participant's views suggested that Narrative Therapy is an appropriate and useful approach that can be applied at all three levels of EP input: individual, group, and systemic levels (Cameron, 2006). Participants commented on how using Narrative Therapy systemically can support home-school connections, family support work as well as various aspects of community work, connecting EPs to community psychology (see RQ2 Theme 2). These conclusions directly support Hobbs et al's (2012) description of how a narrative model of service delivery could be embedded into EP practice across individual, group and systems work in educational psychology services. Whole school approaches to supporting mental health has been identified by the Department for Education as an important and useful facilitator to the early identification of needs in school settings (DfE, 2019). Based on this, it is likely UK based schools are endeavouring to focus attention on ways to contribute to this, to support SEMH needs. For example, welcoming therapeutic interventions that support whole school approaches in this area. This complements previous research that has noted schools have called for more therapeutic interventions to support rising levels of need (Farrell et al., 2006; Atkinson & Simpson, 2021). This research therefore shows that EPs could be well placed to provide systemic level support to schools through Narrative Therapy and its associated interventions such as Tree of Life (Lock, 2016), Beads of Life (Portnoy & Ireland, 2019) and Team of Life (Eames et al., 2016) approaches.

7.4 Implications and future research directions

An overarching framework for EP practice understood from a Narrative Therapy positionality, also suggested in the wider literature (Hannen & Woods, 2012), appears to be key implication for practice based on this research. Frameworks to practice are useful as they allow EPs to adopt a systemic approach, clarify objectives, evaluate outcomes and identify needs (Sedgwick, 2019). Core Narrative Therapy principles and techniques recognised from this research could contribute to a shared understanding of this approach to the EP field. Extending research in this area (Hannen & Woods, 2012; Romagnolo & Ohrt, 2017) to add clarity to what key aspects could be taken up by LA services, to build a collective view of how Narrative Therapy can be communicated to educational settings, then applied in practice by EPs, could be beneficial. It is suggested therefore a consensus of how schools could receive Narrative Therapy as an offer from LA services needs building, as how Narrative Therapy can be delivered varies widely depending on the delivery format chosen and recipient involved.

Based on key conclusions that Narrative Therapy concentrates on building connections and relationships between people and settings (see RQ2 Theme 3), this suggests that Narrative Therapy potentially has a place to support EPs with casework focused to supporting, for example, social inclusion and friendships, growing a greater sense of belonging, exclusions, pupil transition, reintegration back into education and in post-16 work supporting young people prepare for adulthood, to name some examples. This is based upon participants commenting on how key processes of Narrative Therapy aim to build connections between CYP's values and their aspirations for the future. For instance, through re-membering techniques and interventions such as the Beads of Life (See RQ2 Theme 3). It is suggested therefore that Narrative Therapy could be recruited to support work in these areas specifically, where a building of connection is needed or a where a situation would benefit from encouraging connections to be formed between people. Further research as to how Narrative Therapy principles and techniques could support EPs to undertake post-16 work specifically could be useful. This is suggested as participants mostly drew on examples of work with secondary aged children when co-creating preferred futures as they had more developed language and communicative skills. It is possible that

through this gap in research, further opportunities related to how to promote and disseminate knowledge of Narrative Therapy to schools could be formed.

As this research implies Narrative Therapy could be potentially key to EP work in supporting home-school connections, family support and in complementing community work and community psychology, this seems to suggest that Narrative Therapy has promise to support EPs in systemic work. Transport through re-telling processes, therapeutic documents and definitional ceremonies were all noted by participants as avenues to connect a person or child with their wider community. A definitional ceremony describes an occasion that provides a space for audiences to witness a person's preferred account of themselves (Walther & Fox, 2012). The aims of a definitional ceremony are for a person to feel listened to and heard, having people (outsider witnesses) listen to preferred accounts of a person's life. This potential implication aligns with how definitional ceremonies have been noted to support *"community development"* (Walther & Fox, 2012, p.11). Specific Narrative Therapy techniques therefore have promise in supporting these processes and could be used to frame EP work in wider community services or projects.

What bring these conclusions of building connections and community work together, is an underlying premise of relational practice. This connects with how Narrative Therapy was construed by participants to be an approach that governs how EPs work with people, as a more overarching framework for practice and ethos of engagement and interaction. A potential implication for practice based on this, is the potential new insights Narrative Therapy could contribute to trauma informed work by EPs. Previous research has outlined a perspective taken in Narrative Therapy with regards to trauma (Merscham, 2000; White, 2004; Carey, 2018; Batrouney, 2019) noting how there can be advantages for people in discussing the effects of trauma (Denborough, 2005). This also draws on participant responses of how there could be benefits of talking to young people about how they modified effects of trauma and what that could tell EPs about their skills, strengths and dreams (see RQ2 Theme 4). While communicating how someone has dealt with difficulties in their past seems important to a narrative approach to trauma, this requires sensitivity to avoid any re-trauma or risk of distress (Denborough, 2014). Narrative Therapy as an approach appears to offer a position of safety to discuss and share challenging experiences (see RQ2 Theme 6). Based on

this, further research as to how Narrative Therapy can be applied to support trauma informed working by EPs could be beneficial, as well as how it differs to alternative models of trauma informed approaches. This appears especially relevant due to this research highlighting the links between Narrative Therapy and supporting predominantly SEMH needs.

Participant views and experiences from this research imply EPs do have a place in therapeutic working and that EPs have the skills and expertise to engage in therapeutic work. Based on how the wider literature indicates there are significant challenges in terms of access to mental health services for CYP in the UK (Fusar-Poli, 2019), this suggests many CYP are finding it difficult to access the support they need. This research indicates EPs could have a role in preventative work to support these current national dilemmas. Professional practice implications could be to explore how EPs can combine with or support potential roles adopted in mental health services for children, such as Child and Adolescent Mental Health Services (CAMHS), to reduce waiting lists and support multidisciplinary team working in this area. As participants view EPs as having the training and competency to deliver therapeutic work, in line with purposes of the EP role, EPs could potentially help support current challenges faced by national shortages of mental health professionals to meet demands (Frith, 2016; Dutton et al., 2023).

7.5 Reflections on the social constructionist positionality of this research

As the process of conducting this thesis developed, I found myself reflecting on the type of research I was striving to disseminate, which was grounded in a social constructionist position. My appreciation for an interpretivist epistemological stance grew as my understanding of a social constructionist influence to research was built and strengthened. I found myself feeling more in tune to the positions held by participants, as the concept being researched was similarly rooted in social constructionism. I found it interesting to explore with participants what value adopting social constructionist ideals brought to their practice. This made me reflect on how their values ran parallel to mine, emboldening a sense of integrity and relevance I felt towards the qualitative research I was conducting.

I acknowledge possible tensions in exploring terminology and adopting a social constructionist stance to research, though I felt I was able to navigate this complex terrain by being clear in the aims of the research and by engaging in critical reflexivity throughout. This acknowledgement allowed me to remain in tune to how definitions and terminology are socially constructed by individuals, influenced by their experiences. The exploratory nature of this research aligns with the position that knowledge can be gained by exploring multiple perspectives and viewpoints and did not attempt to negotiate or arrive at a singular, universally accepted definition of Narrative Therapy.

By abiding by social constructionist principles throughout this research, this allowed me to communicate to the reader how my interpretations were subjective and influenced by my own experiences and understanding. It was my own analytical decisions that influenced how the views and experiences of EPs involved were interpreted. It is highly likely therefore, that if another individual had been conducting this research, that their subjective conclusions would have potentially led to different themes or patterns of meaning. For this reason, I acknowledge that I cannot be a passive contributor to the research outcomes, as they cannot be separated from my subjective inferences. These factors therefore permeated throughout the reflexive and analytical process, with critical reflection and acknowledgement of my position being a necessary and unavoidable contribution to the research.

7.6 Limitations and considerations

Participants were recruited using a purposive criterion sampling strategy using convenience sampling. As Narrative Therapy was not considered to be widespread within the EP community, this resulted in the need for this specific method of sampling. This meant that if EPs were interested in taking part in the research, they then volunteered themselves. For this reason, participants who took part were likely to have had a vested interest in Narrative Therapy. This may have skewed the findings into a particular direction. Participants were recruited across a variety of locations across the UK, offering variation in the contexts in which they worked. Training levels differed across participants, though unintentionally, most participants had enrolled onto a form of formal continuous professional development (CPD) associated with Narrative

Therapy (see section 3.3.3). Years of experience across participants also differed, with participants ranging from newly qualified status to specialist senior levels, also providing more variation in this research. Involving EP views more widely, perhaps using a questionnaire sampling strategy would have invited a much larger sample of EPs, which may have embraced different perspectives in terms of how the term is understood or how it is perceived to be delivered in EP work. When recruiting participants however, I was consciously aware that the aims of this research were not necessarily to explore the views of all EPs on their collective opinion of Narrative Therapy but to draw on the knowledges and experience of EPs well versed in this therapeutic approach, to disseminate what can be learned about Narrative Therapy to wider audiences from EPs who value it. Therefore, the views of EPs more generally were not included in this thesis, as it did not align with the purposes of the research, which were naturally biased to a specific sample of EPs.

This research recognises the lack of CYP, teachers, and parents' voices, particularly when conclusions have been born out of potential interactions with such groups. While this was unfortunately outside the scope of this thesis, further research considering these stakeholders as participants would be valuable to extend knowledge of this therapeutic approach as it applies to the EP field.

The larger than required sample of EP participants is a strength as well as a limitation in this research. I acknowledge that more participants does not necessarily mean 'better' research, especially as many interviews is not necessarily viewed as a wise time investment (Marshall, Cardon, Poddar & Fontenot, 2013) and *"the more information the sample holds, relevant for the actual study, the lower number of participants needed."* (Malterud et al., 2016, p. 1759).

Reflexivity box 6:

I found I succumbed to feeling in a privileged position to be speaking to such a minority of EPs during data collection, due to the reported scarcity of EPs that have engaged in CPD in Narrative Therapy. I felt feelings of gratitude that participants had offered to come forward and share their time. Being immersed in research was wonderful, however, this did pose a risk to the quality of the research, due to the time constraints

of the research and the time needed to then truly attune, code, and reflect upon 17 rich transcripts.

The inclusion of 17 participants was partly due to continuing data collection until *“gathering fresh data no longer sparks new theoretical insights, nor reveals new properties of your core theoretical categories”* (Charmaz, 2006, p. 113). I found each participant offered individual case studies and therefore new insights in the application and understanding of Narrative Therapy. Sandelowski (1995) recommends that qualitative sample sizes need to be large enough so that *“new and richly textured understanding”* (p. 183) of concepts can be formed, yet small enough for a *“deep, case-oriented analysis”* to ensue (p. 183). A limitation of this research could be that 17 participants risked a deep, case-orientated analysis within this research. However, I held close the ideas of ‘information power’ (Malterud et al., 2016) to consider adequate sample size (see section 3.1). Virginia Braun and Victoria Clarke have frequently referred to their companion website in their published works detailing practical guidance and further commentary on thematic analysis. A dataset size of 10 to 20 participants was recommended for a UK Professional Doctorate, also published as being a medium thematic analysis project. This range was therefore also considered in this research. A methodological approach to research decisions was taken to consider when enough information was gained. To counteract the risks, considerable time at the commencement of analysis was dedicated to ‘getting to know’ and familiarise myself with the data (see section 3.1). It was helpful giving each transcript some keywords to reflect what I felt each participant was communicating in their responses, so that I could remember them better. Altering the way I approached analysis I believe also helped me not remain narrowly focused, moving from manual methods to computer based methods using Excel.

8. Chapter 6: Conclusion

To conclude, this research was an exploratory endeavour which sought to draw on the views and experiences of EPs, to learn more about the conceptual and practical aspects of Narrative Therapy as applied to educational psychology practice. The original contribution to literature that this research provides, is new insights into EP experiences, contributing research to the integration and purpose of Narrative Therapy within EP practice. Intended outcomes of this research were to extend and support further implications for therapeutic practice by EPs.

While one of the aims of this research was to try and develop some key understanding around terminology, what this research shows is that defining Narrative Therapy remains a difficult task, with suggested paradoxes potentially contributing to why Narrative Therapy appears an elusive therapeutic approach by definition and in application. A key finding from this research, therefore, is that multiple perspectives to definition exist among EPs regarding Narrative Therapy, though central principles and values show patterns of meaning associated to the term. Consistency was shown across the dataset by a general consensus that Narrative Therapy is a hard therapeutic approach to describe. Despite this, what can be learned from this research is that EPs construe Narrative Therapy as a term in mainly three separate ways: a theoretical stance and belief system; a process of de-construction and co-construction; as well as a collection of tools and techniques that embody a social constructionist outlook and a post-modernist world view. Its application in practice is also concluded to be equally broad and varied.

Key findings presented also relate to how key principles, features and techniques define how Narrative Therapy is construed and conceptualised. The research, for example, points to promising future applications of Narrative Therapy to support EPs in trauma informed work and in community project work, based on it being a multidisciplinary therapeutic practice drawing on clinical roots from systemic family therapy backgrounds. It is encouraging that, based on the views and experiences of EPs, this therapeutic approach appears to be empowering for EPs as professionals, described as a professionally satisfying way to work. An overarching framework for practice, underpinned by key premises, values, assumptions and principles

associated with the original teachings of Michael White, as described in this research, appears to hold a lot of promise for the EP profession. Extending research in this area would be valuable to combat inconsistencies in how it can be offered to educational settings on behalf of educational psychology services. A number of diverse tools and techniques associated with Narrative Therapy have been clarified and explained, with the research outlining examples of their use in EP casework and other roles. Based on this research, Narrative Therapy shows utility to multiple areas of EP practice, with findings implying this therapeutic approach has a strong connection to how EPs are already working. The research outcomes, along with recommendations from participants themselves, encourage EPs who are not familiar with the approach to employ Narrative Therapy in their work, if they would like to extend their knowledge and repertoire in therapeutic practice.

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10. Appendices

Appendix 1 – Extracts from research journal

18.11.2022: The following exchange made me reflect on my own skills and how I potentially add to problem narratives in my own work:

[Participant 7]: "I'd much rather them go away and say to their friend, I met the psychologist the other day and I realized, actually, the way that I respond in these situations, it's because I love my child so much, rather than, 'the psychologist thinks he's got autism as well'. Which is, I mean, if anyone left my consultations feeling, you know, saying that I would be devastated. I would have failed as a psychologist in that situation, I think."
[Josephine Bradbury]: "You just contributed, sort of, to the problem story itself as well, right?"
[Participant 7]: "Exactly, exactly. And that, actually Josephine, is absolutely it. That is spot on, you have contributed to that expert discourse, that oppressive discourse, that circular discourse as opposed to allowing that person to reposition themselves to what's going on and gain some agency from that."

I found myself agreeing with how EPs can potentially contribute, unintentionally, to oppressive discourses. I couldn't help but notice I felt feelings of guilt in response to the exchange. This made me reflect on the term 'failure' and how and if we can 'fail' as EPs, no matter what our intentions. Can Narrative Therapy be fully rid of failure even if it is an exploratory approach? How can failure occur when taking a Narrative Therapy position? This exchange made me reflect on the pressures and responsibilities held by an EP.

03.03.2023: It feels important to write in here about my difficulties in understanding participants use of language. While I asked about Narrative Therapy during interviews, upon reviewing and familiarising myself with the data, participants change the language they used to term Narrative Therapy, such as, 'narrative approaches', 'narrative work', 'narrative practice' or even just 'narrative' on its own. What do I refer to? Am I coding correctly by including such passages in the data set? I feel like, while I am aiming to seek more clarity, it is actually causing more confusion for me.

14.03.2023: I find myself reflecting upon how difficult the analysis process is becoming, due to the rich, lengthy and interesting data that befell me due to the inclusion of 17 participants. Why did I not stop earlier? Why did I not consider the data 'enough' at certain points? I am finding the analysis process immersive, though arduous, making sure I take extra caution in the process to ensure that I am considering all transcripts equally.

20.04.2023: Taking some time to travel and stay a few nights in Nottingham for analysis did a world of good, giving me a change of scenery for part of the analysis. Feeling very thankful I have an understanding placement whereby I managed to take some time off after Easter to concentrate. I can't help but feel however my link schools may be feeling quite neglected at the moment due to the time I have taken off after Easter for analysis. Despite guilty feelings, I need to make sure I did not rush the process.

Appendix 2 – Rationale for Inclusion and Exclusion Criteria

Features of the study	Inclusion Criteria	Exclusion Criteria	Rationale
Tyle of study	Qualitative	Quantitative or mixed methods	Qualitative data allowed for in depth exploration of perceptions of participants use of narrative therapy based approaches. Mixed methods studies conflicted with the epistemological and ontological presumptions of this review, being interpretivist.
Type of publication	Studies published in peer review journals	Studies published outside of peer review journals	Studies published within peer reviewed journals are reviewed by experts and should meet a high standard of quality.
Database	Indexed in the British Education Index (BEI), ERIC, and Scopus databases	Not indexed in the British Education Index (BEI), ERIC or Scopus databases	The databases chosen are relevant to psychology, applied educational psychology and education.
Language of study	Studies written in English	Studies written in languages other than English	Studies written in English allowed for the entire paper to be understood and assessed.
Publication date	Studies published between 2014 - 2023	Studies published prior to 2014	This time period was chosen to allow links to be drawn to recent legislature changes and government guidance, where appropriate and to explore modern opinions.
Geographical location	Studies conducted within the UK	Studies conducted outside of the UK or comparison studies	The study wanted to explore EP practice within the UK context
Participants	Individuals in contact with EPs in their day to day working, including EPs, TEPs, children and young people, school staff, parents and wider professionals involved in the care of children and young people who have the opportunity to collaborate with EPs.	Individuals not in contact with EPs in their day to day working. No adult participants receiving counselling or therapeutic intervention 1:1	These participants were chosen as they receive some level of EP service in direct and from wider systemic levels, and able to form and express views and opinions on their input.

Outcomes	Studies which collected the voice of the participant directly following EP input. The views, preferences and opinions of EPs (and TEPs) themselves The views, perceptions and opinions of individuals who can form opinions about EP work, such as children and young people, school staff, parents and wider professionals involved in the care of children and young people who have the opportunity to collaborate with EPs.	Studies which focused on adult based counselling.	These studies were selected to reflect the outcome, EP, TEP and / or relevant participants perspectives of narrative therapy based approaches and their involvement with UK based EPs.
Context	Focus of study to a narrative therapy based approach or context (as defined by Carr, 1998) Explicit mention of educational psychology practice.	No focus to narrative therapy (as defined by Carr, 1998) No explicit mention or alignment to educational psychology practice	These studies were selected to align to the research question and purposes of research.

Appendix 3 – Rationale for CASP Scoring

CASP Checklist	McQueen & Hobbs (2014)	Eames et al., (2016)	Gilling (2016)	Rowley et al., (2020)	Williamson (2022)	Fleming et al., (2023)
Was there a clear statement of the aims of the research?	+ yes, in abstract	+ yes explicit list of aims of workshops	+ yes, explicit in abstract and text	+ yes, explicit paragraph with rationale	+ yes, in abstract	+ yes, explicit paragraph with rationale
Is a qualitative methodology appropriate?	+ yes, interviews and analyses of narrative conversations seeks participants experiences.	+ yes seeks participants experiences using semi-structured interviews	+ yes seeks participant experiences	+ yes seeks participant experiences	+ yes, qualitative case study design gathers rich data founded in an individual's 'socially constructed' meaning enabling the researcher to really explore their experiences.	+ yes seeks participant experiences adapted for co-researcher involvement
Was the research design appropriate to address the aims of the research?	+ yes, activity theory used to illustrate process	+ yes, pre post data analysing an intervention. Post-data and qualitative feedback were collected.	+ yes, rationale and explanations given with reference	+ yes, aligns with social constructionist paradigms and participatory research defined the aims, to carry out research with participants	+ yes, case studies defined a strategy for carrying out an investigation of a particular occurrence within the context of 'the real world' (Robson, 2011)	+ yes, collaborative focus and aligns with exploratory and qualitative research design.
Was the recruitment strategy appropriate to the aims of the research?	+ yes, approached primary school to facilitate research. Volunteer basis.	+ yes, children referred to intervention following school based data	+ yes, research emerged as a response to casework.	- participant details given but not recruitment strategy	+ yes, self-selecting by open invitation to EPs employed by local authorities or in private practice.	+ yes, opportunistic sample and rationale given i.e., largest class in school to provide largest group size.

		suggesting SEMH needs				
Was the data collected in a way that addressed the research issue?	- unclear data collection procedure, reflections mixed with actions taken making findings of data unclear, limited justifications for research decisions	+ yes, data collection justified, and procedure detailed. Measures paragraph detailing quant and qual measures.	+ yes, an iterative approach was taken to data collection	+ yes, visual representation from focus group explained	+ yes, pre and post consultation questionnaires analysed by content analysis	+ yes, multi-phase approach explained, and visual representations explained. Data collection justified .
Has the relationship between researcher and participants been adequately considered?	- power differential mentioned between parents and those with professional expertise, not in context of research and parent participants.	- no, facilitators of the interventions and workshops were mentioned but influence of relationship not considered explicitly.	+ yes, explicit reference to careful reflection being required for the EP whose professional role in this case was both one of practitioner and of researcher	+ yes, mention of researcher-participant roles and relationships in limitations.	- no, not regarding the empirical study	+ yes explicit reference to impact of power differential mentioned in methods section
Have ethical issues been taken into consideration?	- no	+ yes, informed consent and anonymisation.	+ yes, e.g., informed consent.	+ yes, mention of consent, ethical approval for study	+ yes but not extensive consideration. Mention of those taking part in consultation were briefed and gave verbal consent.	+ yes, ethical considerations paragraph
Was the data analysis sufficiently rigorous?	- no, no explicit findings, dataset commentary analysis of experiences.	+ yes, quant data statistically analysed. Qual data using thematic analysis. Referenced method	+ yes, grounded theory	+ yes, data analysed through referenced method, procedure outlined	- no, data analysis procedure not outlined, or results explained in a detailed or explicit manner. Narrative in nature.	+ yes, adaptation of reflexive thematic analysis well explained and provided with references.

		and detailed procedure outlined.				
Is there a clear statement of findings?	- not a clear statement, key areas to note weaved throughout discussion.	+ yes, clear introduction and summary of findings at start of discussion	+ yes, summary of constructed theories that comprised the final grounded theory outlined.	+ yes, clear main themes and outcomes	+ yes, statement beginning of discussion and in abstract	+ yes, clear statement prior to explanation of themes.
How valuable is the research?	+ yes valuable, direct link to how narrative therapy can be employed by EPs, and the process using various techniques. Recommendations for future research in this area provided	+ yes valuable, clear link to EP practice in a specific therapeutic context i.e., , Team of Life Narrative intervention with a specified participant group. Links contributions and relevance to other research, mentions implications and future research directions and EP practice.	+ yes valuable, explicit link to what narrative therapy can bring to the practice of EPs.	+ yes, clear link to EP practice, in a specific therapeutic context with a specified participant group, parents.	+ yes, directly relevant to use of a NTBA within EP consultation. Consultation framework overview provided.	+ yes valuable, clear link between EPs supporting young people through an intervention employing narrative practice. Less focus on 'how' processes related to narrative therapy itself.

Appendix 4 – Thematic Synthesis: Step 1 line by line coding

1. Eames et al., (2016) The Team of Life: A narrative approach to building resilience in UK school children.

Analysis of qualitative dataset.

	Step 1 – line by line coding
1	Shared child experiences
2	Children described increased confidence in social skills
3	Group based games increased self-belief and ability to socialise
4	Forming friendships with unknown peers
5	Realisation of skills related to socialising
6	Realisation of forming friendships and associated skills
7	Seeing a change in ability, being able to do things, impacts participants mood positively.
8	Trying new things enjoyable
9	Participants use of positive language to describe themselves
10	Learning how to communicate
11	Learning how to socialise
12	Self-belief in ability to overcome difficulties
13	Children realisation of their own skills and abilities
14	Children starting to believe in themselves if they give effort
15	Children overcoming nervousness when they give effort
16	Excitement and importance of making new friends
17	Disproving own thoughts regarding having no friends or skills to make friends
18	Children being proud of their peers
19	Sharing of difficulties in a mutually beneficial way
20	Surprise at peers having similar difficulties to participants
21	Participants identifying commonalities
22	Realisation of other peers having similar difficulties with anger
23	Older students provide practical and emotional support to younger students
24	Engaging with older peers supported emotional containment
25	Engaging with older peers is fun and joyous
26	Enjoyment from team sport games
27	Enjoyment from being active, doing activities
28	Team games acted as vehicle for new experiences
29	Using sport to achieve life goals
30	Enjoyment from sport

2. Gilling (2016) What can narrative therapy bring to our understanding and practice around mental health and behaviour? Constructing preferred stories in the classroom.

	Step 1 – line by line coding
1	Definitions of mental health, behaviour and emotional wellbeing entangled
2	Observable and measurable actions are considered behaviours
3	Within child perspective often characterises child as ‘the problem’
4	Children can describe themselves and take on the meaning of words others have said as part of their identity
5	To explain underlying causes for behaviour, medical diagnoses are often sought
6	Adults seeking medical diagnoses often due to finding underlying cure to normal, typical, desired behaviour and appropriate actions to take as a result
7	Medical diagnoses are thought be adults to help identify interventions to reduce social inadequacy
8	Schools often opted for one size fits all solutions rather than individualised approaches for their children
9	Limited acknowledgment that different stories can co-exist e.g., good and bad behaviour
10	Adults cancelled out signs of good behaviour due to bad behaviour occurring
11	Adults clouded by negativity leading to single storied problems
12	Thickening of dominant story’s that only focus on certain events, linked to plot
13	Adults’ relationships with dominant stories have influence over their perceptions of future events
14	Adults left feeling vulnerable and judged after caring for young person’s mental health
15	To preserve one’s own wellbeing, adults attempted to normalise their response to behaviour
16	Adults feel blamed for children’s behaviour
17	Ability to look for alternative support for children fuelled by preserving adult wellbeing
18	Adult struggle with going along with the problem
19	Seeking acknowledgement others have been through similar feelings regarding behaviour in the classroom
20	Teachers normalising their own response to bas behaviour in the classroom
21	Teachers trying everything but persistent needs create challenges to professional integrity
22	Creating feelings of being human not defined by an adult role following seeking acknowledgment from others
23	Adults feel it is their role to change a child’s presentation / needs
24	Preserving integrity by adults reduced sense of blame
25	Failure of intervention attributed to the child by adults
26	If changes in classroom not seen, strategies seen to fail
27	Sense of being stuck and diminished agency in adults when felt like they have tried everything
28	Adults valued drawing on support from others, sense of togetherness
29	Adults feel embarrassed when they need to draw on more help
30	Adults feel torn they have multiple roles to play for children
31	Contextual norms in society of teachers and mothers supporting young people
32	Teacher dilemma of torn where to devote her time
33	Teacher dilemma of torn between school procedures and exploring factors around a child’s mental health
34	Teacher attribution her role does not extend looking beyond behaviourist principles
35	Adult focus on reward and sanctions
36	Adult, single mother, torn in roles, nurturing and disciplinarian

37	Narrative processes shift one dimensional stores to richer multiple stories
38	People are ready to see alternatives and makes steps towards change
39	Responses clouded in negativity reduced when understanding preferred story
40	Responses changed to ‘going with it’, being fluid when understanding preferred story
41	More contextualised understanding of the situation is formed
42	Less overanalysing an underlying cause of what is happening
43	The Golden book initiates recognition and development of alternative stories
44	The Golden Blook allowed adults to see how their clouded judgement added to a problem
45	Adults though exceptions had to be huge events,
46	The Golden Book explores preferred understandings
47	The Golden Book recognises overshadowed things, created meaning behind small actions
48	Individuals valued seeing the positives in others
49	Individuals getting stuck in way of thinking challenged their values of togetherness
50	Realising existing perceptions can recognise barriers in relationships
51	Narrative processes allowed construction of dominant story based on privileged events
52	Adults moved away from seeking solutions to fix behaviour to training people into a certain way of acting
53	Adults reasoning removing within child factors removed barriers to noticing preferred actions.
54	Adults seek alternatives rather than implement strategies
55	Adults seeing what allowed problems to be challenged thickened preferred stories
56	Recognition of positive change and this is focused on
57	Dominant problem stories constructed by people around a child challenges positive view of themselves
58	Documenting a preferred story constructed by child allows reflection on own actions not others’ opinions
59	Social language used about behaviour influences dominant stories
60	Reflection helps reduce negativity, reflection to previous responses to behaviour and language used
61	Mixture of adults in school still using behaviourist approaches strengthening dominant problem stories
62	Narrative approaches should be used across the school, whole school level to give voice to when things are not happening
63	Narrative approaches view schools as communities of acknowledgement
64	Narrative approaches not discrete intervention but a way of practice, using language and considering what is noticed
65	Action and practice to support need can change over time
66	Understanding an Individuals’ thoughts, stories and value systems led to different understandings of a problem
67	Strengthened understanding led to change in practice and changes understanding problem
68	Narrative therapy as not seen as something ‘to do’ but a way of thinking and being
69	Reauthoring stories through interaction between understanding problems and related actions
70	Model merging Bruner (2004) and White (2007) landscape of action and identity
71	Practice illustrates links between events actions and valued themes

3. Rowley et al., (2020) Supporting parents through a narrative therapeutic group approach: a participatory research project

	Step 1 – line by line coding
1	Tree of Life promotes sharing with others
2	Parents sharing experiences felt comforting and reassuring, not alone
3	Parent realisation they share similar problems with others
4	Feelings of isolation experienced by parents of children with SEND
5	Tree of Life allowed space for parents to talk generally about their child's SEND
6	Easier to talk to people in Tree of Life
7	Parents not sharing their true reality to confirm to social norms
8	Parents feels of isolation
9	Systemic stigma and shame around SEND, experienced by parents, dominant narrative in wider society
10	Visual aspect and structure of Tree of Life a strength
11	Tree of Life designed to make you think about a person's own journey
12	Tree of life process allowed participants to build richer descriptions of their lives, recognise strengths
13	Structure of sessions moving towards aspirations
14	'Storms not discussed till 3rd session, can share challenges form place of safety
15	Structured weekly sessions in contrast to one off sessions
16	Tree of life felt more purposeful, and structure appreciated, rather than a chat
17	Weekly sessions facilitated bonding process, focusing on the group
18	Groups facilitated parents' wellbeing through social support and connection
19	Tree of Life increased parents' self-awareness by hearing themselves then hearing others' stories.
20	Tree of life opens eyes and allows participants to reflect on increased self-awareness
21	Adults more aware of themselves and understanding themselves better as a result
22	Increased self-awareness allowed adults to consider how their wellbeing has impacted on their children
23	Tree Of life allowed parents to focus on themselves
24	School wide concern regarding parents' wellbeing generally
25	Improved parent wellbeing improved child wellbeing
26	Life events unknowingly affected participants; Tree of Life brought this into realisation
27	Parents valued sharing ideas about themselves, not just their children
28	Participants appreciated a programme designed for adults
29	Parents appreciated opportunity to talk about their own roots and background
30	Parents reflection it is important to consider how they were raised, values
31	Parents feeling child's needs are their fault, Tree Of life altered this perception
32	Fear and self-blame experiences by parents of children with SENF
33	increased feeling of security in themselves as a parent and confidence
34	Tree Of Life provided vehicle for non-judgemental audience to listen
35	Tree Of Life provided vehicle for parents to hear how others connected their stories
36	Narrative approaches of 'outsider witness' supports change through others hearing our preferred stories
37	Reauthoring stories through tree of life changed participants relationship with their challenges
38	Transformative process
39	Parents felt stronger and more positive
40	Sense of greater acceptance of their children's SEND, less embarrassment
41	Enhanced embracing and accepting SEND from experience of ethnic minority parents
42	Shame and blame experienced by some parents of children with SENF

43	Greater parental acceptance
44	Developing consciousness, to challenge aspects of lives to lea to personal transformation
45	Parents noticed change in emotional responses following group sessions
46	Parents reacting more calmly to their child with SEND
47	Through hearing others' perceptions of a person's strengths and skills, the person started to internalise these in real life
48	Narrative approaches speak to a fluid, relational sense of self, always changing
49	People have different experiences of 'self' and can choose their preferred way of being
50	Parents asking deeper questions about feelings to their children and family members
51	Interactional patterns within families, effects on relationship dynamics in family
52	Parents feel able to take time for themselves
53	Impact of sessions ongoing and continuing
54	Impact of sessions to focus on what is important now as well as plan
55	Realisation that you continue to grow as you continue to develop and learn
56	A person's own narratives shapes identity and what is possible for the future
57	Reauthoring provided opportunity to explore new possibilities for parents

4. Williamson (2022) An exploration of strength-based consultation; The Tree of Change

	Step 1 – line by line coding
1	ToC intervention well received and valued by parents, pupils and teachers
2	Participants valued strengths based narrative approach
3	Focusing on strengths first allowed for increased relational connectivity
4	Focusing on positive aspects changed adults' narrative of young person, recognition of progress
5	Children like reading positive views of them shared by adults
6	Increased confidence in children after reading positives documented by adults
7	Reduced parental anxiety and focus on problem reduced
8	Greater exploration of systemic factors to facilitate change, reduced within child view
9	Adults felt empowered to implement strategies straight away
10	Holistic framework allowed whole child to be considered, strengths and areas for development
11	Visual way of working allowed to return to key points discussed
12	Increased collaboration amongst consultees, promoting shared understanding and power
13	Visual representation on larger scale allowed for all to better engage in the discussion
14	Framework removed the formality when discussions a child's needs, all involved
15	Co-constructing narratives drawing tree together reduced tensions
16	Value placed on exploring the reasons for identified strengths and needs
17	Helpful considering how cultural background linked to child's strengths and areas for development in consultation
18	Brainstorming as a group root cause, function of problem to discuss support
19	Allowed to explore root cause of difficulties
20	Everyone's voices were heard during the process
21	Strategies were meaningful and practical as linked to child's strengths
22	Strategies could be implemented without difficulty or delay
23	Teacher perceptions and expectations of the pupil enhanced

5. Fleming et al., (2023) Exploring young people's experiences of the Tree of Life narrative intervention through participatory research.

	Step 1 – line by line coding
1	Group supported and developed friendships
2	Group participants getting to know each other better
3	Participation in group strengthened existing friendships
4	Talking about feelings as a group helpful in developing friendships
5	Participants in a group gaining knowledge of/about others in the group
6	Value of group strengthened due to friendship formation
7	Group members findings unknown commonalities between each other
8	Improved group cohesion and sense of belonging
9	Enhanced social connectedness
10	Benefits of groups sharing experiences i.e., comforting and reassuring
11	Greater understanding of others through ToL
12	Positive expression of oneself through participating in the group
13	Opportunity to express / confess feelings through talking and drawing
14	Sharing openly about feelings, leading to sense of relief at being able to share these
15	Group participants being able to be listened to
16	Fun and enjoyable process TOL, creative
17	Valuable and memorable metaphor formed, remains
18	Not fun and boring
19	School based activities related to school deemed boring
20	Flippant / sarcastic negative attributions to group based activities
21	Limited thinking and reflection leading to negative connotations of group activities
22	Children reporting negatively about any school based activity
23	Negative comments framed as a joke from children

Appendix 5 – Thematic Synthesis: Step 2 Descriptive Themes

	Descriptive Themes	Groups of Descriptive Themes
1	A strengthened holistic view stimulates change processes	Holistic Framework: Holistic view of child stimulates change processes
2	Adult emotional well-being, time dedicated to self	Effects of fostering adult emotional wellbeing
3	Adult emotional wellbeing	Effects of fostering adult emotional wellbeing
4	Adult emotional wellbeing leading to flexible outlook of support	Effects of fostering adult emotional wellbeing
5	Adult relationship with the problem	Effects of fostering adult emotional wellbeing
6	Adults empowered to implement strategies	Effects of fostering adult emotional wellbeing
7	Adults exploring alternative stories to problem , less rigid, fluid	Influence, formation, maintence and focus of developing richer, alternative, preferred stories
8	Adults less focused on ‘fixing’ child or finding an underlying cause	Influence, formation, maintence and focus of alternative stories
9	Allowed for discussion for reasons behind strengths and needs	Facilitators of NTBA process
10	Allowed for systemic factors to be considered to facilitate change	Wider system
11	Any activities in school seen initially as boring	Barriers of NTBA process
12	Barriers caused by behaviourist approaches	Barriers of NTBA process
13	Barriers stemming from rewards and sanction strategies	Barriers of NTBA process
14	Benefits to group sharing	Facilitators of NTBA process
15	Children empowered by shared positivity	Positivity
16	Children empowered by shared positivity, increased confidence	Positivity
17	Children’s increased skills	Application of NTBA increases children's skills
18	Children sharing experiences	Importance of sharing of expereinces to seek connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
19	Clear, precise definitions and terminology	Facilitators of NTBA process
20	Collaboration reduced tensions	Facilitators of NTBA process
21	Consideration of family roots and values	Underlying values, unmet needs sought in NTBA
22	Consideration of self-roots and values	Underlying values, unmet needs sought in NTBA
23	Consultation approach reduced parental anxiety	EP consultation specific applications of NTBA
24	Consultation lead to meaningful and practical strategies liked to strengths	EP consultation specific applications of NTBA
25	Consultations lead to adults holding alternative narratives of child, stimulating multi-storeyed richer picture of child	EP consultation specific applications of NTBA
26	Creating richer stories is the aim	Influence, formation, maintence and focus of richer, alternative stories
27	Cultural background consideration valued	Underlying values, unmet needs sought in NTBA
28	Deeper exploration of needs	Underlying values, unmet needs sought in NTBA
29	Diminished agency in adults, stuck in problem	Barriers of NTBA process
30	Displacing, shifting blame of failures onto child	Barriers of NTBA process
31	Duty of care and feelings of responsibility	Barriers of NTBA process
32	Effects of increased adult emotional wellbeing	Effects of fostering adult emotional wellbeing
33	Emotional support from older peers	Importance of sharing of expereinces to seek connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
34	Enhanced relatedness with others	Importance of sharing of expereinces to seek connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
35	Enhanced self-belief	Focus on emplowering ones self-belief of skills, stregnths, resources, abilities, capacity
36	Enhanced social connectedness	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
37	Equal power dynamic	Facilitators of NTBA process
38	Exception finding	Facilitators of NTBA process
39	Exploring possible functions of problems as a group lead to avenues of support	Strenghthening understanding of problems
40	Facilitated group bonding	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
41	Fear and blame experiences by parents	Barriers of NTBA process
42	Feelings of isolation if problem holder	Barriers of NTBA process
43	Feelings of pride for others	Outcomes of applying NTBA
44	Feelings of shame and blame	Barriers of NTBA process
45	Fluid process, speaking to relational sense of self, promoting sense of ongoing change	Process features of applying NTBA
46	Focused process to allowing others to see they have the ability to actualise their preferred stories	Influence, formation, maintence and focus of developing richer, alternative, preferred stories
47	Focusing on positives as impetus for change	Process features of applying NTBA
48	Focusing on positives changes negative narratives	Process features of applying NTBA
49	Friendship development through sharing of emotions	Importance of sharing of expereinces to seek connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
50	Friendship development through ToL, gaining knowledge of others	Friendships
51	Friendship formation	Friendships
52	Friendship formation valued	Friendships
53	Friendship strengthening valued	Friendships
54	Fun and enjoyable interactions with older peers	Facilitators of NTBA process
55	Fun and enjoyable process	Facilitators of NTBA process
56	Greater acceptance by adults of children	Effects of fostering adult emotional wellbeing
57	Greater parental acceptance	Effects of fostering adult emotional wellbeing
58	Greater understanding of others	Effects of fostering adult emotional wellbeing
59	Holistic framework considering the whole child values	Holistic Framework: Holistic view of child moves away from a within child view
60	Holistic view of child moving away from within child perspectives	Holistic Framework: Holistic view of child moves away from a within child view
61	Identification of positives	Positivity
62	Importance of language	Importance of language
63	Improved group cohesion	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
64	Increased collaboration	Collaboration
65	Increased relational connectivity	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
66	Increasing adult self-awareness	Self-awareness
67	Increasing adult self-awareness to consider impact on children	Self-awareness
68	Increasing adult self-awareness to stimulate reflection	Self-awareness
69	Increasing adult self-awareness to think about self	Self-awareness
70	Influence of frameworks and models of practice	Frameworks
71	Initial negative attribution for group based work by children	Barriers of NTBA process
72	Introduction to new experiences and realisations	Influence, formation, maintence and focus of richer, alternative stories
73	Introspection and time dedicated to discuss self	Effects of fostering adult emotional wellbeing
74	Introspection and time dedicated to self	Effects of fostering adult emotional wellbeing
75	Limited thinking and reflection lead to initial negative contribution	Barriers of NTBA process
76	Looking up to older peers	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
77	Memorable metaphors formed	Facilitators of NTBA process
78	Moving towards goals, aspirations	Moving towards aspirations, goals, next steps, ways forward, change
79	Multi-storied perspectives not acknowledged	Growing Multi-storied perspectives of a problem
80	Narrative is a philosophy and way of practice	Philosophy and way of practice
81	Narrative practice meeting whole school level concerns	Whole School applications
82	Narrative processes allow preferred futures to become the dominant discourse	Influence, formation, maintence and focus of developing richer, alternative, preferred stories
83	Narrative processes at whole school level, global approach to problems	Whole School applications
84	Narrative processes enhance contextualised understanding of problems	Influence, formation, maintence and focus of developing richer, alternative, preferred stories
85	Narrative processes grow multi-storied perspectives	Growing Multi-storied perspectives of a problem
86	Narrative processes reduce negativity as focus point	Influence, formation, maintence and focus of developing richer, alternative, preferred stories
87	Narrative processes stimulate readiness in people to make change	Moving towards aspirations, goals, next steps, ways forward, change
88	Navigating sarcasm and jokes from children in response to ToL	Barriers of NTBA process
89	Negative self-talk diminishing togetherness	Reframing negative self-talk
90	Negative self-talk influencing identity	Reframing negative self-talk
91	Negativity fuelling negative self-talk in children	Reframing negative self-talk
92	Not fun and boring	Barriers of NTBA process
93	Openness to fluidity, being less rigid to support change	Facilitators of NTBA process
94	Outsider witness supporting change, growing togetherness	Process techniques
95	Overcoming challenges	Influence, formation, maintence and focus of developing richer, alternative, preferred stories
96	Parents hiding reality due to influence of wider societal norms	Wider system
97	Parents sharing experiences in ToL an uplifting process	Importance of sharing of expereinces to seek connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
98	Positive effects of children’s own self-reflection	Self-awareness
99	Positive self-talk	Positivity
100	Problems identified / maintained through within child perspectives	Holistic Framework: Holistic view of child moves away from a within child view
101	Process of hearing positivity leads to internalisation of this positive self-view	Positivity
102	Process source of positivity	Positivity
103	Process vehicle for non-judgemental audience to listen	Influence, formation, maintence and focus of developing richer, alternative, preferred stories
104	Process vehicle to listen to others, growing togetherness	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
105	Promoting sense of ongoing change, always growing and learning	Process features of applying NTBA
106	Purposeful structure appreciated	Process features of applying NTBA
107	Re-authoring stories through strengthening holistic view of child	Holistic Framework: Holistic view of child moves away from a within child view
108	Realisation of barriers in relationships	Self-awareness
109	Realisation of similarities, enhanced relatedness and connectedness	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
110	Realisation of skills and abilities	Self-awareness
111	Realisations of connectedness	Realisations of connectedness
112	Reauthoring stimulates exploration of new possibilities, future aspirations.	Process techniques
113	Reauthoring stories through ToL altered perceptions to problems	Process techniques
114	Reflecting upon past responses reduced negativity, increases understanding	Self-reflection, reaslisation, support different view
115	Relationship to dominant stories affecting future	Moving towards aspirations, goals, next steps, ways forward, change
116	Resistance to individualised approaches in schools	Defining features of schools
117	Schools as communities of acknowledgement, global approach	Defining features of schools
118	Seeking acknowledgement for connectedness and relatedness	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
119	Seeking medical labels for appropriate intervention	Disempowering medical model persepctive
120	Seeking medical labels for next steps	Disempowering medical model persepctive
121	Seeking medical labels for understanding	Disempowering medical model persepctive
122	Self-identity governs future aspirations and view of achieving future aspirations, sense of mastery	Moving towards aspirations, goals, next steps, ways forward, change
123	Self-protection of ego by adults	Barriers of NTBA process
124	Sense of relief, being understood and sharing similar experiences	Outcomes of applying NTBA
125	Sense of togetherness	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
126	Sense of togetherness and connectedness through finding unknown commonalities	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
127	Shame and blame experienced by parents	Barriers of NTBA process
128	Sharing leading to improving of each other’s lives	Importance of sharing of expereinces to seek connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
129	Short and long term aspirations, goal focused	Moving towards aspirations, goals, next steps, ways forward, change
130	Single storied perspectives leading to negative outlook	Growing Multi-storied perspectives of a problem
131	Social support and connection contributes to adult wellbeing	Importance seeking connectedness, relatedness, fulfllment, acknowledgemnet, togetherness
132	Stimulating rich picture of life and own strengths	Focus on emplowering ones self-belief of skills, stregnths, resources, abilities, capacity
133	Stimulating thought of own life journey	Focus on emplowering ones self-belief of skills, stregnths, resources, abilities, capacity
134	Strengths based narrative approach	Frameworks
135	Strengths in visual process	Facilitators of NTBA process
136	Systemic stigma and shame, wider society narratives	Wider system
137	Talking and Drawing facilitated opportunity for children to express themselves	Facilitators of NTBA process
138	Teachers understandings of boundaries in their role, skills - ep to address this	Barriers of NTBA process
139	The Golden Book strategy develop rich stories	Process features of applying NTBA
140	The Golden Book strategy linked to forming preferred stories	Process features of applying NTBA
141	The Golden Book strategy supported adult enlightenment to problems	Process features of applying NTBA
142	ToL creates non-judgemental space to share	Process features of applying NTBA
143	ToL creates safe, non-judgemental space to share	Process features of applying NTBA
144	ToL promotes sharing	Process features of applying NTBA
145	ToL stimulates realisation of alternative stories	Process features of applying NTBA
146	ToL stimulates reframing of negativity leading to altered stories	Process features of applying NTBA
147	ToL stimulates reframing of negativity leading to increased confidence and self-belief	Process features of applying NTBA
148	Transformative process	Transformative notion of work
149	Transformative process of parents interactions with others	Transformative notion of work
150	Transformative process through challenging view of situations	Transformative notion of work
151	Tree of change in consultation well received	Process features of applying NTBA
152	Unclear, imprecise definitions and terminology	Barriers of NTBA process
153	Valued being listened to	Outcomes of applying NTBA
154	Vehicle for friendship formation	Friendships
155	Vehicle for friendship formation	Friendships
156	Visual approach removed formalities	Facilitators of NTBA process
157	Visual approach seen as a strength	Facilitators of NTBA process
158	Weekly sessions assisted bonding process	Process features of applying NTBA
159	Weekly sessions not one-off	Process features of applying NTBA
160	Wider societal view of contextual norms of being nurturing	Wider system
161	Wider view of a person by outsider challenged	Wider system

Appendix 6 – Thematic Synthesis: Step 3 Analytical Categories

Analytical Theme	Analytical Subthemes	Grouped Descriptive Themes
Fluid Practice		
	Underlying Philosophy	1. Influence, formation, maintenance and focus of developing richer, alternative, preferred stories 2. Underlying values, unmet needs sought in NTBA 3. Transformative notion 4. Philosophy and way of practice
	Possible Courses of Action	5. EP consultation specific applications 6. Process features 7. Collaboration 8. Frameworks 9. Moving towards aspirations, goals, next steps, ways forward, change 10. Process techniques 11. Facilitators of NTBA process 12. Barriers of NTBA process
Guiding Problem Discourse		13. Holistic Framework: holistic view of child stimulates change processes 14. Positivity 15. Strengthening understanding of problems 16. Importance of Language 17. Growing multi-storeyed perspectives of a problem 18. Disempowering medical model perspective
Nurturing the 'Self'		19. Focusing on empowering one's self-belief of skills, strengths, resources, abilities, capacity 20. Self-awareness 21. Reframing negative self-talk 22. Self-reflection, realisation, supporting a different view
	Fostering Adult Wellbeing	23. Effects of fostering adult emotional wellbeing 24. Importance of sharing experiences to seek connectedness, relatedness, fulfilment, acknowledgement, togetherness
Outcomes and Gained Values		25. Applications of NTBA increases children's skills 26. Outcomes of applying NTBA 27. Friendships 28. Importance of seeking connectedness, relatedness, fulfilment, acknowledgement, togetherness

Systemic Applications	29. Wider System 30. Defining features of schools 31. Whole school applications

Appendix 7 – Group data to inform interview schedule

1. **What do we know about narrative therapy (NT) and narrative therapy based approaches (NTBA)?**

— Predominantly social care does life story work
— NTBA often used to gain pupil views
— Elements of personal construct psychology fall into NTBA
— NTBA include principles of externalisation, helping people to understand themselves e.g., anger, as an external thing. Question includes if the behaviour was an animal or thing, what would it be? Or say? Etc.
— Links with Theraplay
— EP involvement is short, and we do not often have the time to do extended pieces of work
— NTBA could be deferred to ELSAs
— NTBA could be what psychology assistants offer
— In EHCs, children often do not know why EPs are there, it may be that NTBA could be incorporated to learn about their life story at school. For example, what has education been like foe them, are there resources that can include NTBA e.g., a child's life story in education. A timeline incorporating NTBA could help children and young people talk about their journey through education. This can include the best things about school and not so old.
— NTBA are connection building
— NTBA identify who are important to the child or young person
— NTBA seek to change narratives and build empathy through the eyes of others.
— Benefits of giving the EP a richer picture of the child's world view when it can be difficult gaining pupil views.

2. **What do we not know <u>and</u> would like to know?**

– Clarity of terminology would be helpful
– Clarity on the definition of therapeutic and if NTBA are or should be classed as therapeutic, or if EPs class these approaches as something else.
– What are the main principles of NT? What is NT and how is it conducted?
– Clarity over how and why NTBA would be recommended in provision and if it would be recommended in provision.
– Are there any tools that EPs who use NT use regularly and have with them?
– How can EPs creatively use NT?
– What age group do EPs predominantly use NT with? Is there a certain age as a prerequisite?
– Is there a language ability level as a pre-requisite? How verbal does the child need to be?
– Clarity over why you would choose NT over, perhaps, motivational interviewing.
– Questions around time negotiating with stakeholders
– Questions around if there are things within NT that can be drawn out to fit the way in which EPs currently work with children and young people.
– Is NT completed over more than one session? What is the minimum period to be classed as using NTBA or incorporated a NTBA, or even 'narrative therapy'?
– In terms of contracting, what are the perceived needs from schools for NT or NTBA to be recommended?
– How do EPs gain schools on board to see that NTBA is a priority?
– What key texts or resources could be signposted to EPs if we wanted information on how to incorporate the approaches and the understand the underlying psychology? Where to go for more information relevant to EPs?
– How can EPs incorporate NTBA into shorter period of work?
– Is NT more suited to multiple sessions with a teenager e.g., 6 sessions?

- How do we know that NTBA give more quality to understanding or interpreting the child's perspective?
- How do EPs know they are incorporating NTBA specifically in their work, due to overlap with other approaches e.g., solution focused working?
- How EPs come to be introduced to NTBA or NT, what drew them to it and how they find using it within their professional role.
- Theoretically, what are NTBA drawing upon?
- Psychologically, what are NTBA drawing upon?

3. **What would be useful information to provide EPs, who are not hugely familiar, but would be open to using narrative therapy (NT) more within their work?**

- Do EPs need specific training? Or additional training? If so, who provides this?
- Are there any specific supervision roles / access if an EP is delivering NT on a regular basis?
- Is NT used for assessment purposes and how or more used to gain a picture of the child's lived experiences. is it the latter rather than therapy to make changes?
- How do we train up ELSAs? is it appropriate to 'pass on the psychology' to others? how would EPs do that in a NT context?
- Even if opportunities arise and value is seen, how do EPs manage the ethical dilemma of connecting with a child or young person and then disappearing?
- What would have EPs using NT left behind for the child or young person as a legacy, what would have been provided specifically from using NT as a singular approach?
- Clarity on the pros and cons of working with children in this way.
- What processes are involved in being involved therapeutically with a child and young person and then upskilling staff after to continue work. Is this appropriate?
- Can NT be delivered alongside a key person then passed on as appropriate support for the child or young person.
- EPs that have a specialism have more capacity to do ongoing work.
- Are there LA services in the UK that have EPs with a specialist in carrying out therapeutic work such as 1:1 life story work, or responsibilities that goes being the normal context of our work incorporating NT?
- There are currently lots of refugees and children who are new minors in the UK taking part in talking stories activities. Would NT be linked to talking stories activities and other elements of life story work e.g., therapeutic story writing? Are these NT, what are the links?

Appendix 8 – 20 best practice thematic analysis recommendations (Braun & Clarke, 2023b)

Table 2. Twenty best practice recommendations for effectively conducting and reporting thematic analysis in health psychology*.

Area		Recommendations for authors	Questions for editors and reviewers
Selecting the most appropriate type of TA	1	Determine the goal/purpose of research. If this is quite open, reflexive TA is appropriate. If this is more delimited than open (e.g., there are apriori topics/categories), then codebook or coding reliability approaches are more appropriate.	Is the type of TA selected appropriate to the goal/purpose of the analysis?
	2	Reflect on your paradigm/research values. If (post)positivist (e.g., concerns about coding accuracy/reliability, minimising bias, etc.), use coding reliability TA. If not positivist, use codebook or reflexive TA.	Is the type of TA selected consistent with the author's paradigm/research values? Is the research methodologically coherent?
	3	Reflect on theme conceptualisation. If the focus is on shared meaning, select reflexive or codebook TA. If the focus is on shared topics (topic summaries), select codebook or coding reliability TA.	Is the conceptualisation of 'themes' consistent with the type of TA used?
	4	If considering using multiple analytic methods (e.g., TA and grounded theory) reflect on why, and whether it really is necessary. Read more around TA.	Is the use of multiple analytic approaches truly warranted or necessary?
Methodology	5	Make clear *what* general type of TA you have used. Avoid citing divergent or incompatible approaches without clear explication of what is taken from each and why (but hold in mind the importance of methodological coherence and integrity).	Is it clear *what* type of TA has been used? If multiple approaches are drawn on, is this warranted and is the research methodologically coherent?
	6	Ensure any rational for your use of TA avoids generic descriptors but connects to your research topic, theory and/or context.	Is a rationale for TA provided? Does any rationale avoid simply citing generic characteristics (e.g., flexible, accessible) and instead explain their particular relevance to the study?
	7	Make sure you specify the ontological and epistemological assumptions guiding your use of TA (and then enact these consistently).	Are the guiding philosophical assumptions clearly specified? Is the reported practice and claims of the research consistent with these?
	8	Discuss the explanatory/political theories and concepts informing the analysis (e.g., phenomenology, social cognition, feminism); avoid treating concepts as theoretically neutral (e.g., body image).	Are all theoretical influences clearly acknowledged? Are they all methodologically coherent?
	9	Make clear your particular orientation to TA (e.g., semantic/latent coding, inductive/deductive analysis); ensure ideas like latent and deductive are conceptualised in a way that is consistent with the TA approach used.	Is the authors' specific TA orientation clearly described? Is conceptualisation of latent, deductive etc. consistent with the approach to TA?
	10	Clearly discuss what you actually did for your analytic process, rather than generically describing the approach, such as listing six phases of reflexive TA (Braun & Clarke, 2006).	Does the authors' account of their analytic process clearly outline *how* they used the method, instead of generically describing it?
Quality measures and practices	11	Avoid confusing and conflating positivist notions of bias with researcher reflexivity. For reflexive and other Big Q TA, include some discussion of both the reflexive processes engaged in, and the professional/personal positioning of the researcher or the broader contexts shaping their experiences and perspectives (see Lazard & McAvoy, 2020). If small q TA, discuss the management of researcher bias/influence.	If research reports reflexive or other Big Q TA, is there some evidence of reflexivity? If it reports small Q TA, is there discussion of (mitigation of) researcher bias/influence?

(*Continued*)

Table 2. Continued.

Area		Recommendations for authors	Questions for editors and reviewers
	12	Use language and a writing style consistent with your TA approach. For example, for *reflexive* TA, take care not to suggest that themes emerge, or were identified. Avoid language of bias and aim to write in the first person.	Is the general writing style and specific terminology around theme development/ identification consistent with the TA approach?
	13	Use a reporting format and headings appropriate to your TA approach. For example, a combined results/discussion is often the best way to report analysis in reflexive TA.	Is the structure of the report and the section headings appropriate to the TA approach? Where relevant, does the report avoid unknowingly defaulting to a positivist norm?
	14	Ensure your quality practices are theoretically consistent both with your approach to TA, and with your ontological and epistemological assumptions Realism > respondent validation; triangulation. Positivism > multiple independent coders; interrater reliability; consensus coding/theme development. Big Q/nonpositivism > reflexive journaling; member reflections (Tracy, 2010).	Are the quality processes described theoretically consistent? Is the research methodologically coherent?
Reporting of analysis	15	Consider providing a clear overview of themes and thematic structure – such as a table or figure (depending on analytic complexity).	Is there a clear overview of the themes/thematic structure? Can you easily identify the themes within the paper?
	16	Make it clear how many themes (including any overarching themes and subthemes) will be reported.	Is the number of themes reported clear?
	17	Make sure themes are named appropriately. For example, names of shared meaning themes should ideally capture the key concept of the theme; in reflexive TA, avoid single word theme names.	Is the approach to theme names consistent with the underlying conceptualisation of a theme? Do theme names capture the core of each theme?
	18	Ensure what is reported within each theme aligns with method used. For example, in reflexive TA, themes need to be rich and complex, and capture more than one analytic insight/observation.	Is the depth and detail of each theme appropriate to the method used? If reflexive TA, are themes multifaceted?
	19	Ensure any fragmentation of thematic structure is appropriate to type of TA. If using reflexive TA, be wary of an overly fragmented thematic structure, as analytic quality requires depth in reporting, which fragmentation can preclude. Use subthemes only when desirable to highlight a particular facet of the central theme concept. Consider using supplementary materials or develop separate papers to report in depth.	Is any structural complexity (e.g., subthemes, overarching themes) necessary and appropriate? Is the number of theme levels justified and appropriate, and does it enhance the analysis? Is the thematic structure overly fragmented with lots of thin themes? If reflexive TA, are subthemes used appropriately?
	20	Make sure you appropriately use data to evidence themes and analytic observations and insights. Provide an analytic narrative that provides *interpretation* – in reflexive TA, for example, you ideally offer a rich, complex analytic narrative woven around the data extracts	Are themes appropriately evidenced with vivid and compelling data extracts? Is there a (rich) analytic narrative that *interprets* the data presented?

* These recommendations *may* clash with expectations or requirements of journals; we encourage discussion and reflection where that is the case. If some compromise, which doesn't infringe on integrity too deeply, is (ultimately) required, we recommend signalling such compromise(s) in your writing, so it doesn't come across as unknowing methodologically incoherent or poor practice.

Appendix 9 – Ethical approval decision of the Research Ethics Committee at The University of Nottingham

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SJ/tp

Ref: **S1453**

Wednesday 3rd August 2022

Dear Josephine Bradbury and Vicky Clarke

Ethics Committee Review

Thank you for submitting an account of your proposed research 'An exploration into the role of Narrative Therapy Based Approaches within educational psychology practice: supporting children and young people with a range of special educational needs

That proposal has now been reviewed and we are pleased to tell you it has met with the

Committee's approval.

However:
Please note the following comments from our reviewers;

Reviewer One:

- The information sheet states: 'If you do decide to take part, you are free to withdraw at any time and without giving a reason. You can withdraw any unprocessed data previously supplied.' Make the timeline for withdrawal of any unprocessed data clearer to ensure participants know that past a certain point in the research cycle their data will have published in your PhD thesis and/or publication.
- Storage of data on researchers' laptops (even if encrypted) is not advised. Speak to IT support team about GDPR compliant data storage for personal audio/video data.
- Ensure MAXQDA software is compliant with GDPR if the transcripts cannot be fully anonymized.
- Advise participants in the information sheet or in the interview overview to avoid sharing personal details of specific casework.

Final responsibility for ethical conduct of your research rests with you or your supervisor. The Codes of Practice setting out these responsibilities have been published by the British Psychological Society and the University Research Ethics Committee. If you have any concerns whatever during the conduct of your research then you should consult those Codes of Practice. The Committee should be informed immediately should any participant complaints or adverse events arise during the study.

Independently of the Ethics Committee procedures, supervisors also have responsibilities for the risk assessment of projects as detailed in the safety pages of the University web site. Ethics Committee approval does not alter, replace, or remove those responsibilities, nor does it certify that they have been met.

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Yours sincerely

Professor Stephen Jackson
Chair, Ethics Committee

Appendix 10 – Participant Consent Form

School of Psychology

Consent Form

Title of Project: **An exploration into the role of Narrative Therapy Based Approaches within educational psychology practice: supporting children and young people with a range of special educational needs.**

Ethics Approval Reference: Ref: S1453

Researcher: Josephine Bradbury *[Josephine.bradbury@nottingham.ac.uk]*

Supervisor: Dr Victoria Clarke [Victoria.clarke@nottingham.ac.uk]

The participant should answer these questions independently:

- Have you read and understood the Information Sheet? YES/NO
- Have you had the opportunity to ask questions about the study? YES/NO
- Have all your questions been answered satisfactorily (if applicable)? YES/NO
- Do you understand that you are free to withdraw from the study? (at any time and without giving a reason) YES/NO
- I give permission for my data from this study to be shared with other researchers provided that my anonymity is completely protected. YES/NO

"This study has been explained to me to my satisfaction, and I agree to take part. I understand that I am free to withdraw at any time."

Signature of the Participant: Date:

Name (in block capitals):

I have explained the study to the above participant, and he/she has agreed to take part.

Signature of researcher: Date:

Appendix 11 – Interview Schedule

<u>Semi-structured Interview Questions</u>

1. **Firstly, could you tell me about how you came to learn about Narrative Therapy or Narrative Therapy based approaches (NTBA)?**

   Follow up questions:

   – What drew you to this approach?

2. **If you can imagine that I don't have any idea of what Narrative Therapy is and I asked you to describe it to me, how would you define it?**

Follow up questions:

– What is the difference between NTBA and Narrative Therapy?

3. **How would you say Narrative Therapy differs from other psychological approaches?**

Follow up questions:

— Why would you choose Narrative Therapy over, perhaps, other psychological approaches such as motivational interviewing or solution focused working?

4. **Can you tell me about any experiences of using Narrative Therapy in your work?**

Follow up questions:

– How often do you incorporate Narrative Therapy in your work? Daily? By case?
– Who are the children / young people you have used it with?
– What were the children / young people's ages? What were their needs?
– What worked well?
– How has it helped the children or young people you used it with?
– Did you encounter any challenges? What challenges did you encounter?

5. **Can you give any specific anonymised examples of work you have undertaken involving NTBA?**

   Follow up questions:

   – Is there anything you would change about your future use of NTBA?
   – What, if any, factors have helped you be able to deliver NTBA in your role as EP? How have they helped you?
   – How has using NTBA helped to improve outcomes for children and young people within your work?

6. **What principles of Narrative Therapy do you mostly use in your work?**

   Follow up questions:

- What processes are involved to employ these principles?
- Is there anything you particularly like about Narrative Therapy?
- Is there anything you do not like about Narrative Therapy?

7. **What psychological theories are relevant to delivering Narrative Therapy in applied educational psychology? Would you say there are any underpinning psychological theories, models or frameworks that influence how you incorporate this approach into your practice?**

8. **Does Narrative Therapy incorporate well into every day working as an EP for you, for example, does it complement how EPs work within your LA structure?**

Follow up questions

- If so, what contributes to this?
- Are there any barriers to delivering Narrative Therapy or NTBA in your role as EP?
- How do you think these barriers could be overcome?
- Have you had any support in your role as EP to be able to deliver Narrative Therapy?

9. **In terms of contracting, what is the perceived need from schools for Narrative Therapy to be recommended?**

10. **What training, skills and resources do EPs need to deliver Narrative Therapy?**

11. **What opportunities are there for CPD, developing fluency in delivering Narrative Therapy and accessing supervision?**

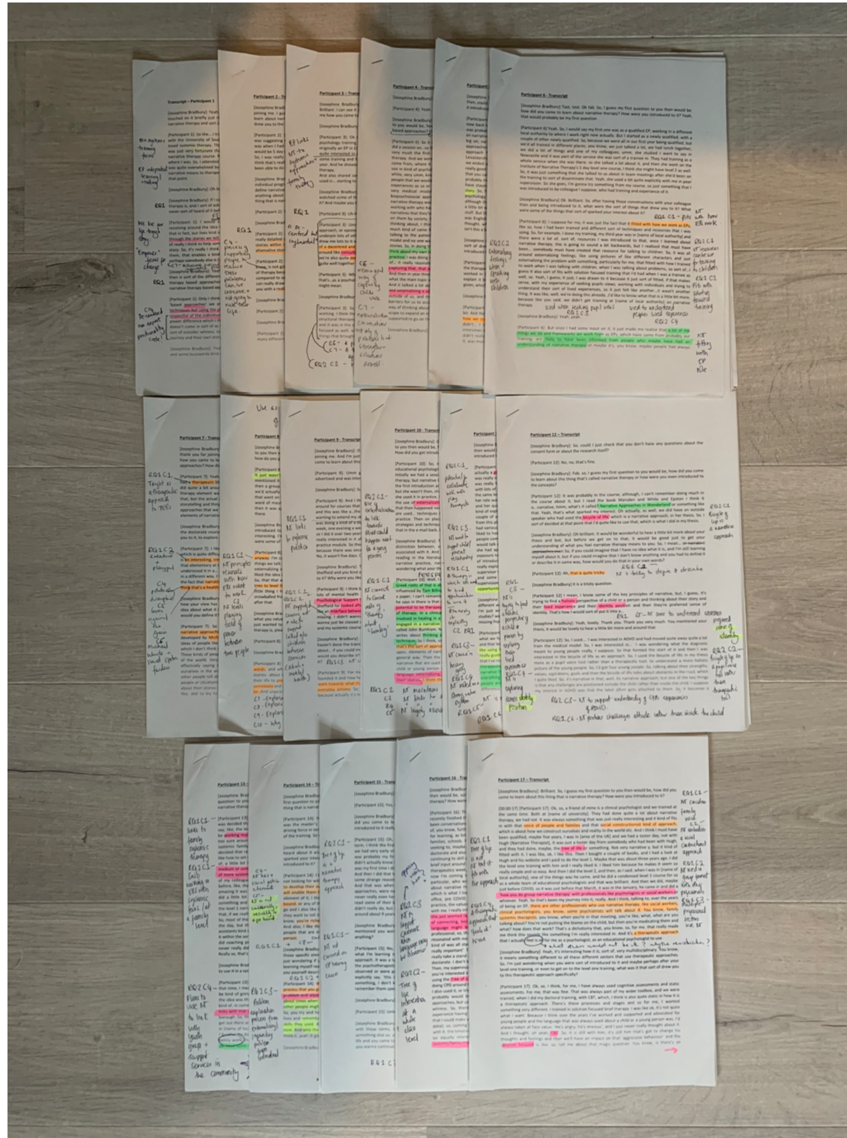
12. **What opportunities exist for multi-agency working in relation to Narrative Therapy?**

13. **Would you like to see any changes to your role as an EP regarding the use of Narrative Therapy?**

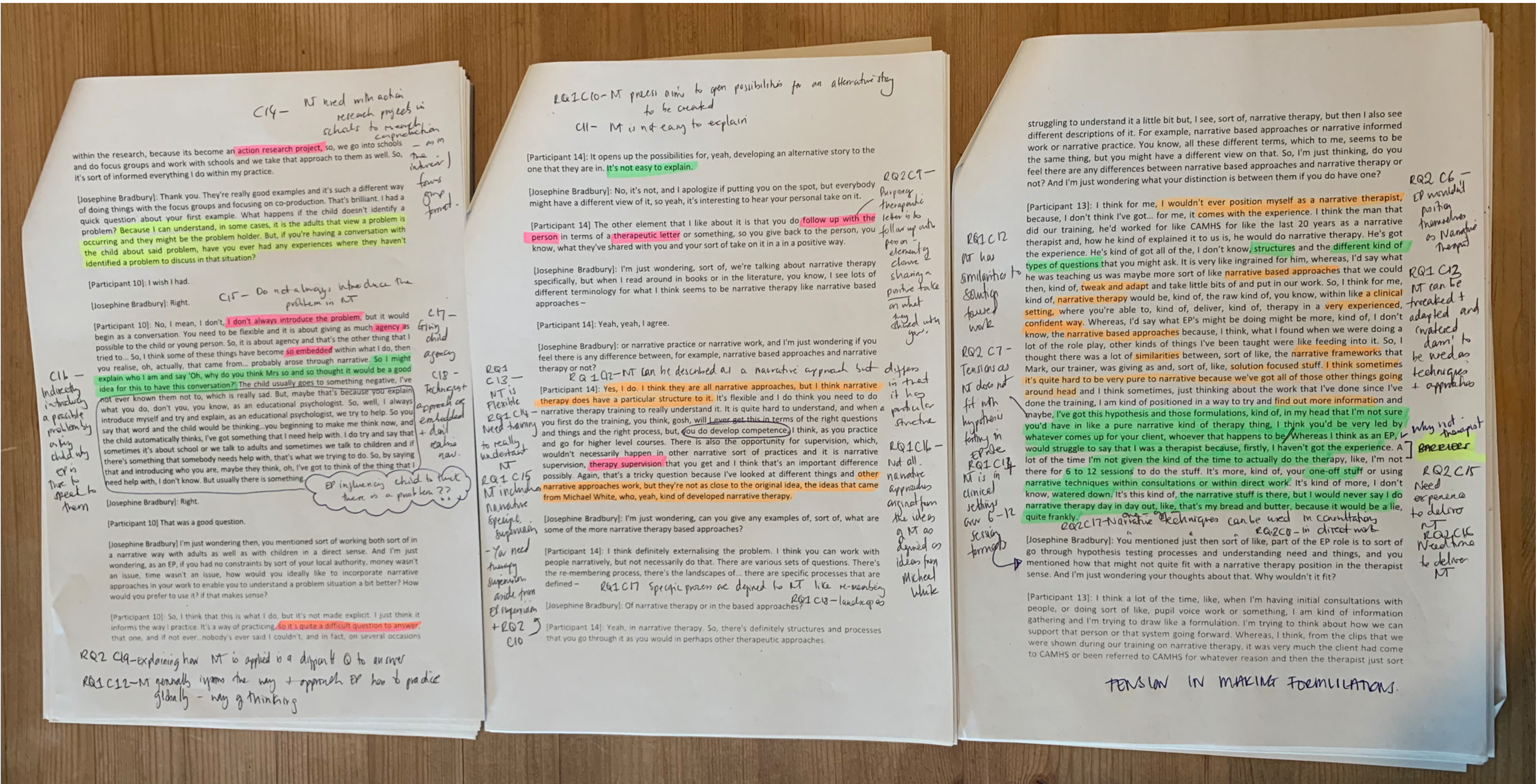
14. **What else is relevant to EPs using Narrative Therapy that you could tell me about, that we have not discussed today?**

15. **Lastly, can you tell me, does using Narrative Therapy add value to your professional role as an EP? If so, how?**

Appendix 12a – Theme development Phase 1: Familiarisation of 17 transcripts



Appendix 12b – Theme development Phase 2: Initial coding – example pages of 3 transcripts



within the research, because its become an action research project, so, we go into schools and do focus groups and work with schools and we take that approach to them as well. So, it's sort of informed everything I do within my practice.

[Josephine Bradbury]: Thank you. They're really good examples and it's such a different way of doing things with the focus groups and focusing on co-production. That's brilliant. I had a quick question about your first example. What happens if the child doesn't identify a problem? Because I can understand, in some cases, it is the adults that view a problem is occurring and they might be the problem holder. But, if you're having a conversation with the child about said problem, have you ever had any experiences where they haven't identified a problem to discuss in that situation?

[Participant 10]: I wish I had.

[Josephine Bradbury]: Right.

[Participant 10]: No, I mean, I don't, I don't always introduce the problem, but it would begin as a conversation. You need to be flexible and it is about giving as much agency as possible to the child or young person. So, it is about agency and that's the other thing that I tried to... So, I think some of these things have become so embedded within what I do, then you realise, oh, actually, that came from... probably arose through narrative. So I might explain who I am and say 'Oh, why do you think Mrs so and so thought it would be a good idea for this to have this conversation?' The child usually goes to something negative, I've not ever known them not to, which is really sad. But, maybe that's because you explain what you do, don't you, you know, as an educational psychologist. So, well, I always introduce myself and try and explain, as an educational psychologist, we try to help. So you say that word and the child would be thinking...you beginning to make me think now, and the child automatically thinks, I've got something that I need help with. I do try and say that sometimes it's about school or we talk to adults and sometimes we talk to children and if there's something that somebody needs help with, that's what we trying to do. So, by saying that and introducing who you are, maybe they think, oh, I've got to think of the thing that I need help with, I don't know. But usually there is something.

[Josephine Bradbury]: Right.

[Participant 10] That was a good question.

[Josephine Bradbury] I'm just wondering then, you mentioned sort of working both sort of in a narrative way with adults as well as with children in a direct sense. And I'm just wondering, as an EP, if you had no constraints by sort of your local authority, money wasn't an issue, time wasn't an issue, how would you ideally like to incorporate narrative approaches in your work to enable you to understand a problem situation a bit better? How would you prefer to use it? if that makes sense?

[Participant 10]: So, I think that this is what I do, but it's not made explicit. I just think it informs the way I practice. It's a way of practicing, so it's quite a difficult question to answer, that one, and if not ever...nobody's ever said I couldn't, and in fact, on several occasions

[Participant 14]: It opens up the possibilities for, yeah, developing an alternative story to the one that they are in. It's not easy to explain.

[Josephine Bradbury]: No, it's not, and I apologize if putting you on the spot, but everybody might have a different view of it, so yeah, it's interesting to hear your personal take on it.

[Participant 14] The other element that I like about it is that you do follow up with the person in terms of a therapeutic letter or something, so you give back to the person, you know, what they've shared with you and your sort of take on it in a in a positive way.

[Josephine Bradbury]: I'm just wondering, sort of, we're talking about narrative therapy specifically, but when I read around in books or in the literature, you know, I see lots of different terminology for what I think seems to be narrative therapy like narrative based approaches –

[Participant 14]: Yeah, yeah, I agree.

[Josephine Bradbury]: or narrative practice or narrative work, and I'm just wondering if you feel there is any difference between, for example, narrative based approaches and narrative therapy or not?

[Participant 14]: Yes, I do. I think they are all narrative approaches, but I think narrative therapy does have a particular structure to it. It's flexible and I do think you need to do narrative therapy training to really understand it. It is quite hard to understand, and when you first do the training, you think, gosh, will I ever get this in terms of the right questions and things and the right process, but, you do develop competence, I think, as you practice and go for higher level courses. There is also the opportunity for supervision, which, wouldn't necessarily happen in other narrative sort of practices and it is narrative supervision, therapy supervision that you get and I think that's an important difference possibly. Again, that's a tricky question because I've looked at different things and other narrative approaches work, but they're not as close to the original idea, the ideas that came from Michael White, who, yeah, kind of developed narrative therapy.

[Josephine Bradbury]: I'm just wondering, can you give any examples of, sort of, what are some of the more narrative therapy based approaches?

[Participant 14]: I think definitely externalising the problem. I think you can work with people narratively, but not necessarily do that. There are various sets of questions. There's the re-membering process, there's the landscapes of... there are specific processes that are defined –

[Josephine Bradbury]: Of narrative therapy or in the based approaches?

[Participant 14]: Yeah, in narrative therapy. So, there's definitely structures and processes that you go through it as you would in perhaps other therapeutic approaches.

struggling to understand it a little bit but, I see, sort of, narrative therapy, but then I also see different descriptions of it. For example, narrative based approaches or narrative informed work or narrative practice. You know, all these different terms, which to me, seems to be the same thing, but you might have a different view on that. So, I'm just thinking, do you feel there are any differences between narrative based approaches and narrative therapy or not? And I'm just wondering what your distinction is between them if you do have one?

[Participant 13]: I think for me, I wouldn't ever position myself as a narrative therapist, because, I don't think I've got... for me, it comes with the experience. I think the man that did our training, he'd worked for like CAMHS for like the last 20 years as a narrative therapist and, how he kind of explained it to us is, he would do narrative therapy. He's got the experience. He's kind of got all of the, I don't know, structures and the different kind of types of questions that you might ask. It is very like ingrained for him, whereas, I'd say what he was teaching us was maybe more sort of like narrative based approaches that we could then, kind of, tweak and adapt and take little bits of and put in our work. So, I think for me, kind of, narrative therapy would be, kind of, the raw kind of, you know, within like a clinical setting, where you're able to, kind of, deliver, kind of, therapy in a very experienced, confident way. Whereas, I'd say what EP's might be doing might be more, kind of, I don't know, the narrative based approaches because, I think, what I found when we were doing a lot of the role play, other kinds of things I've been taught were like feeding into it. So, I thought there was a lot of similarities between, sort of like, the narrative frameworks that Mark, our trainer, was giving as and, sort of, like, solution focused stuff. I think sometimes it's quite hard to be very pure to narrative because we've got all of those other things going around head and I think sometimes, just thinking about the work that I've done since I've done the training, I am kind of positioned in a way to try and find out more information and maybe, I've got this hypothesis and those formulations, kind of, in my head that I'm not sure you'd have in like a pure narrative kind of therapy thing, I think you'd be very led by whatever comes up for your client, whoever that happens to be. Whereas I think as an EP, I would struggle to say that I was a therapist because, firstly, I haven't got the experience. A lot of the time I'm not given the kind of the time to actually do the therapy, like, I'm not there for 6 to 12 sessions to do the stuff. It's more, kind of, your one-off stuff or using narrative techniques within consultations or within direct work. It's kind of more, I don't know, watered down. It's this kind of, the narrative stuff is there, but I would never say I do narrative therapy day in day out, like, that's my bread and butter, because it would be a lie, quite frankly.

[Josephine Bradbury]: You mentioned just then sort of like, part of the EP role is to sort of go through hypothesis testing processes and understanding need and things, and you mentioned how that might not quite fit with a narrative therapy position in the therapist sense. And I'm just wondering your thoughts about that. Why wouldn't it fit?

[Participant 13]: I think a lot of the time, like, when I'm having initial consultations with people, or doing sort of like, pupil voice work or something, I am kind of information gathering and I'm trying to draw like a formulation. I'm trying to think about how we can support that person or that system going forward. Whereas, I think, from the clips that we were shown during our training on narrative therapy, it was very much the client had come to CAMHS or been referred to CAMHS for whatever reason and then the therapist just sort

Appendix 12c – Theme development Phase 2: Collating codes per research question

RQ1 Codes

P1-RQ1-C1	A person centred therapy
P1-RQ1-C2	A therapy that has a focus on empowering the individual
P1-RQ1-C3	Underlying premise that everyone is a storyteller and writer of their life story, not other people
P1-RQ1-C4	Supports change processes as lives are mediated through story
P1-RQ1-C5	Strengthening the autonomy of others
P1-RQ1-C6	Supporting others to embody their own story that's empowering
P1-RQ1-C7	The act of reducing the pressure of an outside influence or narrative that is posed on someone by someone else
P1-RQ1-C8	The only differing factor between NT and NTBA is 'application'
P1-RQ1-C9	Has specific techniques, NTBA use philosophy not specific techniques
P1-RQ1-C10	Values respecting the individual
P1-RQ1-C11	Values socio-political dynamics
P1-RQ1-C12	Respects influence of power dynamics
P1-RQ1-C13	Therapist promotes a client to reflect on their own story
P1-RQ1-C14	De-centered non-expert positionality
P1-RQ1-C15	A therapeutic approach that offers flexibility in delivery of EP Day to day role
P1-RQ1-C16	More chance to practice compared to other therapies i.e., CBT
P1-RQ1-C17	An approach that can be used day to day
P1-RQ1-C18	A narrative approach to psychotherapy
P1-RQ1-C19	A creative opportunity
P1-RQ1-C20	Influence of where you train as an EP and underlying instruction of this training influences construction of NT
P1-RQ1-C21	Respectful treatment of the person or client through using NT principles
P1-RQ1-C22	An approach, not a technique, as it is driven by a philosophy
P1-RQ1-C23	Embodiment of a certain attitude towards clients, geared towards what the client wants to achieve
P1-RQ1-C24	Minimisation of an expert position to limit risks of abuse of power
P1-RQ1-C25	Discovery of meaning that is encapsulated in certain use of language choices
P1-RQ1-C26	Promotes active reflection on the implication of language and what affect this can have
P1-RQ1-C27	Our position is to listen, not to fix problems
P1-RQ1-C28	Close subscription to the principle or notion that people are experts in their own loves and have autonomy over their life story and life direction
P1-RQ1-C29	Increases sensitivity of the EP to individuality of people
P1-RQ1-C30	Increase thought on modes of communication in the idea that everything is a communcation
P1-RQ1-C31	Embodiment and parallel fit to systemic foundations
P1-RQ1-C32	bio-psych-social theoretical match to this therapy allowing for the focus on someone's culture and context
P1-RQ1-C33	Not a long drawn out therapeutic process
P1-RQ1-C34	Reduce influence of problem saturated narrative
P2-RQ1-C1	Detailed insight into someone's life using specific techniques
P2-RQ1-C2	Analysis of dominant plots within the story of someone's life
P2-RQ1-C3	The creation of alternative stories to bring to the forefront
P2-RQ1-C4	Process of supporting people to realise their problems can be overcome and not going to rule their life
P2-RQ1-C5	More in-depth exploration compared to CBT, using techniques
P2-RQ1-C6	Provides a holistic overview of an individual
P2-RQ1-C7	Difficult therapy to define as it is broad with multiple elements
P2-RQ1-C8	EPs can define themselves as a therapist in development by gaining experience
P2-RQ1-C9	A common offer to schools by EP as part of repertoire of services
P2-RQ1-C10	Individualised and bespoke intervention for a young person
P2-RQ1-C11	A therapy carried out by somebody with experience
P2-RQ1-C12	Supports the identification of a significant need
P2-RQ1-C13	Expensive for schools and time needy therapy
P2-RQ1-C14	A comprehensive in-depth exploration of a difficulty, investigating where the difficulty may have emerged
P2-RQ1-C15	Learning what influences a difficulty as on different parts of someone's life
P2-RQ1-C16	A therapy that requires a good level of trust
P2-RQ1-C17	A person sharing personal insight into their lives
P2-RQ1-C18	A therapy based on foundations of close and strong rapport
P2-RQ1-C19	The development of a closer relationship between client and therapist than other therapies
P2-RQ1-C20	Offers more structure than related approaches
P2-RQ1-C21	Associated approaches to NT are less evidence based regarding techniques
P2-RQ1-C22	A therapy that offers flexibility but associated approaches being more flexible in delivery
P2-RQ1-C23	An extensive programme but associated approaches can be one or two sessions
P2-RQ1-C24	Requires a qualification to deliver narrative therapy
P2-RQ1-C25	A lot of self-exploration is involved in initial narrative therapy training unpicking own experience and intense reflection
P2-RQ1-C26	Does not have a linear structure or flow from one concept to another
P2-RQ1-C27	A programme based around what the child or person wants to explore and made bespoke
P2-RQ1-C28	Goal is to solve the problem a person is experiencing
P2-RQ1-C29	Beneficial if young person is high functioning and conceptually understands what the aims are to be achieved
P2-RQ1-C30	Involves conceptually complex discussion
P2-RQ1-C31	Externalisation of the problem starting with exploring when the problem commenced and where it originated
P2-RQ1-C32	Involves extensive problem exploration using externalising questioning
P2-RQ1-C33	A talking therapy
P2-RQ1-C34	Conceptual process of making the 'problem' something else
P2-RQ1-C35	Aims for increased reflection on alternative narratives, making this main part of story
P2-RQ1-C36	Aims to support an individual not to define themselves, their personality or identity, by their problems.
P2-RQ1-C37	Outsider Witness practice of parent hearing what child has been doing in 1:1 therapy
P2-RQ1-C38	Emphasis on confidential aspect of involvement, only sharing what person wants to share
P2-RQ1-C39	Sitting comfortably in diverting from pre-arranges agendas is important, cannot be fixed to a pre-conceived agenda
P2-RQ1-C40	Navigation of 'tangents' is a skill to master
P2-RQ1-C41	Structured session with a session plan made by the EP
P2-RQ1-C42	Best practice is to have supervision ideally after every 1:1 session with a young person
P2-RQ1-C43	Externalising the problem is a key principle in NT
P2-RQ1-C44	Value is placed on the therapeutic relationship
P2-RQ1-C45	Value is placed upon being non-judgemental
P2-RQ1-C46	NT is amenable to group work with parents
P3-RQ1-C1	Link to social constructionist theoretical foundations
P3-RQ1-C2	NT has a strong theoretical basis
P3-RQ1-C3	NT has strong underlying ethics
P3-RQ1-C4	Decentred but influential position taken by therapist
P3-RQ1-C5	NT aligns with EP consultation model of working
P3-RQ1-C6	A post-structural therapeutic approach
P3-RQ1-C7	A therapy that can be used alongside/in conjunction with other approaches e.g., solution focused
P3-RQ1-C8	A therapy derived from Michael White and David Epston
P3-RQ1-C9	Less aligned to psychodynamic approaches
P3-RQ1-C10	Relatively new therapeutic approach to the field of applied educational psychology
P3-RQ1-C11	Social constructionist focus
P3-RQ1-C12	Concept of externalization more well-known than NT itself
P3-RQ1-C13	NT is a difficult concept to describe simply
P3-RQ1-C14	Stories are how we understand our lives
P3-RQ1-C15	Stories shape our identity and understanding of ourselves
P3-RQ1-C16	NT defines we are all multi-storied individuals
P3-RQ1-C17	Main aim is to bring to life alternative non-problem stories
P3-RQ1-C18	Increasing sense of hope for the future
P3-RQ1-C19	Co-creating meaningful stories to the individual aligning to persons values
P3-RQ1-C20	Person's knowledge and skills prioritised over therapist knowledge
P3-RQ1-C21	Decentred but influential position taken by EP
P3-RQ1-C22	Decentred but influential position enabled through certain types of conversation formats
P3-RQ1-C23	Language based focus in creating change
P3-RQ1-C24	NT has links to hope theory and positive psychology principles
P3-RQ1-C25	A philosophy for practice - a wider guiding set of ideas
P3-RQ1-C26	Process of listening out for preferred stories
P3-RQ1-C27	Process of listening out for opportunities for the person in discussion
P3-RQ1-C28	NT not distinct from associated approaches but all are narrative practice
P3-RQ1-C29	Terming NT as a narrative practice opens opportunities for EPs for broad spectrum of work
P3-RQ1-C30	Decentred but influential positioning embodies meaning and knowledge derived from the person, not EP
P3-RQ1-C31	Expert application of a theory to support change is not prominent in NT - psychologist not positioned in this way
P3-RQ1-C32	Holds an ontological orientation that knowledge is created through story - how we make sense of things - unique to NT
P3-RQ1-C33	Positioning EP as expert does not fit with NT
P3-RQ1-C34	Person defines what needs to happen next re: ways forward, not professional
P3-RQ1-C35	NT is positioned against a medical model to need
P3-RQ1-C36	Not a therapy that should be manualised
P3-RQ1-C37	Fluidity and flexibility in delivery are important notions held by NT
P3-RQ1-C38	Decentred but influential
P3-RQ1-C39	Relational identity is a key NT principle
P3-RQ1-C40	Relational ethics is a key NT principle as opposed to rule based ethics
P3-RQ1-C41	Strong alliance to values by EP is needed to embody NT
P3-RQ1-C42	The process of moving someone away from what is 'known and familiar' / sense of disruption and tension and EP holding that psychologically
P3-RQ1-C43	Possibilities for future stem for exploring and bringing to the fore what people intent for their lives / key principle on what person values is most important
P3-RQ1-C44	NT is a step into the unknown
P3-RQ1-C45	NT is a step into creative working
P3-RQ1-C46	NT embraces philosophy
P3-RQ1-C47	Moves away from a deficit medical model
P4-RQ1-C1	Cultures are acknowledged
P4-RQ1-C2	Holds anti-medical model perspective
P4-RQ1-C3	Supports others to not carry narratives bestowed upon them by society
P4-RQ1-C4	Bringing forward untold stories of people
P4-RQ1-C5	NT encourages EP self-reflection
P4-RQ1-C6	A meaningful way of capturing a child's voice
P4-RQ1-C7	Externalising conversations not only of problems but strengths and solutions as well
P4-RQ1-C8	NT involves targeted questioning
P4-RQ1-C9	Process of filtering out unhelpful narratives
P4-RQ1-C10	NT is solution focused as it looks forward to what can happen next / in the future
P4-RQ1-C11	A person's experience and own interpretations of these experiences drive targeted questioning and exploration
P4-RQ1-C30	NT focuses on process of bringing a preferred story to life
P4-RQ1-C31	NT focuses on what needs to change by other people in environment to help a preferred story come to life
P4-RQ1-C32	Supporting children to recognise and come to a preferred story and recognise there is a different story to a negative one - not the only one they need to concentrate on
P4-RQ1-C33	1 session format in statutory assessment - still coming to a preferred future
P5-RQ1-C1	Story has a therapeutic nature
P5-RQ1-C2	Co-constructing a narrative through conversation is powerful
P5-RQ1-C3	NT gives others the space to be listened to
P5-RQ1-C4	Co-constructions of self-narratives are supported by EP involvement
P5-RQ1-C5	NT resists the influence of imposed narratives on CYP
P5-RQ1-C6	NT gives people space to share true lived experiences

RQ2 Codes

P1-RQ2-C1	A global practice that can interweave everything that an EP does
P1-RQ2-C2	Narrative groups offer supervision for how to apply NT day to day
P1-RQ2-C3	Delivery through narrative interventions like the tree of life and the beads of life
P1-RQ2-C4	Connecting with EP values and interests is important to promoting delivery of NT and reflecting upon this source of value
P1-RQ2-C5	Knowledge of underpinning attitudes of NT are important orientate yourself as an EP to a narrative mindset
P1-RQ2-C6	Conscious awareness is needed to orientate yourself to using NT in practice
P1-RQ2-C7	Use in supporting difference or opposing stories offered by school and home following information gathering
P1-RQ2-C8	Useful in supporting the mediation of understanding others' stories, NT offers that opportunity to mediate differences
P1-RQ2-C9	Use of deliberate questioning in MDT meetings
P1-RQ2-C10	Reframing negativity and points of view and supporting others to put themselves in other's shoes, supporting empathetic reflection
P1-RQ2-C11	Mediating mind shifts in others to reveal and/or create increased understanding between people
P1-RQ2-C12	Supporting schools that are overwhelmed with need
P1-RQ2-C13	Supporting schools to think more broader by using narrative group interventions
P1-RQ2-C14	Narrative groups with children for social skill development
P1-RQ2-C15	Using a NT group approach to support children that would benefit from a trauma based focus
P1-RQ2-C16	Group work using the tree of life
P1-RQ2-C17	Supporting PRU's with collective approaches like tree of life
P1-RQ2-C18	Thinking in a narrative way about how to include narrative ideas into inset training for teachers/schools

P1-RQ2-C19	Supporting role of EP in family therapy for foster children
P1-RQ2-C20	Supporting complex family breakdown and sudden changes in people's / children's lives
P1-RQ2-C21	Interventions focused to supporting family connections of fostered children
P1-RQ2-C22	Facilitating the space to share or speak about untold or unheard stories providing the opportunity for new reflection on behalf of children
P1-RQ2-C23	Reframing of challenging behaviours by children as a need and form of communication
P1-RQ2-C24	Through story, people can reflect on the functions of behaviour
P1-RQ2-C25	Using intervention to allow foster parents to see child's point of view
P1-RQ2-C26	Allow foster parents to reflect on their own fears and assumptions and how these influence then their responses to behaviour, through telling of story
P1-RQ2-C27	Support individuals to be willing to listen to others and be less narrow minded
P1-RQ2-C28	Reflecting on initial purposes to problem solve are not always as useful as talking and allowing individuals to use the space for what will help them most, allow individual to hear what would be most useful to them
P1-RQ2-C29	3 session intervention with whole family with strategic family focus
P1-RQ2-C30	Supporting families to reconnect and rally around each other in times of need - allowed them to learn more about each other
P1-RQ2-C31	Not a long drawn out therapeutic process
P1-RQ2-C32	A response to a need that is timely and strategic
P1-RQ2-C33	Using therapeutic letters to counter-act barriers related to timebound nature of EP work
P1-RQ2-C34	Use of therapeutic letters to maximise potential for positive change when only seen children once
P1-RQ2-C35	Avoiding talking about the problem first thing in a meeting
P1-RQ2-C36	Aim to externalise a problem
P1-RQ2-C37	Aim to form/bring in a preferred future into discussion

P1-RQ2-C38	Acknowledgement of a problem bur explicitly asking to put the history aside for a moment and change direction of conversation
P1-RQ2-C39	Reduce influence of problem saturated narrative to begin with in consultation
P1-RQ2-C40	Acknowledging power dynamics and giving everybody a voice in consultation
P1-RQ2-C41	Probing questions about what the future could look like for all involved
P1-RQ2-C42	EP drawing on inspiring and profound responses by children for best hopes and aspirations by those involved
P1-RQ2-C43	Process in narrative practice is not as powerful if engaging with a family separately. Together is better.
P1-RQ2-C44	A safe space is formed that allowed others to spread the word after experiencing the approach and persuading others to join
P1-RQ2-C45	Aim to diminish hierarchies and power as these are barriers to forming solutions. De-reinforcement of hierarchy for solution formation
P1-RQ2-C46	Group to support TEP learning as NT approach described as more accessible
P1-RQ2-C47	Use in peer supervision to discuss casework
P1-RQ2-C48	Use of narrative letters in casework
P1-RQ2-C49	Emphasises respecting the client / individual stemming from a respectful positionality
P1-RQ2-C50	Acknowledging the EP is in a constant need to grow and exchange ideas
P1-RQ2-C51	Minimisation of expert position to limit risks of abuse of power
P1-RQ2-C52	Being consciously aware of the projection of others' values / views / opinions onto you or somebody else - acknowledging the potential influence of this on somebody
P1-RQ2-C53	Consideration of the environment that provide the space for someone to share their story, with the environment chosen not influencing the conversation by feelings associated with the location
P1-RQ2-C54	Flexible to societal norms of what is ethically proper in therapy or EP role challenging the societal construction that more casual environments can be used
P1-RQ2-C55	Adaptable to environmental characteristics to what works best for the client to share and be open

P1-RQ2-C56	Consideration of what would be therapeutically helpful to allow the client to open up and share through place of meeting
P1-RQ2-C57	Creative solutions to supporting others to feel comfortable to share their story
P1-RQ2-C58	Sensitivity to own use of language and conscious awareness of how language can be interpreted
P1-RQ2-C59	Resisting influence of language to practice and remaining objective
P1-RQ2-C60	Using language that is helpful and liberating
P1-RQ2-C61	Conceptual benefits of outsider witness practice giving somebody dignity, allowing their pain to be heard can be more useful than solving problems
P1-RQ2-C62	Empathetically listening rather than focus on problem solving
P1-RQ2-C63	Consideration of feedback to parents to be jargon free and accessible. Actively treating everybody equally.
P1-RQ2-C64	Value is placed upon clarity and transparency in feeding back thoughts
P1-RQ2-C65	Importance of being mindful of how reporting back to parents is done is important, to minimise feelings of overwhelm.
P1-RQ2-C66	Processes of assessment differ per situation , so, no size fits all and to understand what is going on for a child or family requires flexibility in assessment order when information gathering
P1-RQ2-C67	Using externalisation
P1-RQ2-C68	Resisting influence of school's opinion of a problem and reframing this problem to be external to the child
P1-RQ2-C69	Practising through a cultural contexts and reflecting on systemic rings of influenced around an individual
P2-RQ2-C1	Common offer to schools as part of repertoire of services offered by EP
P2-RQ2-C2	Specialist support following difficulty and response to intervention in school
P2-RQ2-C3	More accessible to larger schools with larger subscriptions
P2-RQ2-C4	Mostly used with secondary school aged children
P2-RQ2-C5	Content of intervention and delivery formed by EP by amalgamating own knowledge

P2-RQ2-C6	Use with children in primary schools would require complete adaptation and scaffolding
P2-RQ2-C7	Comfortability needed in accepting tangents within problem exploration in individual therapy
P2-RQ2-C8	Intervention to support EBSNA
P2-RQ2-C9	Transparency needed with what is involved with parent and child ahead of intervention
P2-RQ2-C10	It is important to reflect on child's previous experiences with professionals and potential impact on intervention
P2-RQ2-C11	Intervention carried out in home environment
P2-RQ2-C12	Consistency in practice delivery - same time each week
P2-RQ2-C13	First session outlines and explain what NT is
P2-RQ2-C14	NT training does not give a coherent or tangible outline on how to deliver NT in terms of resources and materials - self made
P2-RQ2-C15	A programme based around what the child wants to explore and made bespoke
P2-RQ2-C16	Adaptable as more information is learnt about the individual - change as you go is possible
P2-RQ2-C17	Aim of first session is to explore young persons' own goals
P2-RQ2-C18	Sessions need to address co-constructed topics relevant to the person to ensure motivation and engagement
P2-RQ2-C19	Support management of anxiety and forming anxiety coping strategies
P2-RQ2-C20	Use of time monitoring evaluation forms for evaluation in addition to qualitative feedback
P2-RQ2-C21	6 sessions 1:1 with young person
P2-RQ2-C22	Externalisation of the problem starting with exploring when problem commenced and where originated
P2-RQ2-C23	Use of timeline to pinpoint emergence of problem during problem exploration
P2-RQ2-C24	Use of poles to document problem experiences now in present day
P2-RQ2-C25	Mostly talking but use of graphs helps young person see how problem started and is affecting them
P2-RQ2-C26	1:1 sessions with articulate secondary school aged student
P2-RQ2-C27	Second sessions create space to talk about the dominant plot in a story and how it is affecting their life

P2-RQ2-C28	Time is required to reflect on how the problem operates in a person's life
P2-RQ2-C29	Process of exception finding after problem exploration and externalising
P2-RQ2-C30	Plotting of 'exceptional moments' on a scatter plot
P2-RQ2-C31	Increased reflection on alternative plots using comparison to dominant plots using graphs and visuals
P2-RQ2-C32	Safe space provides impetus for other difficulties to be known and surface - be told
P2-RQ2-C33	Allowing conversation to flow and go on tangents directed by the individual
P2-RQ2-C34	Supporting gender identity needs
P2-RQ2-C35	Checking in with person if comfortable with direction of conversation - punctuating and giving person autonomy of direction
P2-RQ2-C36	Stronger trust development with more sessions
P2-RQ2-C37	Building rapport is important
P2-RQ2-C38	Involving parents and bringing them on the journey despite 1:1 intervention
P2-RQ2-C39	Involving and transferring involvement to people the young person is close to / making connections to strengthen trust and support change / not an isolated involvement
P2-RQ2-C40	Making end point clear / notice of coming to end period
P2-RQ2-C41	Writing letter to child's future self as ending task of 6 sessions 1:1
P2-RQ2-C42	Outsider witness process at end of 1:1 intervention for mother to listen to what has been achieved
P2-RQ2-C43	Outsider witness process met with reluctance on behalf of young person so therapeutic document made instead
P2-RQ2-C44	Letter to future self-co-created to include hopes, dreams and reflection on work completed together
P2-RQ2-C45	Review session after 1:1 work to review co-constructed ways forward
P2-RQ2-C46	Aim of 1:1 review is reinforcement of how far come / positive reminder of progress journey
P2-RQ2-C47	EP writes summary letter to CYP after 1:1 sessions
P2-RQ2-C48	Emphasis on confidential aspect of involvement - only sharing what person wants to share
P2-RQ2-C49	Environment choice of 1:1 therapy can change dynamics of intervention

P2-RQ2-C50	Important of client/child feeling comfortable
P2-RQ2-C51	Initial greeting is important
P2-RQ2-C52	Diverting from pre-arranged agendas is important / cannot be faces to a preconceived agenda
P2-RQ2-C53	Rapport building is essential even if multiple sessions cannot be performed
P2-RQ2-C54	Externalising the problem useful if multiple sessions cannot be performed
P2-RQ2-C55	Externalising the probe using multi element model cards

P2-RQ2-C73	Best practice involves EP reflecting on own dominant plots and exposing themselves to NT before delivery
P2-RQ2-C74	Being aware of cultural influences important
P3-RQ2-C1	NT aligns with a consultation model of EP working
P3-RQ2-C2	NT supported and worked alongside how EPs are already working
P3-RQ2-C3	EPs can position themselves as therapists when working therapeutically if they so choose

P3-RQ2-C19	Specific tools of NT to support meaning connection building (re-membering map)
P3-RQ2-C20	Re-authoring processes in consultation used to create an alternative preferred story
P3-RQ2-C21	Re-authoring processes help shape new directions forward
P3-RQ2-C22	Outsider witnessing in consultation and in working with adults around a child
P3-RQ2-C23	NT can be applied to a consultation framework
P3-RQ2-C24	Writing up of statutory advices from a narrative perspective - telling and framing of story

Appendix 13a – Theme development Phase 3: Generating initial themes – manual example RQ1

Appendix 13b – Theme development Phase 3: Generating initial themes – Excel example RQ2

RQ2 | Generating Initial Themes | *How do EPs conceptulaise their application of Narrative Therapy in practice?*

	Possible Theme Names	Code Labels	
1		Supervision	P2-RQ2-C59Delivery of NT supported by Supervision from an individual with experience of doing therapeutic workP2-RQ2-C60Best practice is to have supervision ideally after every 1:1 sessions with a young personP4-RQ2-C6NT to support staff supervisionP4-RQ2-C22A magical d
2		Decentred yet influential	P3-RQ2-C37Decentred but influentialP16-RQ2-C6NT is about aspiring to decentred practice as an EP
3		Building Community	P16-RQ2-C41Individual sessions paired with the intention of connecting the process to child / person's community e.g., family / school14-RQ2-C47 NT brings people in teams together to collectively show what is important to them as a team
4		Closure	P7-RQ2-C25Planning endings and transitions in NT in a therapy context is neededP7-RQ2-C31NT has a relational end to involvement P2-RQ2-C40Making end point clear / notice of coming to end periodP17-RQ2-C34Supporting closure of direct work with CYP through sharing what h
5	Vehicle for connection / ret	Transport	P17-RQ2-C35Supporting transport of preferred narrative / identity to person's communityP17-RQ2-C64NT links with applied community psychologyP3-RQ2-C6Tree of life linked to EP role in community work P6-RQ2-C14 Used to support children at risk in the communityP11-RQ2-C
6	Strengthening Less heard v	Pupil Voice	P9-RQ2-C63 Pupil voice is elaborated using narrative techniquesP9-RQ2-C81 Gaining pupil voice through others to avoid possible re-traumatising LAC children by leaving involvementP12-RQ2-C2 Bicycle of life as a pupil voice tool rather than a therapeutic toolP12-RQ2-C7 Narrative
7	Vehicle for connection	Therapeutic Documents	P16-RQ2-C28Letter writing gives opportunity to be a vehicle for connectionP14-RQ2-C26Therapeutic letters following Outsider Witness processP1-RQ2-C33Using therapeutic letters to counter-act barriers related to timebound nature of EP workP1-RQ2-C34Use of therapeutic letters
8		Outsider Witness	P14-RQ2-C11Outsider Witnessing is unique to NTP14-RQ2-C12School staff trained in how to response to outsider witness practice to support a childP14-RQ2-C13Outsider Witness practice to support school staff build emotional connections with pupils - repair relationships?P14-RQ2
9		Re-membering	P9-RQ2-C10Re-membering is a process of connected people back to people in their lives that evoked something in them - how they shaped the personP9-RQ2-C8 Re-membering techniques are unique to NTP9-RQ2-C11 Re-membering is a structured techniqueP9-RQ2-C32 Using a
10		Re-authoring	P16-RQ2-C45Inviting people to re-author their own preferred professional identity can be transformative for school staffP3-RQ2-C20 Re-authoring processes in consultation used to create an alternative preferred storyP3-RQ2-C21 Re-authoring processes help shape new directions
11		Transformative / Change Processes	P16-RQ2-C17Making a difference through transformative conversation / change is conversing P10-RQ2-C13Acknowledging pain in stories thinking about how things are different now and whyP10-RQ2-C42Re-affirming change is possible, and problems are not 'forever' or defining
12		Changing terminology	P15-RQ2-C78Calling NT therapeutic work in schools is less 'scary' and more friendly and engaging for the childP15-RQ2-C79Mindful of connotations of 'therapy' in schools
13		Externalising	P15-RQ2-C49Modelling externalised language about a child's problem for school staff to take onP2-RQ2-C54Externalising the problem useful if multiple sessions cannot be performed P2-RQ2-C55Externalising the probe using multi element model cardsP2-RQ2-C56NT used to gain
14		Person Centre Stage / empowering them	P14-RQ2-C8Alternative story is strengthened be exploring who may help the person achieve what they want to achieve P3-RQ2-C26The person defines what is to happen regarding ways forward, not the EPP2-RQ2-C15A programme based around what the child wants to explore a
15	Creating rich multi-storied i	Interventions	P14-RQ2-C50Practice approaches of NT uses Beads of LifeP14-RQ2-C51Practice approaches of NT uses Team of LifeP14-RQ2-C52Practice approaches of NT uses Tree of LifeP14-RQ2-C53Practice approaches of NT uses Bicycle of LifeP11-RQ2-C5Tangible methods to work in a narra
16		Systemic work with families	P15-RQ2-C5EPs have potential to use NT to support systemic work with familiesP17-RQ2-C65NT supports increasing levels of work supporting family systemsP1-RQ2-C293 session intervention with whole family with strategic family focusP1-RQ2-C19Supporting role of EP in family
17		Self-exploration to deliver	P9-RQ2-C91Self-exploration is important to deliver NT to othersP13-RQ2-C5Following self-therapy, NT delivery is best suited as it is strengths and values based - feels positive as the receiverP9-RQ2-C89Engaging in self-therapy will make you a better practitioner / psychologist usin
18		Maps of practive	P11-RQ2-C4Tangible methods to work in a narrative way include drawing on narrative maps of practiceP11-RQ2-C14EPs drawing on narrative maps to supervise other professionalsP13-RQ2-C13Using position maps can feel script likeP13-RQ2-C14Position map 1 and 2 have a form
19	Sustaining change / movin	Witnessing	P11-RQ2-C29Celebratory processes of sharing and witnessing stories using beads of life for group CYP interventionP16-RQ2-C35 Aim of EP is to invite others to witness what has been created e.g., a new professional identity or untold needsP16-RQ2-C37 Identifying opportunities fo
20	witnesing?	Enlightening adults	P11-RQ2-C32NT processes allow adults to see / be reminded of CYPs strengthsP11-RQ2-C33Helps adults learn what learning and engagement with learning looks like for certain CYP following group NT interventionP5-RQ2-C35Process of supporting staff to see how their use of lang
21	Reshaping lives through lar	Wonderfullness Interview	P5-RQ2-C54Use of the Wonderfulness Interview pro-forma to use in consultations P5-RQ2-C55Wonderfulness Interview is adaptable P5-RQ2-C56Wonderfulness Interview to use in parent consultations P5-RQ2-C57Wonderfulness Interview to support children that have been perm
22		Environment / Positive Space	P15-RQ2-C80 Ideal delivery of NT would be in a comfortable and open environment linked to natureP1-RQ2-C53 Consideration of the environment that provide the space for someone to share their story, with the environment chosen not influencing the conversation by feelings as
23		Curiosity	P11-RQ2-C7NT values curiosity and being explorative P3-RQ2-C40Sitting with curiosity P12-RQ2-C36Requires a curious stance and not rushing to pinpoint what may be going onP11-RQ2-C42 Noticing and being curious about possible alternative narratives gives possible opportuniti
		Restricted	P14-RQ2-C42EPs describe NT as narrative approaches to not overstep boundaries felt by othersP14-RQ2-C39Practicing in line with societal views and norms of an EP boundaries and restricts EPs calling themselves narrative therapists
24		Not resitricted	P3-RQ2-C48Though helpful, delivery is not restricted to gaining formal training / experience and reflexive practice is more important and valued
25		Recognising social inequality	P15-RQ2-C85A NT position supports families that are deprived, with less resources
26		Fits with EP practice	P15-RQ2-C87EPs doing NT without knowing names associated with the therapy - showing alignment with EP profession
27		Creative and playful	P16-RQ2-C1Opportunity to work creatively and put play into practiceP17-RQ2-C29Being creative with drawing
28		Relational Practice	P2-RQ2-C51Initial greeting is important P2-RQ2-C53Rapport building is essential even if multiple sessions cannot be performed
29		Safe place	P4-RQ2-C36NT allows children to speak about feelings in a creative and safe way P1-RQ2-C44A safe space is formed that allowed others to spread the word after experiencing the approach and persuading others to joinP2-RQ2-C32Safe space provides impetus for other difficulties
30	Empowerment too	strengths and skills and resources	P4-RQ2-C20A magical day activity to explore strengths and competenciesP9-RQ2-C83NT does not shy away from discussing trauma - it helps EPs learn about someone's resources and levels of resilienceP8-RQ2-C4Moving conversations away from deficits towards strengthsP9-RQ
31	Reshaping lives through lar	Reassuring / normalising	P4-RQ2-C35Reassuring language in NT and normalising difficulties / mistakesP5-RQ2-C82Reassuring language with parentsP7-RQ2-C8Normalising children's responses to hardships, communicating how they can often be responding appropriatelyP5-RQ2-C39 Offering reassurance
32		Systemic practice	P5-RQ2-C8Systemic training in NT for EPs viewed as helpfulP5-RQ2-C9Systemic training in NT tools delivered by EPs to schools e.g., bicycle and tree of lifexP9-RQ2-C1NT supports carving out role to support LAC children between services (schools and mental health services)P1-RQ
33		Group interventions	P1-RQ2-C13Supporting schools to think more broader by using narrative group interventionsP1-RQ2-C14Narrative groups with children for social skill developmentP17-RQ2-C2NT used in group format with other professionals e.g., psychologists, social workersP2-RQ2-C70NT group
34	"a good fit"	Empowers EPs / good fit for EPs	P17-RQ2-C61NT empowers EPs to work in the way they aspire toP17-RQ2-C60NT diminishes risk of 'autopilot' working P11-RQ2-C60NT supports EP practice by connecting EP to own story of what an EP role is - authoring and reconnecting EP agency in workP1-RQ2-C1A global prac
35		Flexibility	P17-RQ2-C51NT is not only for complex cases - can use NT any timeP17-RQ2-C39Being comfortable with flexibility is important P1-RQ2-C66 Processes of assessment differ per situation , so, no size fits all and to understand what is going on for a child or family requires flexibility in a
36		**Practicalities**	P2-RQ2-C21 6 sessions 1:1 with young personP2-RQ2-C26 1:1 sessions with articulate secondary school aged studentP4-RQ2-C29 3.5 session formatP4-RQ2-C53 1 session format in statutory assessment - still coming to a preferred futureP7-RQ2-C46 NT can be over 3 sessions as r
37		Supporting parents	P17-RQ2-C9NT supports parents to have / manage their expectations of their children in safe discussion P2-RQ2-C69Amenable to group work with parentsP6-RQ2-C34Explicit sharing of coping strategies with parents in non-judgemental wayP10-RQ2-C22 NT used to prioritize paren
38		Supporting teachers	P16-RQ2-C46NT can support teachers / school staff to reclaim their professional expertise P1-RQ2-C18Thinking in a narrative way about how to include narrative ideas into inset training for teachers/schoolsP6-RQ2-C20 NT used to facilitate teacher drop in sessions P9-RQ2-C75 NT i
39		**Connecting to NT values / principles**	P1-RQ2-C4Connecting with EP values and interests is important to promoting delivery of NT and reflecting upon this source of valueP11-RQ2-C54NT can be dangerous if person delivering / applying it is not connected and attunedP11-RQ2-C63Taking an observational / riverbank po
40		NT is chosen to be used when...	P4-RQ2-C71NT used when generational trauma is hypothesised P4-RQ2-C65NT used to increase understanding of persons / child's self-concept and identity within a classroom P4-RQ2-C66EP uses NT when a possible disconnect in what the problem is held by the child versus the pa
41		Reframing negtative narratives	P4-RQ2-C68NT used when extremely negative views / narratives about a young person needs reframing P5-RQ2-C49Reflecting that EP / adults also has assumptions, and these assumptions can build up on an incorrect or unhelpful narrative P10-RQ2-C3Techniques include changin
42		Transparency	P5-RQ2-C46Being transparent of processes and aims of EP is importantP1-RQ2-C64Value is placed upon clarity and transparency in feeding back thoughtsP16-RQ2-C22Being open with school about what NT is and how can benefit schoolP16-RQ2-C50Being open with school staff ab
43		Critical reflection	P9-RQ2-C93Reflectiveness is key in being able to apply NT wellP5-RQ2-C16To deliver NT well, EP needs to engage in reflective practice / be critical P5-RQ2-C78 Maintaining a critical stance to underpinning theories is important P9-RQ2-C90 Being critical of yourself as an EP is impor

Code Labels | Thematic Map | Thematic Map Revised 2 | Thematic Map Revised 3

Generating Initial Themes

Vehicles for connection
- Connecting process with child and their community i.e., family and school
- Transport
- Re-membering
- Reconnecting families
- Relational practice / deepened understanding
- Building relationships
- Connection building

Creating opportunities for re-telling
- Therapeutic Documents + closure
- Outsider Witness
- Witnessing
- Sustaining change and maintenence
- Definitional ceremony

Reshaping lives through language
- Transformative conversations - change is possible
- KB2 skills
- Reassuring and normalising
- Changing terminology
- Externalised reframing?
- Nuanced, targetted, scaffolded questioning
- Consultation
- Power of lenguage e.g., unpicking labels
- Reframing negative narratives (through language)
- Change / shifts in narrative

Resisting negativity
- Solution focused / resisting problem / well told story

Person takes centre stage
- Pupil voice tool - parent/family voice?/marginalised voice?
- Values
- Resisting imposed narratives
- Awarness of projection / hijacking
- What is most important?
- Identity? Scaffolding sense of self?
- Exploring someones life history - mapping influences and what is of significance
- Strengths and Skills focus - wonderfullness interview?
- Agency / Autonomy
- Supporting motivation

Enlightening adults
- Sharing practice
- Enlightening people to child's point of view

Decentered yet influential
- D: Collaborative, Egalitarian, Non-hierarchal, De-expert, Non-pathologizing, Post-structuralist world view, Curious stance
- I: Co-research of rich story, Co-creator of preferred identity/conclusion
- Provide opportunity for reflection, discovery, learning and personal agency
- Motivating impetus for change
- Co-creation

Meaning making through story
- De-constructing problems / narratives
- Problem Exploration - acknowleging pain - trauma example - link to supports trauma infomred work code label
- Externalizing conversations
- Re-authoring
- Using unique outcomes / exception seeking
- Alternative narratives - Wonderfullness Interview
- Untold narratives
- Scaffolding sense of self/understanding
- Identity
- Thickening story lines
- Story Development
- Making sense of lived experiences

Providing positive spaces
- Consideration of environment / physical space
- Therapy space e.g., trust
- Acnowledging envionment around a child to change
- Space centred to what person needs - needs led
- Positive empowering expereince for person is important
- Supporting adults to experience a different space
- Holding emotions in the space
- Safe place
- Building persons positive view of themselves

Flexibility
- Integrative approach
- Ever-evolding / open invlvement
- Resources, creative, playful
- Using visuals
- Supports Complexity
- Anti-agenda
- Adaptable
- NT as a tool
- Interventions?
- An accessible approach

Critical reflection
- Need for self-exploration

Manifesting social constructionsim
- A framework for practice
- Embodiment of NT values and principles

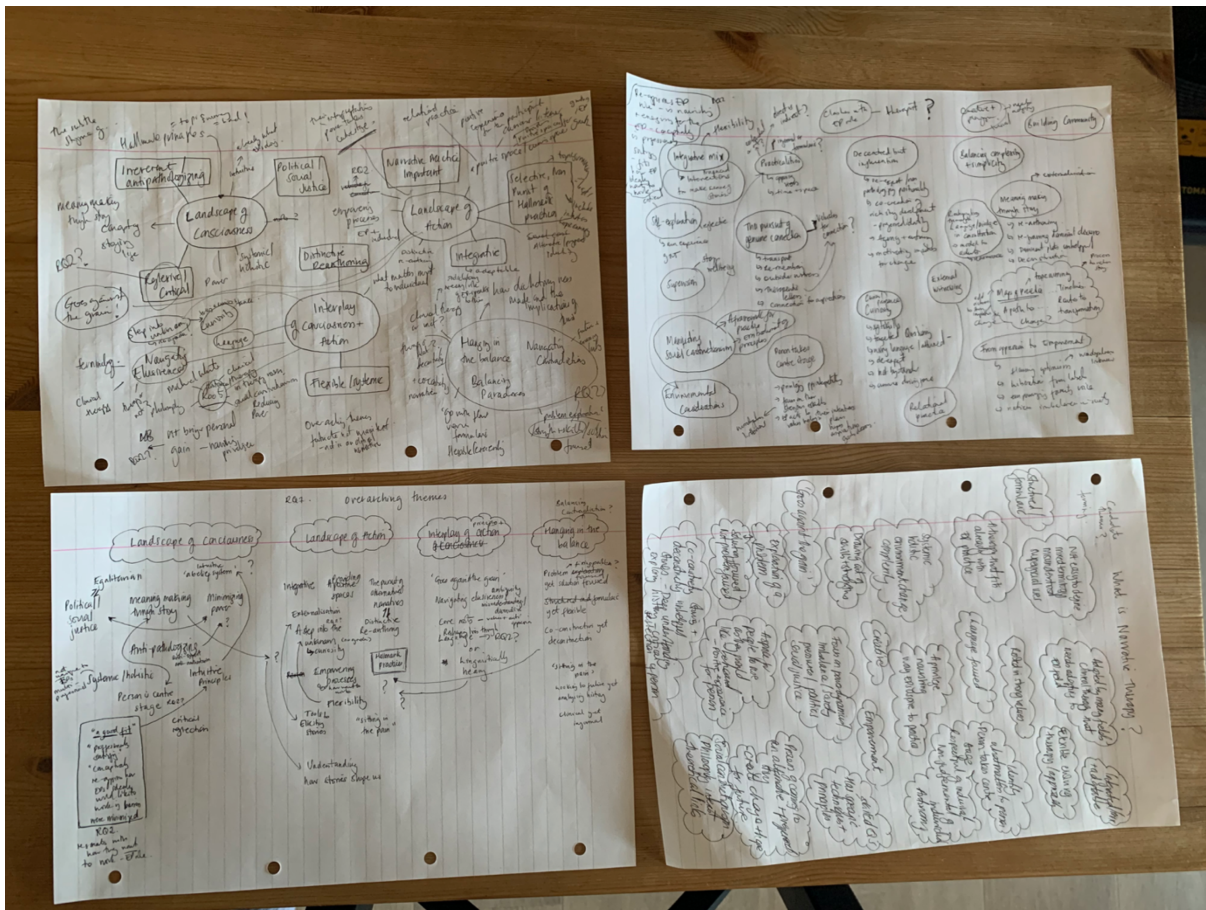
Miscellaneous
- Practicalities
- No magic wand
- Time is needed
- Looking to future / aspirations

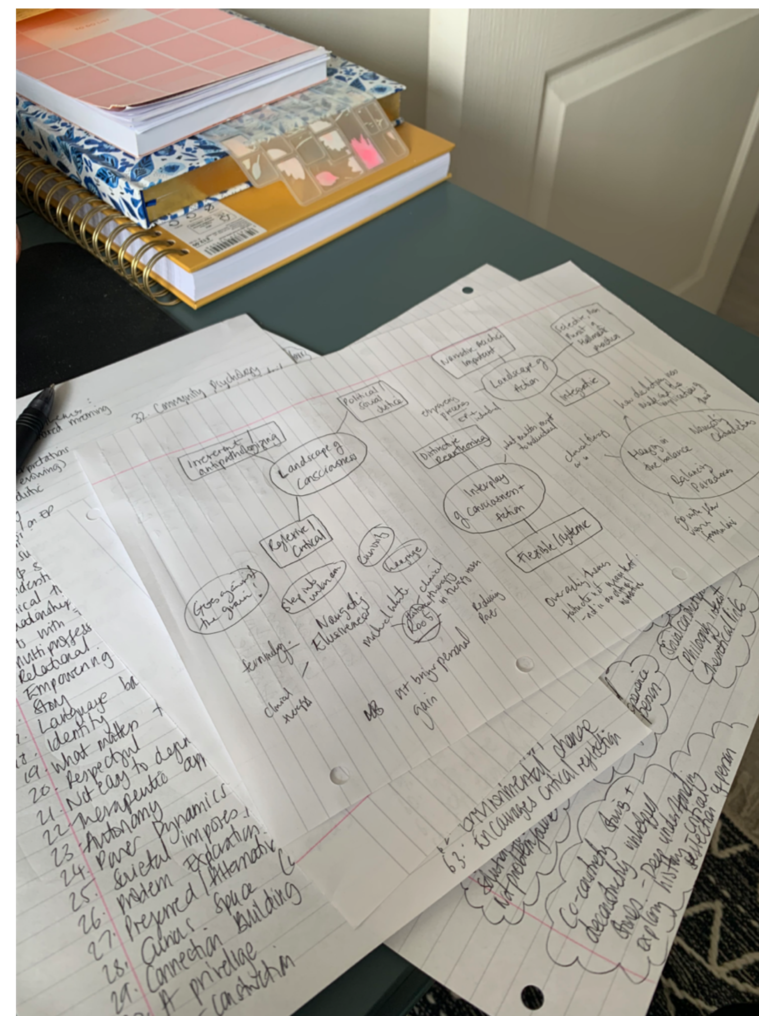
Manifesting Narrative Therapy Principles
- Systemic practice
- Systemic work with families
- Group interventions
- Supporting parents
- Supporting teachers
- Recognising social inequality
- NT supporting a variety of need
- NT is chosen to be used when...
- Connecting to NT values / principles
- Feeding back / reports
- Feeding back to adults to create change
- Transparency? here?

"A good fit"
- Fits with EP practice
- Empowerment (RQ1)
- Priviliege (RQ1)

Code Labels | Thematic Map | Thematic Map Revised 2 | Thematic Map Revised 3

Appendix 14a – Theme development Phase 4: reviewing and developing themes – handwritten mind maps to draw associations between possible themes for RQ1





Appendix 14b – Theme development Phase 4: reviewing and developing themes – handwritten mind maps to draw associations between possible themes for RQ2

Appendix 15 – Phase 5: Refining, defining, and naming themes – mind maps scoping boundaries of themes

Refining, defining, and naming themes

Vehicles for connection
- Connecting process with child and their community i.e., family and school
- Transport
- Re-membering
- Reconnecting families
- Relational practice / deepened understanding
- Building relationships
- Connection building
- Enlightneing adults - sharing practice

Creating opportunities for re-telling
- Therapeutic Documents + closure
- Outsider Witness
- Witnessing
- Sustaining change and maintenence
- Definitional ceremony

Reshaping lives through language
- Transformative conversations - change is possible
- KB2 skills
- Reassuring and normalising
- Changing terminology
- Externalised reframing?
- Nuanced, targetted, scaffolded questioning
- Consultation
- Power of lenguage e.g., unpicking labels
- Reframing negative narratives (through language)
- Change / shifts in narrative

Decentered yet influential
- D: Collaborative, Egalitarian, Non-hierarchal, De-expert, Non-pathologizing, Post-structuralist world view, Curious stance
- I: Co-research of rich story, Co-creator of preferred identity/conclusion
- Provide opportunity for reflection, discovery, learning and personal agency
- Motivating impetus for change
- Co-creation

Deconstruction and coconstruction
- De-constructing problems / narratives
- Problem Exploration - acknowleging pain - trauma example - link to supports trauma infomred work code label
- Externalizing conversations
- Re-authoring
- Using unique outcomes / exception seeking
- Alternative narratives - Wonderfullness Interview
- Untold narratives
- Scaffolding sense of self/understanding
- Identity
- Thickening story lines
- Story Development
- Making sense of lived experiences

Providing positive spaces
- Consideration of environment / physical space
- Therapy space e.g., trust
- Acnowledging envionment around a child to change
- Space centred to what person needs - needs led
- Positive empowering expereince for person is important
- Supporting adults to experience a different space
- Holding emotions in the space
- Safe place
- Building persons positive view of themselves
- "A good fit" - fits with EP practice, empowerment, a privilege

Integrative Freedom
- Integrative approach
- Ever-evolding / open invlvement
- Resources, creative, playful
- Using visuals
- Supports Complexity
- Anti-agenda
- Adaptable
- NT as a tool
- Interventions?
- An accessible approach
- Flexibility
- Resisting negativity - solution focused / resisting problem / well told story

Manifesting Narrative Therapy Principles
- Systemic practice
- Systemic work with families
- Group interventions
- Supporting parents
- Supporting teachers
- Recognising social inequality
- NT supporting a variety of need
- NT is chosen to be used when...
- Connecting to NT values / principles
- Feeding back / reports
- Feeding back to adults to create change
- Transparency? here?

Thematic Map Revised

Appendix 16: Summary of key findings of research

Key finding	Related themes	Relevance to Research Question
1. Key paradoxes are suggested to contribute to ambiguity	— RQ1 Theme 1: Navigating Ambiguity — RQ1 Theme 3: Goes against the grain	RQ1
2. Defined in three separate ways	— RQ1 Theme 5: An intuitive belief system — RQ2 Theme 2: Deconstruction & Co-construction	RQ1
3. Key principles define how Narrative Therapy is construed and conceptualised	— RQ1 Theme 4: Core roots — RQ1 Theme 6: Egalitarian — RQ2 Theme 1: Manifesting Narrative Therapy principles	RQ1 and RQ2
4. Approach holds a lot of promise as an empowering framework	— RQ2 Subtheme 2: A good fit	RQ1 and RQ2
5. Nuanced use of language is important to the delivery of Narrative Therapy	— RQ1 Theme 2: Linguistically heavy — RQ2 Theme 4: Reshaping lives through language	RQ2
6. Key techniques are seen as unique to Narrative Therapy	— RQ1 Theme 7: Exploring how stories shape us — RQ1 Theme 8: Bringing to life a preferred story — RQ1 Theme 9: Integrative — RQ2 Theme 2: Deconstruction & Co-construction — RQ2 Theme 3: Vehicles for connection — RQ2 Subtheme 1: Creating opportunities for re-telling. — RQ2 Theme 5: Metaphorical maps — RQ2 Theme 6: Providing positive spaces	RQ2

Appendix 17: Participant recruitment requests

Recruitment

1. Email to organisations and/or forums e.g., EPNET

Dear all,

My name is Josephine, and I am a Year 3 Trainee EP at Nottingham University. I am conducting my thesis research on Educational Psychologists' (EP) views on Narrative Therapy (NT) and Narrative Therapy Based Approaches (NTBA), exploring how NT and NTBA are used within EP practice. I am looking for participants who have experience of using NT and NTBA to support children and young people, to take part in a 45-minute interview, which would take place in person or virtually via secure video conferencing software. The interview would involve answering questions about your experiences and views of using NT and NTBA and/or knowledge of this work within your practice.

Please email me if you would be willing to take part or would like further information. Thank you very much for reading this.

Kind regards,
Josephine
Josephine.bradbury@nottingham.ac.uk

2. Email to service leads e.g., Local Authority Educational Psychology Services

Dear all,

My name is Josephine, and I am a Year 3 Trainee EP at Nottingham University. I am conducting my thesis research on Educational Psychologists' (EP) views on Narrative Therapy (NT) and Narrative Therapy Based Approaches (NTBA), exploring how NT and NTBA are used within EP practice. I am looking for participants who have experience of using NT and NTBA to support children and young people, to take part in a 45-minute interview, which would take place in person or virtually via secure video conferencing software. The interview would involve answering questions about your experiences and views of using NT and NTBA and/or knowledge of this work within your practice.

I would really appreciate it if you would be able to pass this on to any members of your team that might be interested.

Please email me if you or any members of your team would be willing to take part. Thank you very much for reading this.

Kind regards,
Josephine
Josephine.bradbury@nottingham.ac.uk

Appendix 18 – Inclusion and Exclusion Criteria of Participants

Inclusion criteria:

— HCPC Registered Educational Psychologists.
— Participants were included in the research if they were open to sharing their experiences of the therapeutic approach being investigated, and they had expressed an interest in the topic area.
— Participants who have knowledge of the therapeutic approach being investigated.
— Have at least one example of casework to share where they have applied what they believed to be Narrative Therapy.

Exclusion criteria:

— Trainee Educational Psychologists or assistant psychologists. Only HCPC registered Educational Psychologists included.
— Participants not open to sharing their experiences of the therapeutic approach being investigated, with no interest expressed in the topic area.
— Participants who did not have much knowledge of the therapeutic approach being investigated.
— Did not have at least one example of casework to share where they have applied what they believed to be Narrative Therapy.

Appendix 19 – Therapeutic practices that Michael White and David Epston originated in their work.

A list of Michael White's major contributions to the therapeutic practice of Narrative Therapy (Denborough, 2014) also described as a list of some of the therapeutic practices that Michael White and David Epston originated in their work.

Therapeutic practices originated from Narrative Therapy	**Citation**
1. Externalising the problem	White (1988/89)
2. Therapeutic documentation	White & Epston (1990)
3. The text analogy/re-authoring conversations	Epston (1992); White, (1995a); White & Epston, (1990)
4. 'Saying hullo again'	White (1988)
5. Re-membering conversations	White (1997b)
6. Outsider-witness practice as definitional ceremony	White (1995b; 1999)
7. Taking a de-centred but influential position as therapist	White (1997b)
8. Considerations of the absent but implicit	White (2000; 2003)
9. Unpacking identity conclusions	White (2001b)
10. Journey metaphors	White (2002a)
11. Deconstructing 'failure' conversations	White (2002b)
12. Community gatherings as definitional ceremony	White (2003)
13. Narrative responses to trauma and traumatic memory	White (2004; 2005)
14. Scaffolding conversations	White (2007)
15. The metaphor of therapeutic 'maps' of practice	White (2007)