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Nottingham

**A grounded theory study of
educational psychologists' mental
health casework in schools.**

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Abstract

Recent governmental policies in the UK have been focusing on the promotion of mental health in children and young people and mental health provision in school has now become a government priority (DfE, 2016; DH, 2014). In these government initiatives, the role of educational psychologists (EPs) as external professionals that can support students' mental health has been frequently underrepresented and relatively limited to the delivery of therapeutic interventions (AEP, 2017). Existing research in mental health in educational psychology appears to focus on evaluations of therapeutic interventions. This study aims to extend the educational psychology evidence base and explain EPs' successful mental health casework. It aims to inform future educational psychology practice and improve mental health outcomes for children and young people. The current study is qualitative and adopts a constructivist epistemology with elements of the transformative paradigm. The study uses a constructivist grounded theory methodology (Charmaz, 2014) and data was gathered through semi-structured interviewing with five educational psychologist participants of a single local authority. Data gathering and analysis followed the steps suggested by Charmaz (2014). The outcomes of the data analysis were theoretically sensitised based on literature from attachment theory in psychotherapy, person-centred counselling, self-determination theory, solution-focused approaches and consultation. The constructed grounded theory focuses on EPs' direct work with school staff and parents and suggests that EPs use two sets of interacting processes in their work with adults. One relates to adults' engagement in cognitively demanding problem solving activities that aim to enable them to support the needs of the child by challenging their perceptions, teaching them new skills and leading them to cognitive and behavioural change. The other set of processes aims at the development of a secure attachment base within the involvement that offers emotional support and comfort when the adults feel overwhelmed by the challenging processes involved. The grounded theory suggests a theoretical framework for educational psychology practice and implications for professional practice and future policy are discussed alongside limitations and suggestions for future research.

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1. Introduction

1.1 Context for the current study

A plethora of research studies have demonstrated the significance of mental health in children's and young people's academic, social and physical health outcomes (Weare, 2015). The purpose of this study was to explore and explain the involvement of Educational Psychologists (EPs) in mental health casework in schools. The present study was conducted as part of my professional doctoral training in Applied Educational Psychology at the University of Nottingham. Since my undergraduate years as a psychology student I have had a personal interest in children's and young people's mental health. My volunteering experience as a Childline counsellor for the National Society for the Prevention of Cruelty to Children (NSPCC) up to the first few months of the doctorate kindled further my interest in this area. The current research study gave me the opportunity to explore the area of children's and young people's mental health from an educational psychology perspective and focus on the potential positive contribution of EPs in promoting students' mental health. This study took place in partnership with the local authority where I was placed for the second and third year of my doctorate and was negotiated with members of the leadership team in the Educational Psychology Service (EPS).

The research topic reflects priorities within educational psychology for evidence-based practice (Gulliford, 2015). The research further reflects government priorities for the promotion of children's and young people's mental health and prevention of mental illness within the school context (House of Commons, 2017). In the past couple of years there has been a noticeable increase in educational policies and guidelines that encourage the active involvement of school staff and external professionals in the promotion of students' mental health (e.g. DfE, 2016; DH, 2014). It could be argued that the EPs' voice has been generally under-represented in such policies (see sections 2.4 and 2.5 below) and there is often limited reference to and appreciation of the role that EPs can play in promoting students' mental health (AEP, 2017). In this changing scene in mental health, the present study aimed therefore to understand how EPs work in schools, under the umbrella term of mental health. The study aimed to generate a theory of effective evidence-based EP practice, hoping to

guide future EP practice and improve mental health outcomes for children and young people.

1.2 The study's epistemological position

The research purpose identified was primarily exploratory in nature. The epistemological underpinnings and chosen methodology for this investigation therefore reflect this and are consonant with contemporary discussions in educational psychology that encourage the use of qualitative and reflective research in the exploration of social phenomena and human behaviour (Billington and Williams, 2017). The epistemological approach taken here (to be explored further in Chapter 3) is derived from the constructivist paradigm and aims to explore and explain participants' unique perceptions of reality in aspects of their professional practice (Cohen, Manion and Morrison, 2011). This study is also influenced by an emancipatory tradition in educational psychology for social justice, inclusion, equal opportunities and ethical practice (Billington, 2000). The study aims to raise awareness about effective educational psychology practice in mental health, contribute to the inclusion of the profession in governmental policies and decisions and improve outcomes for the vulnerable and, during some periods in the past, marginalised population of children and young people with mental health difficulties. This means that this study has elements of the transformative paradigm and focuses on creating links between research and practice, with the purpose of facilitating action in the political and social arena and influencing practice in educational psychology and mental health (Mertens, 2005).

1.3 The role of the researcher

In line with the explorative nature of this study and its constructivist epistemological underpinnings I consider myself to be an integral part of all stages of the research process. Processes of data gathering are viewed as the outcomes of my interactions with the participants in a specific moment in time. Data analysis is considered to be the outcome of my interactions with and interpretation of the data. The final grounded theory of this study is thought to be a construction derived of the decisions I made

throughout this research and my personal and subjective interpretations. This is not seen as a limitation, as reality within this paradigm is perceived to be relative, multiple and constructed, which inevitably applies to the research reality (Clarke, 2012). Acknowledging my active involvement in the research, I made the decision to use the first person throughout the written account.

1.4 Summary of chapters

Chapter 1: Introduction –This chapter presents an introduction to the thesis, a brief overview of the context to the research and a summary of the study's chapters.

Chapter 2: Literature Review Part 1 –The chapter presents a purposefully broad literature review that was conducted prior to the research process in order to set the scene for the coming investigation. The origins of and rationale for the current study are also presented.

Chapter 3: Methodology –This chapter discusses the ontological and epistemological beliefs in which the research is positioned. Methodological procedures followed are then presented to support critical review by others of the evaluation of this detailed qualitative research method.

Chapter 4: Results –The results chapter presents the outcomes of my analysis and excerpts from the interview transcripts are used to support the account.

Chapter 5: Literature Review Part 2 –A focused literature review is presented that focuses on the areas brought to attention in the analysis as needing illumination.

Chapter 6: The Grounded Theory –The findings of the present study, as constructed through data gathering and analysis, and interpreted and located within the existing research, are presented.

Chapter 7: Discussion –The discussion chapter offers critical reflection upon the findings in relation to existing literature and research evidence. This chapter includes a reflective evaluation of the present study and limitations are discussed. Implications of the study's findings for research and professional practice are reviewed.

Chapter 8: Conclusion –This chapter provides a final synopsis of the study’s findings and implications.

2. Literature Review –Part 1

2.1 Introduction

Grounded theory methodology encourages the researcher to commence the research project without conducting a thorough literature review, so that the researcher's knowledge of previously conceptualised theories and research evidence relevant to the area of study is limited and the researcher is hence able to generate local theory that is pure to the gathered data (Dick, 2014). This recommendation is however often incompatible with the requirement for a detailed, theoretically informed research proposal for the approval or funding of the study in postgraduate degrees, where the researcher is expected to justify the need for their study (Birks and Mills, 2015). Within the context of my doctoral thesis and in order to address this controversy, I decided to conduct a purposefully broad literature review prior to the research project that aimed to promote my understanding of the context to the area under research and explain my rationale for conducting the current study to my stakeholders (see section 3.4), whilst limiting my influence of previously conceptualised theories (Birks and Mills, 2015). In line with grounded theory methodology, a second literature review was conducted following the completion of the data analysis, in order to promote my theoretical sensitisation and the development of theoretically sensitised codes (see section 5.1 for more details).

The review below commences with discussion of key definitions of mental health in the literature. This is followed by an overview of research into mental health in children and young people. The chapter continues with the legislative background to this research and explores recent governmental policies and initiatives that focus on mental health support in schools. Research evidence on the role of EPs in supporting children's and young people's mental health follows and links with governmental policies are drawn. The chapter concludes with the rationale for this study within the presented context, the research aims and the research questions.

2.2 Definitions of mental health and terminology

Language has long been identified not only as a means of verbal interaction, but also of generating meaning, forming perceptions, exercising power and control, acquiring knowledge, reinforcing social inclusion or exclusion and creating realities (Burr, 2000; Jorgensen and Philips, 2002; Parker, 2002). A discussion on mental health terminology is hence considered to be important for the purposes of clarification and shared understanding of this key term and its uses in the study. In addition, it is suggested here that mental health is a socially constructed concept that can be used with a great degree of plasticity across different disciplines, paradigms and contexts (Eisenberg, 1987; Horwitz et al, 2012), further highlighting the need for clarity and the use of a commonly understood language.

The World Health Organisation (WHO, 2014; para. 1) defines mental health as “a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. It has been argued that this definition shifts the focus from a pathogenic approach in mental health that sees it as equivalent to the absence of mental illness, to a more salutogenic perspective, according to which the individual has an active role in promoting their mental health (Cane and Oland, 2014). Similarly, some of the leading organisations and charities in the UK offer neutral definitions of mental health (e.g. “[mental health] describes your mental state –how you are feeling and how well you can cope with day-to-day life”; pp. 4; Warin, 2013) and emphasise the proactive role individuals can play (e.g. “if you’re in good mental health, you can make the most of your potential, cope with life [and] play a full part in your family, workplace, community and among friends”; Mental Health Foundation, 2016; para. 1).

Mental health problems are often viewed as a continuum of common everyday worries to more serious and long-term conditions (Mental Health Foundation, 2016). Systems of classification (e.g. The International Standard Classification of Diseases, Injuries and Causes of Death –ICD; American Psychiatric Association’s Diagnostic and Statistical Manual –DSM) are used to diagnose mental health problems that meet their criteria, which can lead to access to treatment and professional help (Kinderman, 2014). The validity and usefulness of mental health diagnoses has often been

contested (Mental Health Foundation, 2016), with one of the main arguments against their use being that diagnoses might potentially result in discrimination and unequal opportunities in education, employment, adult living and social inclusion (Kinderman, 2014). Such arguments find support in research evidence that explores students with mental health diagnoses' experience of stigmatisation (Moses, 2010).

The stigma that the term “mental health” has received has been acknowledged quite broadly (Weare and Nind, 2011) and is reflected on the alternative use of “emotional wellbeing” that has intended to reduce it throughout the years (Humphrey et al, 2009). This has led to a variety of practices, including the use of both terms alongside each other (e.g. Cefai and Camillieri, 2015); their alternating use (e.g. Vostanis et al, 2013); or the replacement of “mental health” with “emotional wellbeing” (e.g. Warin, 2013). In the papers consulted during the writing of the current account, a wealth of lexical variations was encountered (Figure 2.1) that might be seen as representative of a specific set of beliefs in each case.

Negative perceptions of mental health problems and the associated stigma and social discrimination might be in part explained by traditional bio-medical psychiatric perceptions (Davies, 2013). From a socio-political perspective, such views have the potential to undermine the responsibility and the active role that the individual and society can have in making a positive change in people's mental health (Kinderman, 2014). This could ultimately mean that such populations remain vulnerable, victimised and discriminated against.

For this study, and in line with the research aim to contribute to positive practice in mental health, I have used the phrases “mental health” (WHO, 2014) and “mental health needs”, whilst alternative terms are used to express the views and beliefs of others. The importance of mental health in learning and the development of children and young people as supported by current literature and research evidence will be discussed in the following section.

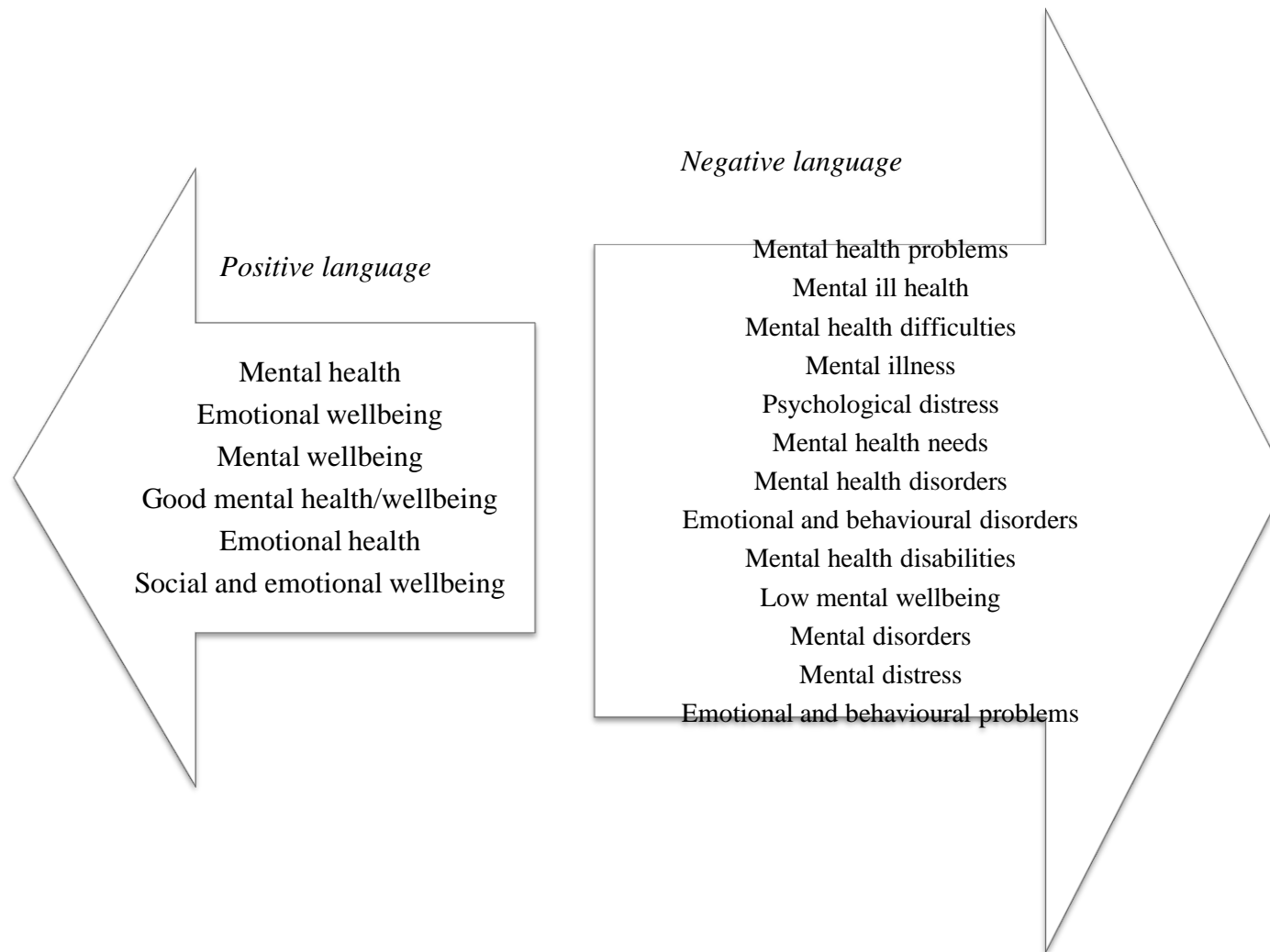


Figure 2.1 Sample of terms found in contemporary literature that relate to positive and negative perceptions of mental health.

2.3 Mental health in children and young people

Research evidence estimates that one in ten children and young people aged five to sixteen years in the UK have a mental health difficulty that is considered diagnosable as a disorder (Green, McGinnity, Meltzer, Ford and Goodman, 2005). The number of children with mental health difficulties that may not meet the criteria for a diagnosis in the UK has been estimated to be even higher, at 25% (Harden et al, 2001). More recent local data suggests that half of life-long mental health illnesses have presented by the age of fourteen and 75% by the age of eighteen; 40% of children and young people with mental health needs do not receive specialist care (DoH, 2011). International data suggests that 20% of children and young people experience mental health disorders, 50% of which start before the age of 14 (WHO, 2014). Such data may be influenced by issues of terminology, previously discussed, and indeed of definition and measurement.

A growing body of research has identified numerous individual and environmental protective and risk factors that might be associated to students' mental health. For example, research projects are showing correlations between mental health problems and students' low academic achievement (DH, 2014; Lamb, Puskar, Sereika, Patterson and Kaufmann, 2003); social-emotional development (Green, McGinnity, Meltzer, Ford and Goodman, 2005); and later life outcomes (Colman et al, 2009; Farrington, Healey and Knapp, 2004; Reynolds et al, 2007). Ecosystemic factors, such as the collaboration between teaching staff and external professionals and the development of a positive ethos in the class and the whole school appear to have a positive impact on students' promotion of mental health and early identification of mental health difficulties (Lynn, McKay and Atkins, 2003). Teacher confidence, well-being and positive professional role perceptions have been identified as factors that might promote students' mental health (Graham, Phelps, Maddison and Fitzgerald, 2011; Mazzer and Rickwood, 2015). Individual factors, for example a sense of school-connectedness and the development of emotional resilience skills seem to contribute to students' mental health and their effective management of mental health difficulties (Catalano, Berglund, Ryan, Lonczak and Hawkins, 2004). Awareness and understanding of risk and protective factors in mental health can support the facilitation of proactive strategies and early interventions within students'

teaching environments, among other contexts, and maximise the effectiveness of the offered support (Weare, 2015).

It has been argued that mental health difficulties of children and young people can often translate into high costs for the state, which relate to provision and services used for reactive support of these difficulties in student life and later in adulthood (Clark, O'Malley, Woodham, Barrett and Byford, 2005; O'Connell, Boat and Warner, 2009). The annual economic cost of mental health needs for the UK has been calculated to be £105 billion (DoH, 2011). A further economic correlation is found in the common incidents of school exclusion, as mental health difficulties are often thought to be externalised through challenging behaviour (Brookes, Goodall and Heady, 2007; Jull, 2008).

An accumulated body of research evidence demonstrates that mental health and academic achievement are correlated: the more mentally healthy a student is, the higher their academic achievement is likely to be (Durlak et al, 2011; Horowitz and Garber, 2006; Moilanen, Shaw and Maxwell, 2010; Sklad et al, 2012; Wolpert, Humphrey, Belsky and Deighton, 2013). A number of social and health benefits complement the academic and economic ones for young people with positive mental health, including higher social inclusion, lower risks of substance abuse (Hooven, Herting and Snedker, 2010), longer life expectancy (Mercy and Saul, 2009), reduced risks of anti-social behaviour and crime (Hooven, Herting and Snedker, 2010) and reduced rates of physical illness (Reynolds et al, 2007).

This evidence indicates the broader significance of promoting positive mental health. The role of policy and provision in support of positive mental health in children and young people, particularly within schools, will therefore be considered next.

2.4 Government initiatives

The role that schools can play in promoting and supporting students' mental health has been acknowledged by a number of researchers (e.g. Atkinson and Hornby, 2002; Greenwood, Kratochwill and Clements, 2008; Vostanis, Humphrey, Fitzgerald, Deighton and Wolpert, 2013; Weare and Nind, 2011). Some of the key governmental

policies and legislation will be reviewed below, delineating within this how research evidence has informed these and gradually changed schools' responsibilities in the area of mental health.

The academic, social, economic and physical health benefits that may result from a person's mental health for the individual and the wider benefits that this can have for the society have been identified above. Children and young people spend a significant time of their day in schools and school staff are amongst the adults who know them best (Mazzer and Rickwood, 2014). Bringing the support that students need to schools has been considered to be good ecosystemic practice and economic for time, human and material resources (Weeks, Hill and Owen, 2017). A strong evidence base of the effectiveness of school-based interventions supports further the argument for in-school mental health support (Weare and Nind, 2011). Schools' potential power at supporting students' mental health has been targeted by governmental policies (e.g. Every Child Matters, 2004; National Healthy Schools Programme, 2009; Social and Emotional Aspects of Learning, 2007; Targeted Mental Health in Schools –TaMHS, 2008), frameworks (e.g. Personal, Social, Health and Economic Education, 2000; No Health Without Mental Health, 2012) and initiatives (e.g. The Children and Young People's Health Outcomes Forum, 2012) since the late '90s.

Whilst the focus on school mental health has been developing for a couple of decades, it could be argued that it has currently attracted new attention. Reports published by the United Nations Children's Fund (UNICEF) have placed the UK last among twenty one developed countries for children's and young people's wellbeing in 2007 and sixteenth among twenty nine developed countries in 2013 (UNICEF, 2007; 2013). Some of the recent initiatives from the Department of Health include the No Health without Mental Health (DH, 2011) and the Closing the Gap: priorities for essential change in mental health policy (DH, 2014) initiatives. These initiatives inform the development of policies for children and young people's timely access to mental health services and support. A briefing published by the National Institute for Health and Care Excellence (NICE, 2013) offered supporting guidance to local authorities and their partners to help them achieve the targets set by the public health outcomes framework for England 2013-2016.

The Department of Health and the Department for Education have recently joined forces in catering for children and young people's mental health needs. A number of key shared policies include some early reforms (e.g. Every Child Matters, 2003; the 2004 Children's Act; the National Service Framework for Children) which facilitated multi-agency meetings between clinical psychologists and EPs, amongst other professionals in health and education, followed by the milestone of replacing the single statutory assessment of Special Educational Needs (SEN) with the multi-disciplinary Education, Health and Care Plan under the 2014 Children and Families Act. A further significant change brought by the new SEN Code of Practice was the introduction of the term "social, emotional and mental health (SEMH) needs" and the abolition of the older term "social, emotional and behavioural difficulties (SEBD)" (DfE, 2014). The replacement of terms is twofold: "mental health" has now replaced "behavioural" and "needs" has replaced "difficulties". The implication of these changes is that mental health became explicitly identified as an area of need for children and young people in the place of what in the past was seen as challenging behaviour independent to underlying emotional difficulties (Cole and Knowles, 2011).

With the new Code of Practice the focus for schools shifted in relation to SEN and their duty to identify, assess and provide for these *needs* is stated clearly in the 2014 SEN Code of Practice and reinforced by the DfE (2016) and DH (2014) publications. With the recent publications of the DH (2011, 2014) and DfE (2016) the expectation for schools' active involvement in students' mental health goes beyond SEN to the wider population. This implies that schools now have to raise their awareness and build their capacity in mental health. The recently published Mental Health and Behaviour in Schools initiative by the Department for Education (DfE, 2016) is targeting the involvement of teaching staff in universal and preventative support of mental health and in the identification of early signs of mental health difficulties, in line with the government's priorities for prevention and early intervention. Statements like those in Table 2.1 indicate the expectation for the increased responsibility of professionals working with children and young people in becoming involved with the latter's mental health.

“There are things that schools can do –including for all their pupils, for those showing early signs of problems and for families exposed to several risk factors- to intervene early and strengthen resilience.”

(DfE, 2016; pp. 6)

“Anybody who works with children and young people in universal settings such as early years provision, schools, colleges [...] should have training in children and young people’s development and behaviours.”

(DH, 2014; pp. 64)

Table 2.1. Quotes from educational and health policies highlighting the introduction of mental health to professionals’ responsibilities.

Guidelines for the promotion of mental health in schools tend to cover a range of factors that are both internal and external to the school context (Table 2.2). In such governmental policies, guidelines and publications, references are made to the involvement of external medical and other professionals in the promotion of students’ mental health, such as GPs, Children, Adolescent and Mental Health Services (CAMHS) practitioners and Child Psychologists (DfE, 2016; further discussion to follow at the end of this section). These references fit well within the general government initiative for integrated children’s services and the promotion of close collaboration of support services, health, education, social care and justice (DCSF, 2008; DH, 2008; DCSF, 2010; DfE, 2013).

Internal factors	External factors
<ul style="list-style-type: none"> • An inclusive and non-stigmatising ethos of the school • Clear behavioural and anti-bullying policies • Student support through peer 	<ul style="list-style-type: none"> • Collaboration with parents and carers • Arrangement of family support and therapy • Collaboration with external agencies/professionals for support/

mentoring and peer buddying programmes <ul style="list-style-type: none"> • Staff's increased awareness of mental health needs • Staff training and continuing professional development • Systems and procedures that allow for the referral of students with needs to external services • A curriculum that encourages the development of students' emotional literacy and social-emotional development • Individual, group and whole-class mental health promotion interventions • Therapeutic interventions • Employment of specialist professionals, such as child and adolescent counsellors 	referral of individual students <ul style="list-style-type: none"> • Collaboration with external agencies/professionals for the delivery of in-school interventions to students • Collaboration with external agencies/professionals for staff support, training and professional development • Collaboration with the community • Medication for children and young people (as recommended by mental health professionals)
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Table 2.2. Internal and external school factors recommended by governmental policies for the promotion of students' mental health (Adapted from DfE, 2016)

Another recent landmark in the collaboration of health and education is a governmental project for the consideration of a joint training programme for educational and clinical psychologists (NCTL and HEE, 2016). This initiative is based on a high demand for trained therapists to deliver mental health interventions to schools that the health services are not in a position to cover (Clark, 2011; Stallard et al, 2007). It has been suggested that EPs are professionals in a good position to offer their services in therapeutic work with children and young people (Farrell et al, 2006; McKay, 2007). A joint clinical and educational psychology doctorate would imply merging the two psychological strands and the expertise that each of them entails and generating practitioners who have good knowledge and experience of mental health,

child development and aspects that relate to educational settings (Squires, 2010; Weeks, Hill and Owen, 2017).

At present it appears the government's target to be that children and young people's mental illness is prevented or treated early and within the school –as opposed to inpatient treatments (Prime Minister's Office, 2017). This model reflects the notion of early intervention (universal or targeted provision) versus reactive approaches (specialist provision). The government has announced that staff in a third of UK's secondary schools will receive mental health training in 2017 and the remaining two thirds in the following two years (Prime Minister's Office, 2017). Recommendations have been made for mental health modules to be introduced to the curriculum for the teacher training qualification and the profession's continuous professional development requirements (House of Commons Health Committee, 2014-15). At the same time, recent figures suggest a need for teaching staff to have their own mental health needs met (Sellgren, 2016).

As part of the government's priorities in children's and young people's mental health, in January 2017 the Health Committee and the Education Committee jointly began an inquiry into the role played by education in promoting students' mental health and preventing mental health problems ("Education's role in children and young people's mental health examined", 2017). In the process of this inquiry, the Committees consulted in March 2017 with a range of education and health professionals, including headteachers and representatives of the Education Policy Institute, the Children's and Young People's Mental Health Coalition, the Association of EPs, CAMHS, NHS England, hospitals, the Department of Health and the Department of Education (House of Commons, 2017). The inquiry is ongoing at the moment that this paper is being written and aims to produce a Green Paper on Children's and Young People's mental health ("Education's role in children and young people's mental health examined", 2017).

The government policies and initiatives aimed at the support of students' mental health in their school contexts are changing the scene in education. As indicated in Table 2.2 and mentioned earlier in this section, new expectations of professionals have implications in practice not only for school staff, who are considered to be front-line practitioners in this area, but also for external professionals who offer their

services to schools. The increasing demands on school staff in the area of mental health, which might be beyond their expertise and might lead to feelings of low sense of competence in their role and stress (Ekornes, 2017), added to the general pressures on the teaching role (Allen, 2015) might explain the need for school staff to be supported by other agencies and professionals (DfE, 2016). It has been argued that the role of external agencies in students' mental health might include the support of school staff in the daily promotion of mental health and early identification of mental health difficulties, direct work with students and their families and, at a systemic organisational level, the within-school policy development and continuous professional development of staff (Gibbs, 2017). Health professionals, such as CAMHS practitioners and clinical psychologists, and EPs are some of the professional groups that are considered suitable to support schools in the above areas (DfE, 2016). The following section will explore the evidence base of EPs' mental health-related involvement in schools.

2.5 The role of EPs in students' mental health

Recent governmental policies (DfE, 2016; DH, 2011; 2014) and ongoing discussions between multi-disciplinary professionals and agencies and the Health and Education Committees ("Education's role in children and young people's mental health examined", 2017; as reviewed earlier in this chapter) might indicate some antagonism among external to schools professionals in relation to their fitness to deliver mental health support to schools and the student population. EPs are one of the professional groups that participate in the current legislative scene and, as suggested by the professional educational psychology literature, engage in a range of activities focused on students' mental health needs and education staff support of these, including assessment, consultation and therapeutic interventions in primary and secondary schools within the context of individual casework¹, group work, staff training and systemic work (Atkinson, Bragg, Squires, Muscutt and Wasilewski, 2012; Fallon,

¹ Casework: In the context of this study, the term "casework" will be used to refer to an educational psychology involvement that focuses on an individual student who is causing a concern for their school or family environment (Beaver, 2011; Birch, Frederickson and Miller, 2015).

2017; McAlister and Lawlor, 2017). The literature indicates that EPs have incorporated a range of therapeutic interventions and approaches within their practice and have employed research activities to review their effectiveness. This is reflected on the growing body of research literature that focuses primarily on the evaluation of interventions delivered by EPs, as reviewed below.

2.5.1 The professional educational psychology literature in mental health

In a recent survey the most popular therapeutic interventions in educational psychology were solution-focused brief therapy (SFBT), cognitive behavioural therapy (CBT), personal construct psychology and motivational interviewing (MI) (Atkinson et al, 2012). This is reflected on the research studies that evaluate these interventions. An early study on group CBT was found effective in supporting students' management of their emotions and led to improved classroom behaviour (Squires, 2001). More recently the effectiveness of group CBT in reducing depression and anxiety is attracting attention and so far the evidence suggests some positive findings for primary (O'Callaghan and Cunningham, 2015) and secondary school students (Weeks, Hill and Owen, 2017). CBT-based programmes developed by EPs have also been the subject of evaluation studies. For example, 'Over to You' was identified as a successful programme at promoting individual responsibility for behaviour and reducing the risk of exclusion for secondary school students (Burton, 2006). A widely used CBT-based intervention is the FRIENDS programme (Barrett, Lowry-Webster and Turner, 2000), which has attracted a high number of research studies on its effectiveness for the prevention and decrease of anxiety in children and young people by EPs (Green and Atkinson, 2016; Higgins and O'Sullivan, 2015; Liddle and MacMillan, 2010).

MI has been used by EPs to improve academic achievement and reduce disaffection (Atkinson and Woods, 2003; Kittles and Atkinson, 2009; Snape and Atkinson, 2016) and to improve classroom behaviour and motivation in learning (Cryer and Atkinson, 2015). SFBT has been found to be effective in supporting students that are vulnerable to bullying (Young and Holdorf, 2003) and supporting families in the community (King and Kellock, 2002). Interventions based on video technology have been identified to be effective when used by EPs in promoting students' positive behaviour (Regan and Howe, 2017) and developing school staff's skills to promote

positive behaviour (Hayes, Richardson, Hindle and Grayson, 2011). Mindfulness interventions have been identified as successful at increasing students' social-emotional functioning (Thomas and Atkinson, 2017), improving the sense of self, self-compassion and non-judgmental awareness of students who demonstrate challenging behaviour (Arden, 2016) and in promoting positive behaviour in students who attend a nurture group (Rae, 2014). The widely used by some local authorities TaMHS programme, through which universal and targeted interventions were delivered to schools by EPs, among other professionals, has seen a number of evaluation studies throughout the years of its implementation (Cane and Oland, 2015; Wolpert et al, 2015).

Beyond evaluating the outcomes of therapeutic interventions delivered by EPs to children and young people, their families and staff, research in educational psychology has also explored the application of elements of the above therapeutic interventions as used creatively, systemically and incorporated within other approaches to support whole classes, schools and staff. The 'Working on What Works' (Berg and Shilts, 2004) solution-focused approach has been found to be effective in supporting the development of teacher confidence, positive classroom relationships and behaviour in whole classrooms (Brown, Powell and Clark, 2012; Fernie and Cubeddu, 2016; Lloyd, Bruce and Mackintosh, 2012). Action research has been used to support the development of solution-focused approaches by school staff (Simm and Ingram, 2008). Solution-focused approaches have also been evaluated in multi-agency meetings (Alexander and Sked, 2010), in promoting organisational changes in the whole school (Morgan, 2016) and in increasing the effectiveness of a learning support centre within a mainstream school (Burns and Hulusi, 2005).

In this context recent research in educational psychology seems to present limited evidence in relation to EP mental health casework in schools. The predominant research available seems to be around generic consultation skills and their use in supporting adults around the child or young person to manage challenging behaviour. For example, studies employing mixed methods designs have indicated that EPs can be successful at supporting the development of behaviour management skills in teachers through the use of group consultation (Hayes and Stringer, 2016; Nugent et al, 2014). Some qualitative research findings support an increase in foster carers' and

adoptive parents' confidence in dealing with challenging behaviour and a decrease in their anxiety and feelings of concern following consultative sessions with EPs (Osborne and Alfano, 2011). Qualitative designs have also been used to explore EP consultations with individual teachers and parents in relation to managing the child's or young person's behaviour (Miller, 2003; Nolan and Moreland, 2014). This evidence base could be extended by a qualitative study that adopts an explorative approach to the processes and factors involved in EPs' mental health casework.

The growing body of evidence-based practice reviewed here is suggesting EPs' suitability to offer services of targeted and specialist mental health support that have been considered by some to be traditionally health-based and hence outside the typical role of EPs (Greig, 2007; McKay, 2007). In addition to the evaluation of therapeutic interventions delivered to students, research in educational psychology has indicated the effectiveness of incorporating health-based approaches in the delivery of systemic services, for example in working with the whole class or with multi-agency professionals. Lastly, some emerging evidence proposes that EPs can be effective in supporting adults to manage challenging behaviour through the use of consultative approaches.

2.5.2 The role of EPs in the current legislative scene

Despite the increased educational psychology engagement around supporting students' mental health and the positive evaluation studies, it might be observed that in the recent government policies and initiatives, the role of EPs is often excluded (DH, 2014), limited to a single reference (e.g. DH, 2015) or replaced by not protected titles, such as 'school psychologists' (DfE, 2016), implying some lack of clarity and misconceptions in relation to the EP role by the policy makers. EPs are often seen as specialists in child development, special needs and education (NCTL and HEE, 2016). This focus upon learning, in the historic literature and in the view of some contemporary professionals, has not included the promotion of mental health within their key skills. Recent governmental review of the role reflected this: "EPs tackle challenges such as learning difficulties, social and emotional problems, and issues around disability as well as more complex developmental disorders" (NCTL and HEE, 2016). The government publications discussed in section 2.4 appear to be

mostly void of references to the effective role that EPs can play in mental health and the evidence base that the profession has generated in the last decade.

The underrepresentation of EPs in policies and initiatives is also reflected in teaching professionals', parents' and young people's lack of awareness that mental health support is part of educational psychology practice (Atkinson, Squires, Bragg, Muscutt and Wasilewski, 2014). An additional barrier to the involvement of EPs in mental health in schools relates to staff shortages in EPSs that are associated with inadequate funding for the professional training in educational psychology (AEP, 2017). Further limitations present financial cuts to local authority and consequently EPS budgets (Fallon, 2017), the increase of traded EPSs and the rapid academisation of schools (Thorley, 2016).

EPs have been described as adequately trained, qualified and experienced in contributing to children's and young people's mental health as part of their generic role and day to day practice (AEP, 2017; Brooks, 2017). Their role has been acknowledged as complementary to (and therefore unique) that of other professionals who come from a health background: the role of EPs is viewed as a bridging role between health services and schools (Durbin, 2017). Concerns have therefore been expressed by members of the profession that EPs' role, holistic approach and competences in supporting students' mental health are overlooked by government policies (AEP, 2017; McAlister and Lawlor, 2017). EPs have explicitly stated their desire to be actively involved in policy initiatives and for their roles at various levels to be understood, or indeed acknowledged (Fallon, 2017). Those roles encompass not only targeted and specialist support, but also prevention, early intervention, and whole school approaches, including, for example, training and the promotion of positive mental health school ethos (AEP, 2017; Durbin, 2017).

2.6 Rationale for the study

A summary of the literature reviewed above follows, positioning the current research project within the current policy context in school mental health and educational psychology practice.

The value of mental health in bringing positive outcomes for children's and young people's social-emotional development, academic achievement, physical health and later life outcomes has been well documented (DH, 2014; Hooven, Herting and Snedker, 2010). The recent governmental initiatives place a great emphasis on in situ provision of mental health services to the student population by school staff and external professionals and highlight the responsibility of schools for prevention and early intervention (DfE, 2016). This has had a number of implications for the professionals involved, particularly as the knowledge and skills that school staff currently possess have been evaluated as often insufficient for this new role, therefore requiring further support and training (Ekornes, 2015; Vostanis, Humphrey, Fitzgerald, Deighton and Wolpert, 2013).

EPs are applied psychology practitioners with a good knowledge base of child development and of systemic perspectives, who work closely with schools, families, other professionals and the community; they apply psychology in educational contexts in order to support students' mental health and physical, cognitive and social-emotional development (Frederickson and Cline, 2009). Their holistic approach to children's and young people's needs and their psycho-social and psycho-educational understanding of children's and young people's mental health are perceived to be offering a unique contribution in the support of students' mental health (Durbin, 2017). It has been argued that they are thus in a good position to respond to the requirements of government initiatives and that their role has not been fully appreciated in this area (AEP, 2017).

A growing evidence base supports EPs' fitness for implementing therapeutic interventions and for incorporating traditional health approaches (e.g. CBT, solution-focused approaches) in a wider range of activities in their practice (Dunsmuir and Cobbald, 2016). In addition to effectiveness evidence, some questions address broader and exploratory issues where controlled designs are not fit for purpose, such as how interventions or daily practice typically occur (Goodley, 2014). Within the evidence base pertaining to the practice of EPs within the domain of mental health promotion in schools there appears to be limited qualitative research explaining how this occurs when EPs engage with school staff and parents around individual students who require mental health support at a targeted or specialist level. A need for further

research that focuses on mental health casework is supported by the following statements: “The role of education in tackling children’s mental health issues must go beyond the oft-quoted solution of greater provision of counselling to individual pupils” (AEP, 2017; p. 1) and “[EPs] can play a particular and valuable role in [...] consultations with staff to help them understand what the child is communicating behind the behaviour they are faced with; developing teacher resilience and school-based leaders in well-being” (AEP, 2017, p. 6). The issues explored here set the context for the present research study.

In exploring educational psychology casework in mental health, the current research project undertakes an approach originating in positive psychology and strength-based frameworks, such as Appreciative Inquiry and solution-focused approaches. The studies reviewed in section 2.5.1 and later in section 5.7 illustrate that solution-focused approaches have been widely adopted in educational psychology practice and research. It has been argued that by focusing on solutions, strengths and positive experiences as opposed to problems and barriers, one can facilitate meaningful change (Kelly, 2006; Onyett, 2009). Following the strength-based orientation in educational psychology, this research project hoped that, by investigating EPs’ mental health involvements that were perceived to have been successful in supporting students’ mental health, it would identify aspects in EPs’ practice that are associated with effective service delivery. Strength-based approaches are further argued to create a warm and respectful relationship between participants (Alexander and Sked, 2010). An implication in the context of the current research project was that a focus on mental health casework perceived as successful could promote ethical research practice in line with ethics guidelines (see section 3.8).

2.7 Research aims and questions

By employing a qualitative methodology, this research study aims to contribute to the relatively small qualitative research base in EPs’ practice in mental health casework and explore areas potentially inaccessible by positivist and post-positivist epistemologies (Willig, 2013). The current research project aims to explore EPs’ involvement in mental health casework perceived as successful by EPs and explain

the factors that contribute to the perceived success of the involvements. It is hoped that the outcomes of this study will contribute to the existing evidence base of EPs' promotion of student mental health with a focus on the core skills of EPs and their routine practice in individual casework, and will inform future educational psychology practice and service delivery in mental health. It is finally hoped that the findings of this research hold the potential to inform policies and enhance the school-based mental health support that is offered to children and young people.

The research questions were the following:

- How do EPs support children's and young people's mental health when they become involved in casework in schools?
- Which factors and processes contribute to educational psychology mental health casework in schools that is perceived as successful?

2.8 Summary of Chapter 2

This chapter has presented a broad literature review that aimed to present the context for the present study within the recent legislative developments for mental health in education. This literature review argued the need for the generation of a theoretical framework of EPs' successful involvement in mental health casework in schools through a qualitative research study. The chapter that follows will discuss methodological issues in the current study and present in detail the methodological procedures followed for the data gathering and data analysis.

3. Methodology

3.1 Introduction

The present chapter discusses methodological issues in the current study and presents in detail the methodological procedures followed for the data gathering and data analysis. The chapter commences with a brief discussion of some of the key ontological, epistemological and methodological paradigms in real world research and the present project is positioned in relation to these. Once philosophical matters have been addressed, the selection of the grounded theory methodology and implications of alternative approaches are considered. The details of stakeholder involvement, sampling and data gathering in the current study follow. A comprehensive account of the steps I took for the analysis of the data is included and regular references are made to the appendices in order to achieve transparency in the followed procedures (Birks and Mills, 2015). The chapter concludes with a discussion of the evaluation criteria and ethical considerations that are relevant to the present study.

The purpose of the current study was to explore the established phenomenon of educational psychology mental health casework, with an emphasis on involvements perceived by EPs as successful. As reviewed in Chapter 2, commentary in educational psychology reveals a range of activities that EPs employ in their daily practice when they engage in mental health casework (AEP, 2017; Fallon, 2017). As noted, beyond this commentary the topic of educational psychology mental health casework appears to have limited research to date and little is known in relation to the processes and factors involved in EPs' involvements when they are called to educational contexts to promote students' mental health. It could therefore be argued that the topic under exploration is relatively unknown, potentially complex and could benefit by rich description. In this context, a qualitative approach situated in the constructivist paradigm was considered to be appropriate for the research aims and questions described in section 2.7.

3.2 Ontology, epistemology and methodology

A deep understanding and awareness of the predominant philosophical and theoretical beliefs and paradigms has been considered an essential prerequisite to conducting responsible and informed research, as the “researcher’s theoretical orientation has implications for every decision made in the research process, including the choice of method” (Mertens, 2005; p. 7). This section will therefore aim to explain the reasons for the methodology selected in the present study.

3.2.1 The post-positivist paradigm

Ontology refers to the way one views and understands the social phenomena. For the post-positivist paradigm ontology is informed by realism and supports an objective, stable and independent of judgment view of reality (Cohen, Manion and Morrison, 2011). In this paradigm, knowledge is seen as hard and objective and can be gained through direct experience and rigorous scientific procedures (Robson, 2011). The methodology that the researcher might therefore use in this paradigm is closely related to the natural sciences and tends to be primarily nomothetic and quantitative (i.e. experimental or quasi-experimental; Mertens, 2014).

3.2.2 The constructivist paradigm

While positivism has been traditionally described as ‘the standard view of science’, its fitness for all aspects of the social sciences has often been doubted (Robson, 2011). A body of criticism of the assumptions and methodology of the post-positivist paradigm and its application to real world research and human behaviour led to the formulation of the diametrically opposed paradigm of constructivism (Robson, 2011). The ontological beliefs of this paradigm are founded on nominalism, advocating against the universality of reality and for its subjective interpretation through each person’s perception (Cohen, Manion and Morrison, 2011). Knowledge is perceived to be socially constructed and, in research, to be the outcome of the interaction between the researcher and the participants (Mertens, 2014). This epistemological stance therefore requires the researcher to acknowledge their involvement in the research process and attempt to access and comprehend the participants’ complex, multi-layered and actively constructed worlds as experienced and interpreted by them (Cohen, Manion and Morrison, 2011). Adherents of the constructivist paradigm are

more likely to prefer idiographic and qualitative methodology in obtaining the desired knowledge and understanding of the world (Cohen, Manion and Morrison, 2011).

3.2.3 The transformative paradigm

The transformative paradigm is concerned with power imbalances and aims to give control to marginalised groups of the population (Mertens, 2014). Political, cultural, economic and social implications in the under-research topic are placed in the epicentre of the research and the researcher's primary aim is to inform practice, bring change in favour of underrepresented groups and ultimately facilitate social justice (Cohen, Manion and Morrison, 2011). In this paradigm multiple realities are recognised as valid but they are critically examined through their potential contribution in oppressive social systems and policies (Mertens, 2014). The discovery of knowledge is seen as an interactive process between the participants and the researcher and knowledge is examined within the social and historical influences it has been situated in (Mertens, 2014). The combination of qualitative and quantitative research methods is common in this paradigm (Mertens, 2014).

3.2.4 The present study

The purpose of the present study was to explore and explain educational psychology casework in mental health. The study aimed to focus on casework perceived by EPs as successful, in line with social constructivist and positive psychology (see section 5.7). The exploratory nature of the research aims and the underlying emphasis on EPs' perceptions of their involvements led the study to adopt a constructivist epistemology. The constructivist paradigm allowed me to access the participants' perceptions of their involvements and to illuminate their mental health practice. As such, it was assumed that the world is the sum of multitude of realities, influenced by political, social, economic, cultural and other beliefs, while subjective knowledge was seen as situated to the data and accessible through careful and systematic analysis (Mertens, 2005).

A further aim of the present study was to give voice to the profession of educational psychology which, as seen in the previous chapter, has been relatively underrepresented and excluded in policies and decisions that relate to mental health in children and young people. The study hoped to promote EPs' future contribution in

policies and structures that relate to education and mental health. The present study therefore has elements of the transformative paradigm. An overview of qualitative research methods that are associated to the constructivist and transformative paradigms will explain the selection of the current study's methodology in the following section.

3.3 Qualitative research methods

It has been argued that the researcher's epistemological viewpoints, the research questions, the data gathering strategies and the data analysis methods are interdependent and their compatibility with each other should be ensured when decisions are made by the researcher (Willig, 2013). As the present study sits in the constructivist paradigm with elements of the transformative paradigm, qualitative methods were considered to be most appropriate in answering the explorative research questions.

3.3.1 Qualitative methods considered for the current study

Applied research in educational psychology employs a variety of methods through which to explore the qualitative aspects of phenomena (Billington and Williams, 2017). Discourse Analysis was thought to be inappropriate in answering the research questions here due to its specific focus on discourse and the role of language in constructing reality (Langdridge, 2004). Its subsequent oversight of underlying procedures, like emotions, attributions, self-beliefs, self-awareness and other aspects of cognition and meta-cognition (Burr, 2003) was considered inappropriate for the purposes of this study.

Interpretative Phenomenological Analysis (IPA) supports a phenomenological epistemology, which considers perception to be intentional and individual experience to be unaffected of social processes and other influences (Langdridge, 2007). The purpose of phenomenological research tends to focus on describing the participants' experience but does not move forward to explaining it, therefore restricting the researcher's ability to understand the focus-area (Willig, 2013). For these reasons it

seemed that IPA would not allow the exploration of the complexity of educational psychology mental health casework to its fullest.

Thematic Analysis was also considered but was rejected on the basis of the criticisms that it has received for not being epistemologically rooted to a philosophical paradigm (Clarke, 2006). This has been seen as a limitation in enabling the researcher to go as far with their analysis as other methodologies might allow them to by formulating complex and multi-faceted explanations of social-political issues (Joffe, 2012).

3.3.2 Grounded theory methods and the present study

Grounded theory was initially conceptualised and remains to date as a suitable research method for the discovery or generation of new theory from data, as opposed to methods that aim to extend existing theories (Clarke, 2005). Subsequently, grounded theory has further been argued to be an appropriate research method for the exploration of a topic that is unknown and has seen limited research in the past (Holton, 2007). It is considered to be different than other qualitative methods in that it has the potential to go beyond exploring and describing to explaining complex phenomena in applied contexts that have not yet been captured fully by theory (Birks and Mills, 2015; Miller, 1995). The purpose of the current study was to explore EPs' mental health involvements in educational contexts when they are perceived to be successful and explain the processes and factors that are involved. This topic relates to EPs' applied practice in mental health casework, which is often considered complex and, as noted, has received limited research to date. Grounded theory was therefore considered an appropriate methodology to address the aims of the study and explain the mental health casework in schools in educational psychology. Grounded theory has also been claimed to be suitable for the development of social policy (Charmaz, 2012; Miller, 1995), which is in line with this study's hopes to contribute to future policy and guidelines that relate to mental health provision in school from an educational psychology perspective.

Grounded theory, originating in sociological research, counts a variety of versions and models to date, three of which are considered to be the most widely used (McCallin, 2004) and will be discussed here. Grounded theory was initially

conceptualised by Glaser and Strauss (1967) as an alternative to the then predominant quantitative research methods, aiming to allow an inductive generation of theory through systematic methodological strategies of analysis of gathered data (Birks and Mills, 2015). This first version of grounded theory (also known as the ‘Glaserian’ or ‘classic’ grounded theory) is located within the post-positivist paradigm and claims for the ‘discovery’ or ‘emergence’ of data. The underlying idea is that, by following the methodological procedures systematically, the researcher will reveal the objective theory that is situated in the data, and the same theory will be revealed irrespectively of the person undertaking the analysis (Glaser and Holton, 2004). This idea has been viewed as contradictive and incompatible with the principles of qualitative research and the constructivist paradigm in particular, according to which there is no single reality and the researcher plays an active role in interacting with the data and constructing the results of their analysis (Bryant and Charmaz, 2007). In response to such criticisms, classic grounded theory is argued by its creator to form a unique methodological paradigm and indeed not to belong to quantitative or qualitative research methods (Glaser, 2002).

The second widely used version of grounded theory was conceived by Strauss and Corbin (1990; 1998) and introduced a specific coding paradigm that offers a step-by-step approach to the method. This approach has been criticised for being largely prescriptive and therefore distanced from the original inductive principle of grounded theory, potentially transforming it into an inflexible, rigid and deductive procedure (Willig, 2013). This version of grounded theory remains situated in the post-positivist paradigm (Charmaz, 2014).

The third and final version of grounded theory discussed here is known as the ‘constructivist’ grounded theory and was developed as a response to the above models by Charmaz (2000). It might be argued that what is positioned at the core of this model is the acceptance of subjectivity and the acknowledgment of the active involvement of the researcher in what is seen as the construction and interpretation of data through dialectic processes with the participants and with the data (Charmaz, 2014). In other words, the researcher is not seen as an independent and objective observer, but rather as an intrinsic part of the constructed reality of the research process (Clarke, 2012).

As recommended by some authors (e.g. Cutcliffe, 2000), for the present study I decided to follow a single model of grounded theory instead of selectively using elements of various models. This aimed to strengthen the coherence of the study and contribute to its epistemological and methodological robustness. The present study employed the constructivist grounded theory method as it was considered to be compatible with the study's constructivist epistemological paradigm and with qualitative research methods. By attempting to achieve methodological congruence it was hoped that the credibility and quality of this study would be strengthened (Birks and Mills, 2015). The less prescriptive and more flexible nature of constructivist grounded theory as opposed to the model developed by Strauss and Corbin (1990; 1998) was considered to be a strength in the inductive exploration of the topic under research.

3.4 The stakeholders

The stakeholders involved in this project include:

- The researcher
- The University of Nottingham
- The local authority
- The EPs participating in the research

The current research was completed as a thesis project during my Doctorate in Applied Educational Psychology at the University of Nottingham. It therefore abode by the criteria and guidelines set by the university. The research was further completed in partnership with the local authority in which I was placed for my placement during the second and third years of the course. I involved the Principal EP and the Senior EP and Line Manager of my team in discussions about the project. The EPS had a strong focus on promoting students' mental health and my research project was therefore considered to be in line with the EPS's priorities. Finally, the EPs who participated in the research were key stakeholders, as they allowed data collection through interviews. Information on the findings and the conclusions of the research

project were shared with the participant EPs, the Principal EP and the Senior Manager of my team.

3.5 Sample

3.5.1 Initial recruitment and sampling of participants

In the present study I considered different populations as potentially suitable for the aims of the study, including EPs, teaching and pastoral support staff, parents and students. Due to the exploratory nature of the study and the little pre-existing knowledge I had of the area under research and the direction of my future findings, I decided to focus on data gathering from EPs. Potential limitations of the selection of this sample and suggestions for future research are considered in section 7.7.

Constructivist grounded theory prompts the researcher to look for data where they are likely to find it (Charmaz, 2014). For the initial data collection, the sample of participants in this research was therefore purposive, chosen based on my knowledge of the population for the specific purposes of the study. The inclusion criteria for the sample of this study were that the participants:

- Were at the time of the study qualified as EPs.
- Had had a mental health involvement through educational psychology casework in schools in the past that they considered to have been successful in supporting the students' mental health and were willing to discuss it anonymously.
- Were willing to participate in at least one interview for the purposes of the study.
- Were willing to allow the interview to be audio-recorded and then transcribed for the purposes of the data analysis.

Due to my dual role as a researcher and a trainee EP, I was well-placed to identify and approach EPs in the local authority where I was placed for the second and third year of placement. I initially had discussions with the Principal EP and the Senior Manager of my team, at which point they recommended some EPs who could

potentially be able to contribute to the study due to their mental health-related specialism and expertise. As a starting point I therefore invited these recommended EPs (four in total) to participate to my study. In line with my research questions, and because I wanted to capture in my data the experience of EPs in their daily practice in mental health casework (as opposed to focusing exclusively on areas of specialism), I then proceeded with inviting further four EPs who were in the generic role (or their specialism was not in mental health), and their gender and years of experience in educational psychology varied to the four initially invited EPs (see following paragraph and Table 3.1). The purpose of inviting EPs with a range of experience, gender and specialism aimed to contribute to the richness of the data and support me to capture some variation in professional practice.

All invitations were made through emails (Appendix 3) and the Information Sheet (Appendix 2) was attached to the emails. Five of the invited EPs volunteered to participate and be interviewed and were recruited (the issue of sample size in grounded theory studies is considered in section 3.5.2). Two EPs did not reply and one replied three months later, which was considered to be too late according to the research timeline. Two of the five participants were in the generic role of EP, two had a specialism and one had additional responsibilities in a specific area. Table 3.1 summarises participants' years of experience in educational psychology. See section 3.6.5 for the process of recruitment of participants during theoretical sampling.

For reasons of confidentiality and anonymity, I will disclose a limited amount of information in relation to the participants' identities. This was considered to be ethically appropriate, due to the small size of the sample and the employment of all participants in the same EPS, which is where I was placed for my doctoral placement. Revealing information such as their gender or their specialism could potentially make the participants identifiable. Parts of the transcripts that could compromise the participants' or the students', teachers' and parents' confidentiality were removed. Likewise, their years of professional experience are presented within a range. Please see section 3.8.6 for more details. It is acknowledged that by protecting the participants' anonymity and confidentiality the study's transparency might have been compromised.

Years of practice as a qualified EP	Number of participants
1-5 years	1
5-10 years	1
11-15 years	1
16-25 years	1
more than 25 years	1

Table 3.1. Research participants' years of professional experience

3.5.2 Sample size

There have been various suggestions for what is considered to be an appropriate sample size for grounded theory studies. It has been argued, however, that none of these suggestions appears to be empirical, but they rather tend to be recommended guidelines by different theorists (Mason, 2010). Grounded theory studies have been found to use as few as six participants (e.g. Hirschfeld, Smith, Trower and Griffin, 2005). Some experts in qualitative research methods (including grounded theory) argue that the sample size of the study is relevant and dependent on the research purpose and a number of further factors, therefore being precluded from being predetermined (Baker and Edwards, 2012). Research questions that refer to a focused area of practice in an applied field have been thought to justify a small number of data gathering interviews (Charmaz, 2012). Since the current research focuses on a small area of practice (i.e. EPs' successful involvement in mental health) in an applied field (i.e. educational psychology), the small sample size was seen as appropriate. Although I would have welcomed a higher number of participants, the narrow timeframes for thesis submission of the Doctorate in Applied Educational Psychology combined with the high level of scrutiny entailed in the intense analytical processes of grounded theory prevented me from engaging in further interviews. A focus on

theoretical coherence was prioritised at an effort to counteract the relatively small sample size. Limitations of the sample size of the present study are discussed in section 7.7.

3.6 The procedure

As noted earlier, the constructivist grounded theory model as outlined by Charmaz (2014) was followed throughout the stages of this research. Figure 3.1 offers a visual representation of these stages as they were followed. One of the unique characteristics of grounded theory is that the processes of data gathering and data analysis are merged, as opposed to common qualitative research methods that follow a more linear sequence. As such, in this chapter the structure of Figure 1 will be used to explain the various stages of the analysis and information will be presented in the relevant sections as appropriate.

3.6.1 Initial data collection

Semi-structured interviewing appears to be a broadly used method of data gathering in qualitative research in psychology (Willig, 2013) and is often selected by grounded theory researchers (Birks and Mills, 2015). This popularity might be explained by its compatibility with various types of analysis, including grounded theory, and its flexible and adaptable nature (Robson, 2011). In the present study I took an intensive interviewing approach, which has been defined as “a gently-guided, one-sided conversation that explores research participants’ perspective on their personal experience with the research topic” (Charmaz, 2014; pp. 56). Some of the key elements of intensive interviewing that were adhered to in this study are summarised in Table 3.2.

For the semi-structured interviews an interview schedule was developed (Appendix 5). The interview schedule was used as a guide and, although many of the questions were asked to all participants, a flexible stance was maintained and additional prompts and clarifications were used or questions were skipped when it felt appropriate based on the participants’ accounts. This decision was informed by the flexibility encouraged by the approach of intensive interviewing, which “permits interviewers to discover discourses and to pursue ideas and issues immediately that emerge during the interview” (Charmaz, 2014, pp. 85).

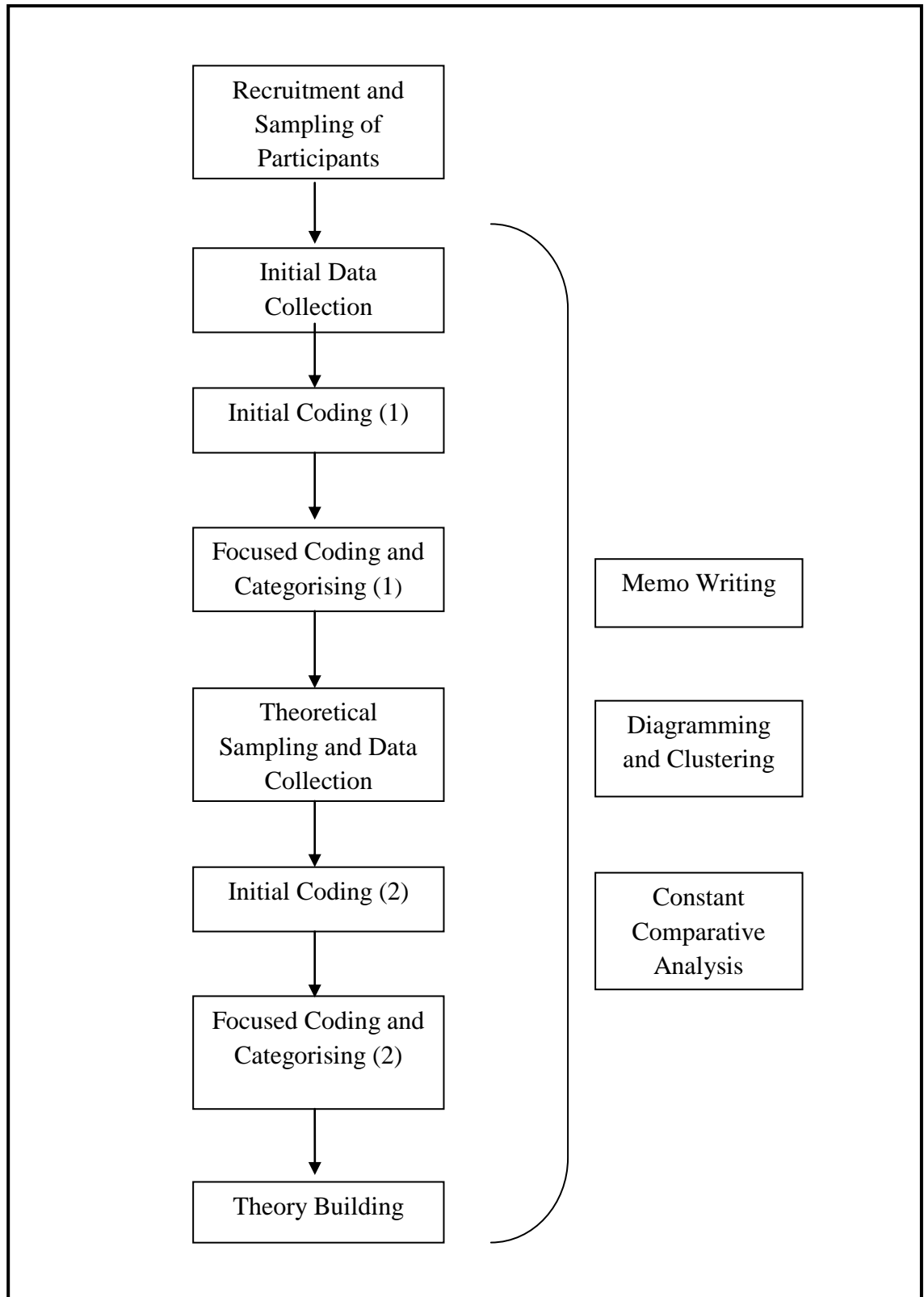


Figure 3.1. A visual representation of the data gathering and analysis procedures that were followed in the current study (Adapted from Charmaz, 2014)

- Selection of research participants who have first-hand experience that fits the research topic
- In-depth exploration of participants' experience and situations
- Reliance on open-ended questions
- Objective of obtaining detailed responses
- Emphasis on understanding the research participants' perspective, meanings and experience
- Practice of following up on unanticipated areas of inquiry, hints and implicit views and accounts of actions

Table 3.2. Key elements of intensive interviewing (Charmaz, 2014; pp. 56)

The initial semi-structured interviews were carried out with each participant individually, in a private room (without the presence or interference of others) in the local authority offices (locations varied for the participants' convenience). The interviews lasted between approximately fifty to sixty minutes and were audio-recorded. The interviews were later transcribed by myself with the help of the computer software "Transcribe". The software allowed me to play the interview audio files and type them on an integrated text editor on the computer. The first-hand transcription of the interviews assisted my familiarity with the data. The transcription focused on the spoken word without taking into consideration non-verbal or extra-linguistic features, in line with the purposes of the research and grounded theory method (Oliver, Serovich and Mason, 2005).

3.6.2 Initial coding (1)

The first stage of the analysis for each interview was the stage that Charmaz (2014) names 'initial coding' and might be seen as the first strong expression of induction in the grounded theory analysis. Line-by-line coding of transcribed interviews is recommended for novice grounded theory researchers, as it has the potential to allow an in-depth, thorough and systematic analysis of the data while minimising the risk of overlooking ideas and concepts (Charmaz, 2014). I therefore opted for the method of line-by-line coding of each transcript (see Appendix 10 for an excerpt of line-by-line initial coding).

The purpose here was to generate a wealth of codes based on what was suggested or implied by the data, with little preoccupation with the research questions and with an open mind. During this phase, I attempted to generate codes that were short, closely related to the data, and a level more abstract than the data, whilst avoiding concepts that were too abstract or theoretical. My aim was to move swiftly and spontaneously through the line-by-line coding process in order to allow my thinking to be fresh, critical, analytical and distanced from the participants' accounts (Charmaz, 2014). For example, when a line of data did not generate any codes at a first glance, I made a note of it, proceeded through the data and returned back to the line at another time, with a clear mind. Similarly, I did not restrict myself to one code per line, if more than one codes felt appropriate for a line that conveyed multiple messages. I also allowed myself the flexibility of renaming codes when needed, which aided my ability to work quickly with the data (Charmaz, 2014).

The method of constant comparative analysis (Figure 3.1) in grounded theory is fundamental and refers to ongoing comparisons among data, codes and categories (Tweed and Charmaz, 2012). At this stage, I engaged in the following combination of comparisons:

- sets of data within the same interview;
- data of different interviews;
- initial codes within the same interview;
- initial codes between different interviews;
- data and initial codes of the same interview; and
- data and initial codes between different interviews.

A particular focus was placed on actions and whenever possible gerunds were used in the coding (e.g. '*being directive*'; '*having difficult conversations*'; see Appendix 10 for more examples in an excerpt of Interview 1). Coding with gerunds has been argued to enable the researcher to explain the involved processes and protect the researcher from coding for types of people (and hence focusing on individuals rather than the data) and using pre-existing concepts and theories at such an early stage of the research (Charmaz, 2014). Participant quotes were borrowed and used intact as in vivo codes when they seemed to summarise succinctly and in an innovative manner the experience or views of the participant (e.g. '*giving practical feedback*'; see

Appendix 10 for more examples of in vivo codes used during the initial coding in Interview 1).

The initial and focused codes that were generated are by no means exhaustive and they are mere reflections of my active interaction with and interpretation of the data. This is in line with the nature of coding analysis in constructivist grounded theory, which does not consider itself with the validity and reliability of the codes.

3.6.3 Focused coding and categorising (1)

The second stage of coding I engaged in was that of focused coding. In each interview transcript, I filtered the initial codes and identified those that seemed to have a higher analytical value; those that appeared more frequently in the analysis; and those that were perceived to be more relevant to the research questions than other codes (Charmaz, 2014). The purpose here was to give some directions to the development of theoretical categories by synthesising and analysing large units of data in a more conceptual fashion. Appendix 11 demonstrates the focused coding of the interview extract presented in Appendix 10.

Working in a flexible way and doing what was considered sensible, in the process of focused coding I sometimes kept the initial codes intact; sometimes collapsed several initial codes under one; and sometimes coded the initial codes as focused codes. The element of induction, inherent in constructivist grounded theory, was at this stage merged with elements of deduction and verification through the use of constant comparative analysis, aiding me in the generated analysis (Birks and Mills, 2015). This meant that I had to move back and forth in the data and examine the application of focused codes to sets of data of the same or other interviews. Initial and focused coding was completed for each initial interview before I moved to the analysis of the next interview, following the order in which they were recorded.

Through the process of constant comparative analysis, and as I was moving through the analysis of more interviews, some focused codes appeared to be a more accurate reflection of what was happening in the data, as they synthesised multiple layers of meaning and actions. Those focused codes that were judged to be of higher conceptual value were raised to categories. By using categories, the analysis was moved up a conceptual level and I worked with sums of codes that appeared to have

common themes and patterns that were interconnected with each other (Charmaz, 2014). At the end of this stage my developed categories were five and each was built on a number of focused codes (details are presented in Chapter 4 and Appendix 17). Figure 3.2 forms a visual representation of my understanding of the levels of abstraction found on the stages of coding in constructivist grounded theory.

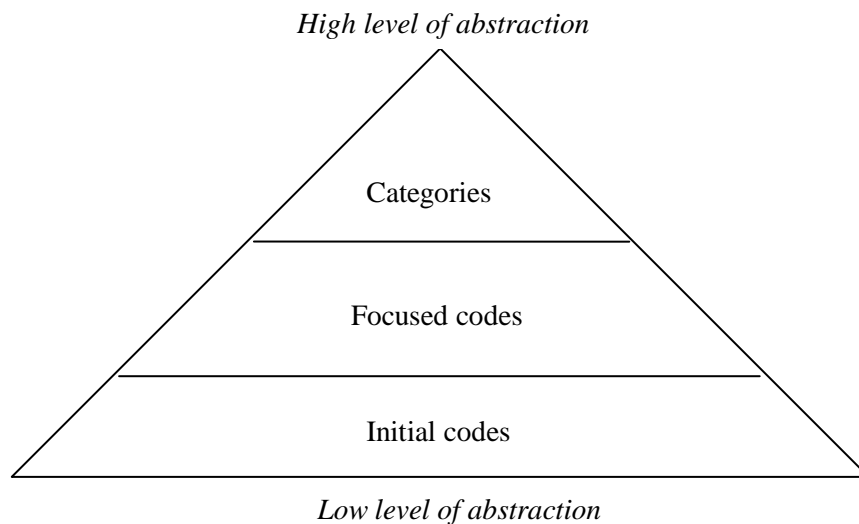


Figure 3.2. A visual representation of the levels of abstraction linked to different coding stages in constructivist grounded theory (Adapted from Charmaz, 2014)

3.6.4 Theoretical sampling and data collection

Theoretical sampling is a unique feature of grounded theory that distinguishes it from other qualitative approaches and is considered by some theorists to be essential in the process (Hood, 2007). Grounded theory, unlike other qualitative methodologies, gives the researcher the flexibility to return to data gathering when their analysis requires them to, in order to answer questions and explore ideas that emerge from the analysis.

Despite its importance and potential, theoretical sampling has been argued to be commonly omitted in grounded theory studies, therefore compromising the quality of the research project (Charmaz, 2012). Within the practical limitations and pressures of the doctoral thesis, I pursued further data gathering through theoretical sampling with the strategy of semi-structured interviewing. This was thought to be an action that could enhance the quality of the study according to the principles of constructivist grounded theory.

Whilst some researchers begin theoretical sampling early in their research process, here I engaged in theoretical sampling only after some analytic and abstract categories were developed. Engaging in theoretical sampling at a later stage was thought to be safer than early theoretical sampling, in order to avoid analytical pitfalls, particularly as I was a novice in the field (Charmaz, 2014). Some loose hypotheses were formed through memoing and based on the questions I had on the analysis, which I aimed to test through the interviews (see Appendix 13 for an example of memoing prior to theoretical sampling). In doing so I applied my previous theoretical knowledge to the conceptual trail of my data (Reichert, 2010). Abductive reasoning was therefore inherent in the process of theoretical sampling, as I tried to check my theoretical inferences through further empirical experience (Charmaz, 2014).

3.6.5 Participant selection procedure in theoretical sampling

As described in section 3.5.1, the initial sampling was purposive, based on my knowledge of the participants during my placement in the EPS, and aimed to invite EPs with a range of professional experience, expertise and gender. Following the analysis of the data gathered during initial sampling, three of my five categories were perceived to be relatively complete and clear (see Chapter 4 for more details). Theoretical sampling focused on the remaining two categories. My aim was to refine these emerging categories, identify their boundaries, elaborate their meaning and clarify the categories' relations with each other, including any gaps among them (Charmaz, 2014). Further to this, I also hoped to answer "why" questions of the data (Charmaz, 2012).

For theoretical sampling I contacted two of the initial participants (i.e. Participant 1 and Participant 4) and invited them to a second interview. The selection of these participants was made based on the questions I had from their initial interviews, which related to the two aforementioned categories I needed to explore and their relationships to the remaining categories. They were therefore considered to be in a good position to help me in this process, based on the initial data gathered by them (Charmaz, 2014). As such, and as reflected on Appendix 12, during the follow-up interviews, I shared with the participants extracts of their initial interviews in order to

explore further the underlying processes and purposes of their discussed aspects of their involvement.

The invitations were made again through emails (Appendix 6) and both participants volunteered to participate, so I did not pursue theoretical sampling further due to time constraints. A second interview schedule (Appendix 7) was developed that reflected my focused aims as described above and included the sharing of the visual representations of my analysis with the participants (Appendix 8). It might need to be clarified here that the sharing of my categories and the discussion that followed was facilitated from a constructivist perspective and did not aim to confirm or validate the generated analysis, but rather to extend and strengthen this analysis by seeking the participants' views and exploring the areas under question (Charmaz, 2014).

As before, the interview schedule was used as a guide and deviations from it were allowed to pursue themes and ideas that emerged throughout the interview. The interviews were conducted with each individual participant in the local authority premises. The interviews' duration was between approximately ten and twenty minutes. They were audio-recorded and later transcribed with the help of the computer software "Transcribe".

3.6.6 Initial coding (2) and focused coding and categorising (2)

The procedures that were followed for line-by-line initial coding and focused coding with the data gathered through theoretical sampling were the same as during the analysis of the initial interviews, described in sections 3.6.2 and 3.6.3 (see Appendix 12 for an example of focused coding during theoretical sampling). The generated codes were introduced to the existing analysis and the categories that were examined during theoretical sampling were developed and refined. The relationships between the categories were clarified and adjusted accordingly. No new categories were generated following theoretical sampling. Two of the five categories were merged into one. Details on the results of the analysis can be found in Chapter 4.

3.6.7 Theory building

When the analysis of the data was completed and the conceptual categories developed, I conducted the second literature review. This enabled me to

reconceptualise my results based on existing theories and develop my grounded theory. These processes will be outlined in more detail in Chapters 5 and 6.

3.6.8 Memoing

Memo writing, an informal form of taking notes, has been characterised as “the cornerstone of quality” in grounded theory (Birks and Mills, 2015; pp39). It is seen as vital in allowing the researcher to maintain their reflexivity, critical thinking and connectedness with the data and the story that is told since the beginning of the analysis and throughout until the writing of the study’s draft (Glaser and Holton, 2004). In this way, the researcher is helped to move up at higher conceptual levels in the analysis until they have their body of theoretical categories (Clarke, 2005). Consequently, for this study, I recorded any thoughts and ideas that occurred to me in the form of written text, including complete or incomplete phrases and sentences; pictorial representations; and forms of diagrams. Throughout the analysis, I revisited the memos, developed new memos based on old ones, ordered them and reordered them and used them until the theory had taken shape. In order to be able to maintain the links between the memos and the data, I used a coding system, in which I recorded the number of the interview, transcript page and line on each memo (e.g. Interview/Page/Line; 1/14/3). Appendix 13 presents a sample of some memos that I drafted during the analysis.

3.6.9 Theoretical diagramming and clustering

Charmaz (2014; pp. 218) argues that “diagrams can enable you to see the relative power, scope and direction of the categories in your analysis as well as the connections among them”. Since early stages in data analysis, I used visual representations in an attempt to make sense of the codes and indicate their potential relationships. This started with accumulations of codes in the form of lists in single papers based on the underlying ideas (clustering). Later, the clusters were replaced by mind maps, in which a central code was linked to a number of other codes, with variations in the links among them (e.g. some of the codes were forming sub-groups, whereas others were only linked to the central code). Through memoing and constant comparative analysis, the mind maps were converted into more refined diagrams that represented potential categories, their properties and concepts of direction, location

and movement. Expanding, collapsing, removing, introducing and rearranging codes were ongoing and consecutive processes throughout the analysis. It needs to be noted that, although these visual representations were greatly helpful for my understanding of the evolution of the codes and promoted my thinking in the analysis, they did not replace the analysis (Charmaz, 2014). They were used as visual aids alongside written records kept through coding and memoing. Appendix 15 presents an example of a group of codes that evolved through diagramming and clustering into the category '*sharing hypotheses and challenging perceptions*'. Appendix 16 presents the development of the focused codes and conceptual categories into the final form that later generated the grounded theory of this study during the phases of the analysis.

3.6.10 Theoretical saturation

The concept of theoretical saturation in grounded theory refers to the discontinuation of new properties of the generated categories despite further data gathering and analysis (Holton, 2007). Grounded theorists warn that this is not to be confused with data saturation and the stories that participants share, but it refers to conceptually higher levels of analysis (Charmaz, 2012). It is commonly suggested that the researcher proceeds with data gathering and analysis until theoretical saturation has been accomplished, although the number of grounded theory studies that do not adhere to this principle seem to be increasing (Charmaz, 2008). Some commentators have criticised theoretical saturation for being an artefact and for contradicting the principles of constructivist research for individuality and subjectivity of data (Dey, 1999). Mindful of this criticism, I attempted to comply with the principle of theoretical saturation within the pragmatic constraints of the study (e.g. limited time and the small size of the study within the limits of a doctoral thesis). Theoretical saturation was achieved when no new focused codes appeared for each category.

3.7 Evaluation of research –Part 1

The applicability of the concepts of reliability and validity in qualitative research has been challenged on the argument that both concepts were developed by the realist paradigm for quantitative research studies and can therefore not be used within relativist or transformative epistemologies without being reconstructed and

reconceptualised (Golafshani, 2003; Healy and Perry, 2000; Noble and Smith, 2015). Further to this, the wealth of philosophical, epistemological and methodological paradigms within qualitative research has led some to challenge the idea of a unified evaluation system for the whole range of approaches (Willig, 2013). It has therefore been suggested that researchers apply the evaluation criteria that have been aimed at evaluating their selected research method (Madill, Jordan and Shirley, 2000; Reicher, 2000).

For the present research project I used the evaluation criteria proposed by Charmaz (2014; pp 337-338), in line with the constructivist epistemology and version of grounded theory followed. In addition to these criteria and in order to enhance the quality of this research study, I also applied the set of criteria suggested by Birks and Mills (2015; pp147-148) for the evaluation of grounded theory studies. The measures taken to improve the research design, data gathering and analysis based on the above authors are summarised in Table 3.3 and Table 3.4 respectively. The tables will be used again in Chapter 7 to include the evaluation of the outcomes of the analysis and the constructed grounded theory.

Evaluation criteria	Measures taken
Credibility	<p>Due to my role as a trainee EP and my placement in the local authority where the research took place, I achieved intimate familiarity with the setting and the topic of the research. This included discussions with the stakeholders and EPs in the EPS.</p> <p>I recruited participants with a range of professional experiences, roles and specialism, contributing to the wealth of the data.</p> <p>The initial interviews were of significant length (48-63 minutes) and allowed for depth of exploration of the research topic and the collection of rich data.</p> <p>The process of constant comparative analysis was adhered to</p>

	<p>since the first step of the data analysis.</p> <p>Extracts from all the stages of the analysis have been shared as Appendices, Tables or Figures.</p>
Originality	See Chapter 7.
Resonance	
Usefulness	

Table 3.3. Measures taken to enhance the quality of the current study based on Charmaz's (2014) evaluation criteria (1)

Evaluation criteria	Measures taken
Researcher expertise	<p>My scholarly writing skills have been enhanced through my engagement in a number of academic writing activities whilst studying for the Doctorate in Applied Educational Psychology.</p> <p>I engaged in extensive reading on grounded theory methods, with a particular focus on constructivist grounded theory, and familiarised myself with the procedures of data gathering, data analysis and theory building.</p> <p>Grounded theory resources were consulted and cited when relevant.</p> <p>Limitations to the study have been acknowledged throughout the written account and in section 7.7.</p>
Methodological	A detailed discussion has been included on my philosophical

congruence	<p>and epistemological position, including comparisons with alternative paradigms.</p> <p>I made references to the connections between my philosophical position, the research aims and the chosen method whenever relevant.</p> <p>Constructivist grounded theory was judged to be appropriate for the aims of the study (see section 3.3).</p>
Procedural precision	<p>I adhered to the method of memoing throughout the analysis and presented evidence of memoing in the appendices.</p> <p>I followed the analysis procedures step by step as outlined by Charmaz (2014) and offered a detailed account of the data gathering and analysis (Section 3.6).</p> <p>I held a diary where recurring ideas, dilemmas or questions were recorded and developed. An abstract of this diary has been included in Appendix 14.</p> <p>I maintained a reflective stance towards the data and engaged in research, peer and placement supervisions and discussions with colleagues aimed at increasing my reflective skills when possible.</p> <p>Following scholastically the methodological procedures outlined by Charmaz (2014), I attempted to go one step of abstraction up at a time, from the initial coding up to the categories, so that logical connections between data and codes, categories and theory could be made.</p> <p>The categories and the grounded theory are rooted in the data and can be traced back through the previous levels of analysis and coding.</p>

Table 3.4. Measures taken to enhance the quality of the current study based on Birks and Mills' (2015) evaluation criteria (1)

3.8 Ethical considerations

Ethical approval for the present study was gained by the Ethics Committee at the University of Nottingham in May 2016 (Appendix 18). The study adhered to the principles of Code of Research Conduct and Research Ethics that was published by the University of Nottingham (2015). The British Psychological Society (BPS) Code of Human Research Ethics (2010) was also taken into consideration, with a particular focus on the areas below. Finally, as I had the role of the trainee EP alongside my researcher role, the principles of respect, competence, responsibility and integrity highlighted by the BPS Code of Ethics and Conduct (2009) were adhered to at all times.

3.8.1 Respect for the autonomy and dignity of persons

The participants were shown respect throughout all the stages of the research. The nature and purposes of the research were revealed to them fully and deception was avoided by all means. I attended to any questions or further comments the participants made prior to, during or after their involvement and shared any information that could support their decision making. The participants were given the right to withdraw at any point, as stated in the consent forms they signed (Appendix 1).

3.8.2 Scientific value

The present research project was scrutinised during the second and third year of my professional training at the University of Nottingham during lectures, peer support sessions, tutorials, research supervision and informal discussions with peers and tutors. A research proposal was submitted to the university's Ethics Committee, as noted, which also involved a serious consideration of the project's scientific value and implications.

3.8.3 Social responsibility

I maintained a reflective stance and considered the potential social implications of the study throughout its duration. The constructivist nature of the project aided to the respect of the participants' integrity and dignity. A collaborative relationship between me and the stakeholders was encouraged actively (also see section 3.8.10). My reflective skills were supported by the use of a research diary, where decisions, dilemmas and ideas were recorded and discussed; peer supervision sessions and informal discussions with other trainees; tutorials and research supervisions; placement supervisions; and discussions with EPs in the local authority. The reflective skills that are demanded for the profession of educational psychology and the professional training to enter the profession contributed further in this area.

3.8.4 Maximising benefit and minimising harm

This research project took a solution-focused approach by inviting participants to discuss an involvement they considered to have been successful in the past and share their good practice. Such approaches that originate in positive psychology are considered to support the facilitation of a warm and respectful atmosphere and to increase the confidence of the participants (Morgan, 2016; Onyett, 2009). References to personal or sensitive issues were not relevant or encouraged by the research project. It is suggested that the occurrence of potentially stressful situations was therefore minimised. None of the participants expressed emotional distress during the interviews. At the end of each interview all participants expressed positive thoughts about their interviewing experience and seemed to value the opportunity for reflection that they were given upon their own practice and prevalent areas of interest in educational psychology (Appendix 9).

3.8.5 Valid Consent

Upon initial invitation to the research project, the participants were emailed a copy of the Information Sheet (Appendix 2), which outlined the details of the research and what this would mean in terms of their participation. Following that, I attended to any questions that arose. All of the participants who agreed to participate were emailed the consent forms (Appendix 1) at least one week prior to their interview and they all returned them completed on the interview date (Appendix 4). On the interview date I

also provided the participants with a hard copy of the information sheet before I received the consent forms, in order to refresh their memory and ensure that no areas were missed.

3.8.6 Confidentiality

The participants' right to privacy was respected and all information was kept confidential. This included the identity of the participants, their area of work, their gender, their professional titles and any other identifiable characteristics. The exact years of employment for each participant were not disclosed and year ranges were used instead. The local authority in which I was placed and conducted my research is not revealed at any point in this document. As discussed in section 3.5.1, the likelihood for the identification of the participants was considered to be high due to the small sample size and the geographic location of their employment. Throughout the study references to the participants are kept gender-neutral. When excerpts from the interview transcripts are included in the main body of this paper or the appendices, any identifiable parts are removed or covered. Potential limitations for the study due to these measures that were taken are acknowledged.

The collected data that related to the involvement that the participants were asked to discuss were kept confidential as well. Participants and the subjects of the discussed cases were anonymised. An identification number was assigned to each participant for the data analysis. The audio recordings and transcripts of the interviews have been stored in a secure location.

3.8.7 Deception

The participants were fully informed about the nature and details of the research project and questions were explained fully to the researcher's knowledge.

3.8.8 Debriefing

The participants were given space for reflection at the end of each interview and the opportunity to raise concerns, ask questions or share any comments. The participants were encouraged to contact me again if any issues occurred at any stage. Following the completion of the research project, I intend to invite each participant to individual meetings in order to share with them the results of my study and engage them in

further dialogue about their experience of their participation in the research process and their reflections and thoughts on the shared outcomes, particularly as the area of study is considered to be of high relevance to participants' professional practice in educational psychology.

3.8.9 Further ethical considerations

The risk of creating a power imbalance through the research process, in which the researcher is considered to be privileged and in control, has been cautioned by many authors (Robson, 2011). In the current study I intended to facilitate an egalitarian relationship between myself and each participant and the steps I took towards that included (Birks and Mills, 2015):

- allowing some time for rapport building prior to the interview;
- maintaining a warm tone in my voice;
- communicating respect and unconditional positive regard;
- using the consultative skills of active listening, empathy, reflection, open body stance, open-ended questions, focusing and refocusing;
- allowing for laughter and jokes when initiated by the participants;
- maintaining a reflective stance and a high degree of self-awareness;
- refraining from setting arbitrary time limits and instead allowing the participants to finish their story at their own pace;
- working towards maintaining a balance between hearing the participants' full story without compromising the search for analytic properties; and
- offering the participants the opportunity to ask any questions and share any reflections they had on the matters discussed at the end of each interview.

My attempts to form a collegial relationship with the participants were further aided by the fortunate circumstance of the two parties sharing the same professional area (i.e. educational psychology). This meant the sharing of professional interests and the removal of potential inequalities against the participants due to differences in our socio-economic status (potential inequalities of authority against myself due to my trainee status are discussed in section 7.6).

The above strategies and circumstances are considered to have been successful at meeting the purposes of creating an ethical and collaborative partnership between myself and the participants, consistent with constructivist grounded theory (Charmaz and Belgrave, 2012).

3.9 Summary of Chapter 3

This chapter discussed predominant epistemological paradigms in real world research and their implications for the research methodology. The discussion presented the rationale for a qualitative methodology within the constructivist paradigm with elements of the transformative paradigm, in line with the research aims. Alternative research methods were considered and constructivist grounded theory was adopted as the study's methodology. A detailed account of the methodological procedures followed in data gathering and data analysis was presented to achieve transparency in the research process. Measures taken to enhance the quality of the present study were discussed and will be returned to in Chapter 7 and ethical considerations were explored in depth, in line with the expectations of a doctoral thesis and constructivist research. Now that methodological issues have been explored, Chapter 4 will present the outcomes of the analysis, including the focused codes and conceptual categories that led to the construction of the final grounded theory.

4. Results

4.1 Introduction

This chapter will present the constructed analysis of the data, as it was shaped through the processes of initial and focused coding, categorising, memoing and constant comparative analysis, described in section 3.6. The data analysis reflects the participants' accounts of their perceived as successful mental health casework that they discussed during the interviews. As explained earlier, theoretical sampling was pursued only once the data analysis allowed the construction of some categories that needed further exploration (Charmaz, 2014). The presentation below will be based on the final analysis of the data following the completion of theoretical sampling. The data analysis led to the construction of four categories (i.e. focused codes that were considered to have the highest analytical value and relevance to the research question among the rest codes –see section 3.6.3):

Category	Label
Category A	Responding to Adults' Difficult Emotions
Category B	Joining Theory with Evidence
Category C	Sharing Hypotheses and Challenging Perceptions
Category D	Planning

Table 4.1. A table depicting the study's categories as they were constructed through the data analysis.

Each of these categories was built on a number of focused codes which were constructed following initial coding and will be presented in the following sections under each category (please refer to section 3.6 and Figures 3.1 and 3.2 for details on the level of analysis that each coding stage represents). The four categories are considered to be highly relevant to the topic of the current research which aimed to

explain the factors and processes involved in EPs' mental health casework when perceived as successful. Constructivist grounded theory emphasises the importance of integration between different categories in the construction of an analytic and abstract framework of analysis (Birks and Mills, 2015; Charmaz, 2014). In this study the four categories are hence perceived to be in interaction with each other and meaningful only as part of the total of the analysis. While each category focuses on different processes of the EPs' casework, they are not understood to have distinct boundaries and they complement each other in answering the research questions. They were constructed in interaction with each other throughout the data analysis process. I will therefore make references to other categories as I present each of them, when this is thought to support the analysis. I am also presenting the visual representation of the results of the data analysis (Figure 4.1) at the beginning of this chapter. Whereas this might be seen as unconventional practice, I consider it to support the structure of the chapter and the position of each presented category in relation to the other and within the total of the analysis.

Figure 4.1 provides an overview of the constructed conceptual categories (Table 4.1), some key supporting focused codes and their relationships to each other. Two sets of processes that are interactive, complementary and run in parallel are depicted. The left side consists of the Categories B, C and D. These categories together form what might be seen as the problem-solving activities that the EPs engaged with; the active and pro-active phases of their involvement. At the right side of the Figure is Category A. This category could be seen as the total of the 'soft' elements of the educational psychology involvement, through which the emotional needs of the adults were being met. The focused codes that are used to support the analysis and relate to the four categories are:

- Contacting the EP when feeling stuck
- Being flexible
- Working with adults

The rationale for placing these focused codes in the periphery of the categories is that they were perceived to relate to all stages and phases of the involvement, as it will be illustrated below. The focused codes '*upskilling adults*' and '*facilitating a therapeutic relationship between the adult and the child*' are part of Category C (in the text

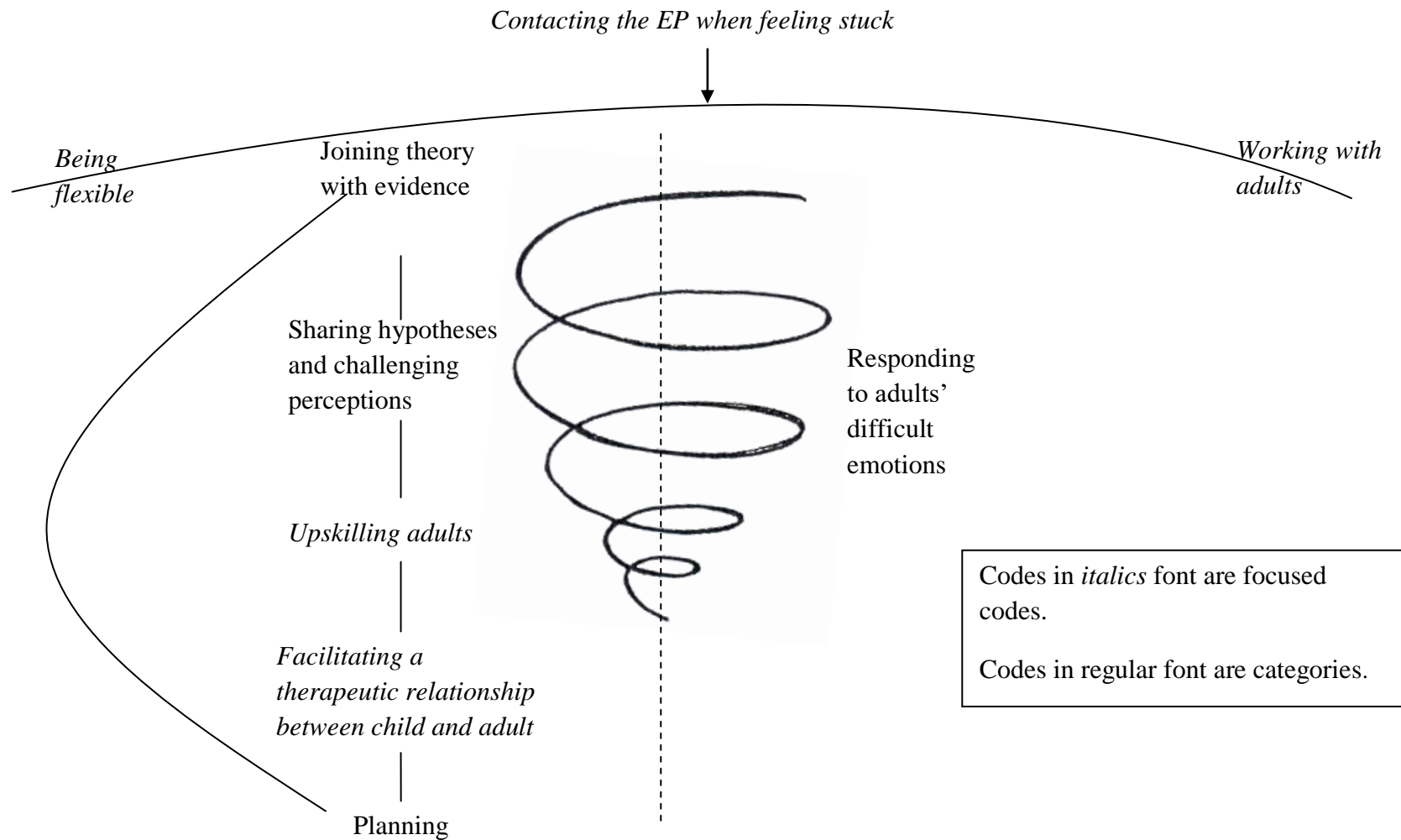


Figure 4.1. A visual representation of the four categories and supporting focused codes of the results of the data analysis.

focused codes and categories will be presented in italics and inverted commas). These focused codes are used in Figure 4.1 to highlight the dynamics between the categories and outline their relationships.

In order to achieve clarity in the following account, each category will be split in subsections based on the focused codes that led to its construction. The categories vary in their complexity and figures will be used to support the richness of the categories when required. Abstracts from the participants' transcripts will be used to support the categories. For the purposes of brevity in this section I will be using the word 'adults' to refer to parents, teaching staff and multi-agency professionals around the child that the EPs worked with in the context of their involvement, unless it is essential that the reader knows which of these groups is discussed in particular, in which case I will make specific references. I will also be using the term 'schools' to refer to the educational contexts that the participants were involved with. In this study educational contexts include schools for four participants and a pre-school for one participant. Finally, the word "children" and "students" will be used interchangeably in relation to the EPs' casework, as the latter discussed examples of pre-school- or primary school-aged students and the term "young people" is not particularly relevant.

4.2 Focused code: Contacting the EP when feeling stuck

The focused code '*contacting the EP when feeling stuck*' refers to the circumstances under which educational settings requested the involvement of the EPS in mental health casework in schools. It was conceived by participants to be the situation which the EP entered when invited to undertake a casework. It appeared that, when schools and parents contacted the EP, they communicated a sense of urgency and had already taken other actions towards resolving their problem, but remained in need of additional support.

And they [staff and parents] tried different things, they had tried sort of a bit of mentoring, they tried a bit of peer support, they tried having conversations with the youngster as well and he couldn't really describe why he was feeling so sad all the time and [...] the point that then they

asked the EP, they contacted me, [...] I think it was sort of kind of saying "oh, what do we do?"

Participant 2, p. 13, l. 15-21

This was perceived to be typical of mental health casework and reflective of their perceived complexity compared to other casework that schools referred to EPs, such as learning-based.

Yeah, well I think all [...] the mental health cases, yeah, that they are not straight forward, and of course every case is different and there are a lot of sort of reasons and challenges that can combine to affect the young person [...] it can be so much more complex and thorny and all sorts of issues that might be going on um... that muddy the water.

Participant 5, p. 21/22, l. 7-9/4-5

This complexity was seen as having implications at two levels. One related to the practical aspects of the participants' involvement, in terms of the length of the involvement, their problem-solving processes and their decision making.

Where you've got these complex conditions, all things going on, they do take time to unpick, sometimes it's not as easy as going in and doing a dyslexia assessment for instance, where you have all the information you need pretty much on the spot. With this you almost need to go in and say "well, let's try this and this and this, and then I'll be back in three months to see how we're doing". [...] So you're kind of unpeeling the layers of the onion I think, a lot more with mental health cases than perhaps with learning cases.

Participant 4, p. 27-28, l. 13-2

The complexity of mental health casework further seemed to have an implication for the emotional state of the adults around the child who were involved in the casework, as described in the following section.

4.3 Category A: Responding to adults' difficult emotions

This category developed during the coding and analysis of the data gathered during the initial interviews. Upon the completion of that stage, the function and purpose of this category within the involvement remained unclear and gaps were identified in its relationship to the rest categories. Theoretical sampling was consequently used to offer clarifications on these areas and enhance the conceptualisation of this category.

Category A was constructed on the following focused codes (Figure 4.2):

- Contacting the EP when feeling stuck
- Working with difficult situations
- Having difficult conversations
- Working with difficult emotions
- Being prepared to listen (in-vivo)
- Pausing to reflect
- Staying in the moment (in-vivo)
- Empathising
- Tuning in
- Offering containment
- Using invitational language
- Keep turning up when other people fade away (in-vivo)
- Holding people's hands as they are riding their waves (in-vivo)
- Making judgments on need for containment

Appendix 17 presents the focused codes that were constructed during the analysis and led to the final focused codes listed above.

4.3.1 Focused codes: Working with difficult situations, working with difficult emotions, having difficult conversations

The complexity of mental health casework and the fact that adults in school around the child had not been successful in their efforts to resolve them up to the point when

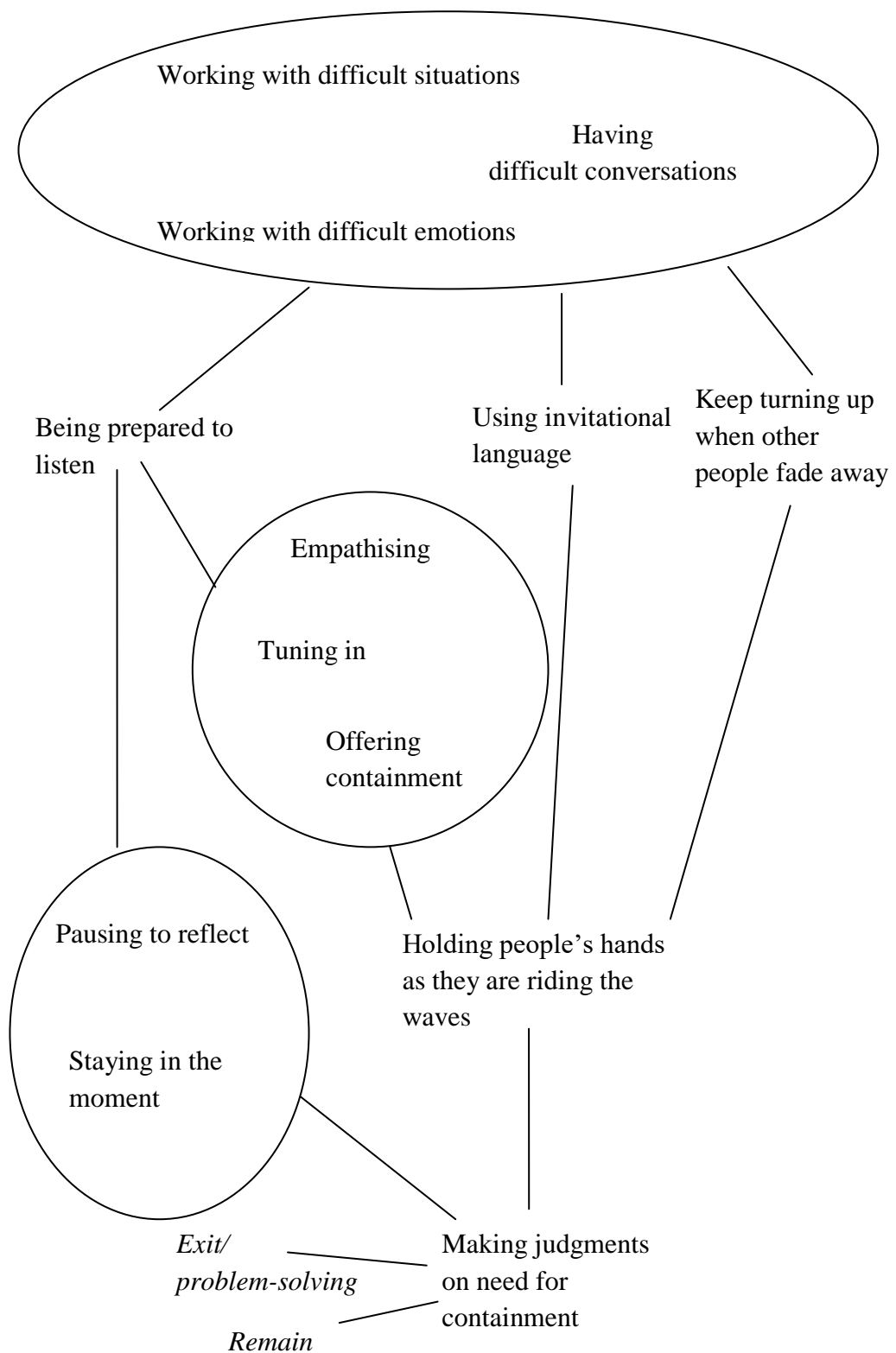


Figure 4.2. Category A: Responding to Adults' Difficult Emotions

they engaged the EP meant that the latter had to ‘*work with difficult situations*’, as described in the following excerpt.

[...] it was quite a desperate situation when I first went in [...] parents were really at the end of the tether by the time I came in and I think they were just desperate because they hadn't had this diagnosis and nobody could really come up with any other explanation you know why [the child] was behaving as he was... So they were absolutely rock bottom

Participant 4, p. 24, 1-13

The difficulty in these situations further meant that adults were likely to be holding charged emotions, such as emotional fatigue, a sense of helplessness or a sense of urgency, as reflected in the above quote. People’s charged emotions and the time they had already spent in casework before the EP was involved usually led to a sense of anxiety or overwhelm. This was linked to the focused code ‘*working with difficult emotions*’.

[...] for various reasons people have difficult emotional responses at schools, at home, um, which can be hugely challenging [...] and they need to be addressed as well [...]

Participant 5, p.22, l. 7-9

The EPs were entering difficult situations in the mental health involvements, in which people around the child were often dealing with difficult emotions. As a result EPs and adults engaged in ‘*difficult conversations*’, which took place in the form of consultation or in less structured contexts.

[...] in that sort of initial consultation you might have with parents and staff, and also with a class teacher that perhaps is at the chalkface and day in day out is facing a young person that is showing really challenging behaviour um and accepting that they have a very pressured time and very difficult, lots of difficult experiences [...].

Participant 5, p. 17, l. 15-19

4.3.2 Focused code: Being prepared to listen

When EPs were faced with scenarios of difficulty as described above, they seemed to use three areas of skill. The first was coded as '*being prepared to listen*', an in-vivo code as shown below. '*Being prepared to listen*' reflected the emotional availability of the EPs when they became involved in casework, their mindful presence and their active engagement with the people who invited them. This code also relates to EPs' genuine interest in the casework, their full availability and a tendency to refrain from fixed, automatic, bureaucratic-like procedures, as indicated by Participant 2:

[...] because we are prepared to listen to that situation and look at the strains that might be happening there and not just go "oh, yes ok you need to fill in the referral form" and off they go sort of thing, we're just [...]going "wait, hang on a minute, let's just stop and think, let's work on this jointly" and whilst we're doing that, we are also mindful of the adults that are bringing us that information as to what state they might be in about that situation [...]

Participant 2, p. 4, l. 8-13

So '*being prepared to listen*' was seen as implicit in two sets of codes. The focused codes '*pausing to reflect*' and '*staying in the moment*' will be discussed at the end of this category, as they are considered to be the link between this and the rest categories. The second set of codes includes '*empathising*', '*tuning in*' and '*offering containment*'. Through the use of active listening skills the EPs expressed their emotional availability and responded to the emotions expressed by adults, whilst often attempting to remove the blame from the adults or normalise their feelings.

[...] when you have a parent [who] you can see is on the verge of breakdown, who is in tears, you have to show loads of empathy and I think she [the mother] really needed to hear somebody show her a bit of sympathy, because it felt like she had heard before people saying "it's parenting, it's this, it's that", so what she really needs is somebody to acknowledge how difficult the situation was and that it was okay that she was finding it really tough...

Participant 1, p. 16-17, l. 17-3

4.3.3 Focused code: Using invitational language

Another set of skills that the participants utilised in responding to difficult emotions was ‘*using invitational language*’. This was indicated in the tone of their voice, the openness in their phrases (e.g. “let’s”) and the use of first person when they narrated conversations they had with adults (i.e. “we”). Through the use of invitational language the EPs expressed a spirit of sharing, collaboration and egalitarianism in their joined work with adults and in all stages of their involvement.

We agreed on six [sessions], normally we said it might be that we don't need all six, and it might be that we get to sort of... if we feel that we're really stuck or we're struggling maybe we need to ask somebody else, but let's just see...

Participant 2, p. 17-18, l. 20-2

Invitational language was not only used in relation to decision-making, but also when the participants reflected on their perceived success or failure of their involvement.

[...] working with a school like that we were able to make a huge difference to addressing the mental health needs of the young person, and of course as a result the frequency of the behaviours, the difficult behaviours within the school reduced to such a point now that we don't have the Early Help Assessment anymore, we got to the point where everybody felt that we've met a lot of the objectives, the action plans that we put in place, he's much more stable in school, he is still obviously in the agenda because he had significant needs and I think um, they still need to be managed, but we moved away from that crisis point that we were in the first school [...]

Participant 5, p.9-10, l.17-4

4.3.4 Focused code: Keep turning up when other people fade away

A further skill that was thought to be used in mental health casework is a temporal factor and relates to the longevity and consistency of EPs’ involvement. The in-vivo

code ‘*keep turning up when other people fade away*’ reflects that in mental health involvements that were considered to be successful, the EPs remained involved over a period of time. The length of their involvement did not only relate to their problem solving activities, such as intervention planning, but also to the emotional support they offered to adults and the sense of security communicated through the continuity of involvement.

[...] so it was really important I think to just not disappear and leave them hanging, but just say “this is what we 're gonna do”, you know, “we're gonna have these meetings, we're gonna put transition support in, you know, we're gonna support him into the other school” and to talk about the holiday, she [the mother] was very worried about the six weeks school holiday being on her own with him, so again talking about “let's have a plan for the holiday, let's arrange where you will be going” [...]

Participant 1, p. 12, l. 14-20

Part of the need for participants to remain involved over a period of time was due to the complexity of the work. This could mean that the problem took longer to be resolved and might have included periods of regression. The role of the EP was not only to guide adults through action planning and implementation of interventions, but beyond that to support them emotionally and retain their motivation to remain engaged in their efforts:

[...]you might make two-three steps forward and maybe then have one back again and everybody goes “oh, what's going on?” so actually it's okay, we can repair, we can rebuild, and we can move on, we can develop, and it's in the overall progress of the young person over the time and it's not always easy [...]

Participant 5, p.11, l. 4-7

A comparison between EPs’ and other professionals’ involvement is implicit in this focused code. The complexity and longevity of mental health casework often meant that a number of professionals other than EPs were involved in the casework, and that the family was exposed to multiple layers of systems, meetings and procedures. This

was seen as potentially leading to frustration, as throughout the months or years of the involvement, family and school had to work with various different professionals before the problem was resolved. It appeared that other professionals were potentially perceived as passing, whilst the EPs formed a “reliable presence” in the discussed involvements:

[...] staying involved, so being this kind of a reliable presence that keeps turning up to TAF [Team Around the Family] meetings when other people perhaps fade away [...]

Participant 4, p. 32, l. 14-17

At a different part of the interview and on the same topic, the same participant commented on some feedback they had received by some parents who indicated a sense of feeling abandoned by other professionals throughout time:

I have some lovely feedback from the Mum to say “thank you for believing in us and staying with us” and you know “not giving up on us”, that sort of thing.

Participant 4, p. 25, l. 15-16

4.3.5 Focused code: Holding people’s hands as they are riding their waves

Through ‘being prepared to listen’, ‘using invitational language’ and ‘[keep] turning up when other people fade away’, EPs’ involvement ultimately led to ‘holding people’s hands as they are riding the waves’ (in-vivo code). This focused code refers to the companionship and emotional support that was offered to adults by the participants over a period of time, and was considered to be an essential part of the process.

[...] I think we can't underestimate how important it is for us to be there, guiding, facilitating, so we might not be solving the problems, but we are there and kind of holding people's hands a bit, if you like, as they are riding the waves.

Participant 4, p. 32, l. 19-22

4.3.6 Focused code: Making judgements on need for containment

As mentioned earlier in this chapter and in Chapter 3, the stage of theoretical sampling aimed to clarify the properties of each category and the relationships between each other. In relation to Category A, my focus during theoretical sampling was to understand its purpose in mental health casework ('why' questions –Charmaz, 2012), its boundaries and its relationship to other categories and processes. In interviewing Participant 1, it appeared that developing the adults' psychological stamina in difficult situations and restoring their thinking skills was considered to be an essential part and pre-requisite to the action planning.

And these are our key roles, just to empathise and, like you said, offer containment, so that's that's very much a big part of what we do. And sometimes that's all we do. Sometimes you come away from a case and all you've done really is offer containment and not managed to particularly change anything but that's in itself is a big part of the process...

Participant 1, Interview 2, p. 7, l. 2-7

When adults felt empowered, emotionally strong, calm and with a clear mind, then they were ready to return to the problem-solving and planning activities.

And you know that if the parents are completely overwhelmed, they are not going to be doing a good job of managing a really overwhelmed child who was struggling, so you can't help yourself but try and provide containment if you can...

Participant 1, Interview 2, p. 6, l. 7-9

This meant that, whilst it proved impossible to identify any sequence or strict directionality among the right and left categories of Figure 4.1, it appeared that '*responding to adults' difficult emotions*' became increasingly relevant when EPs were sharing their hypotheses and were challenging adults' perceptions. This phase was perceived as particularly challenging by the adults and seemed to be triggering negative emotions. The facilitation of problem solving activities was in other words reliant on the appropriate regulation and management of adults' difficult emotions.

I've seen examples of cases that perhaps have been through CAMHS, where they've been for an initial assessment, they've been given lots of strategies but they clearly weren't ready to take any of that on board and it didn't work, so I think it's absolutely of central importance if you want to make any lasting change that you take into account people's emotional state and what stage of processing they are in.

Participant 1, Interview 2, p. 5, l. 8-13

The gathered data therefore suggested that ‘*responding to adults’ difficult emotions*’ is highly intertwined with the processes of problem-solving. Category A appeared to be prioritised when adults showed signs of overwhelm, in which cases other activities were interrupted. Sometimes this category remained the priority throughout the casework, and the EP was vigilant at identifying the need to return to this activity as often as required:

In that particular case the emotions became really quickly evident and there were lots of tears and it was obvious that there was huge overwhelm, so [...] it did become much more important, [...] then that became the theme all the way through, so even in terms of kind of sharing hypotheses, [...] planning, [...] that was still part of it, so then, having the focus about the difficult emotions became a theme for the rest of the case...

Participant 1, Interview 2, p.3, l. 7-14

While the EPs were emotionally connected with adults and were responding to their emotional expressions, they were also using their higher thinking, meta-cognitive skills to weigh the need to remain in this empathic activity or proceed to problem-solving actions. EPs were doing this by ‘*staying in the moment*’ and ‘*pausing to reflect*’.

So I think that was really important, just to kind of be able to tune in to her [mother] and to recognise how difficult she was finding it, empathise, and also I think I recognised that she probably wasn't quite in the right place for me to be bombarding her with advice, so there [...] wasn't much

of a point in me giving her a really really long lecture about “do this, do this, do this”, 'cause she just wasn't able to take it in, she was just so overwhelmed.

Participant 1, p. 17, l. 3-9

Here the participant explains their decision to postpone active problem-solving and action-planning and to continue to attend to the parent's emotional needs. As they explained in the second interview, the participant's aim in making this choice was to restore the parent's thinking skills so that the parent can engage in problem-solving, once her emotional overwhelm was relieved.

[...] if you want to make any lasting change [...] you take into account people's emotional state and what stage of processing they are in.

Participant 1, Interview 2, p. 5, l. 11-13

As indicated in Figure 4.2, by monitoring the adults' signals, the participants were making decisions on the former's need for emotional containment or their readiness to engage in cognitive activities, such as '*planning*' (leading to '*exiting*' this category). They were switching between the left and right set of categories in Figure 4.1 based on their judgements on participants' needs; this was the bridging point.

[...] being able to understand people from their perspective, be aware of all the pressures that they are under, but at the same time trying to be solution focused in what we do, “so okay, it is what it is, I've got this information, how are we going to move things forward, what is our plan going to be, because we want to promote positive change, we want to promote development”. So having the skills to listen, to reflect, to understand what they are saying, but also to take the lead and “no, we're going to try and develop things, and how are we going to do this, what approach are you going to take?”

Participant 5, p.17, l. 8-15

The rationale for the interchange between the categories might be summarised as: adults needed to be calm and contained, so that they could use their thinking skills in

supporting the child. EPs wanted to bring positive change and they could bring this primarily through the adults around the child. Hence they needed to ensure the capacity of these adults to help the child, which was done by ensuring the adults' thinking skills were not interrupted by their emotions.

4.4 Category B: Joining theory with evidence

This category is formed of four focused codes (see Appendix 17 for the focused codes that were constructed during the analysis and led to these codes):

- Looking for the evidence
- Being analytical
- Applying psychological knowledge
- Formulating hypotheses

Although there is no strict linearity in the problem-solving actions that the EPs took and the constructed categories, Category B appeared to be the starting point for each involvement. Within this category it also appeared that there was no particular order in which the participants took any of the actions outlined in the focused codes and most likely they were doing more than one activity at the same time. This category was relatively complete after the analysis of the initial interviews and it was not judged to require further exploration in theoretical sampling.

4.4.1 Focused code: Looking for the evidence

The focused code '*looking for the evidence*' refers to the actions that the EPs took in the contexts of consultation, observation, assessment and through discussions with adults aiming at gathering evidence about the concern. This focused code was constructed on a number of other focused codes that indicate the activities involved (Appendix 17). This stage was facilitated in a number of ways; on some occasions the EP preferred to avoid direct work with the child, as described in the following extract:

So he [child] didn't want to engage with me at all and I asked him a few questions and he didn't want to engage with me at all [...] So lots of observation, lots of asking questions from Mum and asking lots of

questions from the key adults and they could tell me about what he likes doing, and what he really enjoys playing with and when he 's been at his best, and they told me about things they find difficult, so just a lot of collecting information [...]

Participant 1, p. 8, l. 6-14

At other times the EP considered direct assessment to be appropriate and they combined it with observation, consultation and discussions with adults.

I came in and I started to do a bit of observation... [...] we also did some cognitive assessment, we did some 1:1 and I noticed, straight away I noticed that he was much more relaxed in a 1:1 situation than he was in the classroom.

Participant 4, p. 17, l. 18-20

Other participants used therapeutic work when they were ‘*looking for the evidence*’, which then also continued as an action plan/strategy.

So the school contacted me, so I just went in and we just had a conversation... and I just said... you know... why don't I, if with the parents' agreement, why don't I meet the youngster and just see, they had already met this solution focused approach, and so, you know, just me and him and maybe have a chat about different things... So we did that and I ended up meeting with him for about six sessions [...].

Participant 2, p.14, l. 2-7

As reflected in the examples above, the EPs aimed to ‘*triangulate*’ the gathered information by exploring the consistency of this information and questioning the child’s ‘*daily functioning*’ in different contexts and situations. ‘*Looking for the evidence*’ was done in close collaboration with adults (as suggested by the overarching focused code ‘*working with adults*’). Direct work with the child was perhaps more relevant here than at any other point of the participants’ involvement.

The second overarching focused code of ‘*being flexible*’ was reflected in the participants’ comments on their approaches, which they identified as a unique feature of mental health casework.

I thought perhaps I'll go do some observation of him [child] playing and I might try to engage him, and I brought a couple of toys with me to try do some play, and it became clear quite quickly that this was a mental health difficulty [...] he didn't want to engage with me at all [...] So lots of observation, lots of asking questions from Mum and asking lots of questions from the key adults [...]

Participant 1, p. 7-8, l. 17-12

So it may be that in some instances you go in with a real clear-cut plan in your head and what you are going to do, what you're going to say, how you're going to approach this, and within five minutes it's all changed because somebody said something that is changing the dynamics or somebody's, um some things happened that make you realise that “actually I need to change my whole approach here”.

Participant 5, p. 16-17, l. 19-4

4.4.2. Focused code: Being analytical

The focused code ‘*being analytical*’ is also consisted by a number of focused codes and refers to the EPs’ use of reflective skills in the casework. It relates to the use of meta-cognitive and higher thinking skills that the participants used to process the information, momentarily distance themselves from the involvement and decide on next steps.

[...] and just being prepared to stay in that moment and go “what's happening here?” and being inquisitive and not rushing to make a judgement or take decisions without a reason, without a professional reason, in some ways being objective but being safe as well I think with the situation.

Participant 2, p. 19, l. 2-5

4.4.3 Focused codes: Applying psychological knowledge and formulating hypotheses

By looking for the evidence and using their analytical thinking skills, EPs '*applied their psychological knowledge*' to the casework and '*formulated their psychological hypotheses*'. A theoretical code that was used as a focused code for this category is '*being a scientist-practitioner*'. The four key focused codes in Category B are summarised in this quote:

[...] we [EPs] will stay at that moment, we will ask those questions, we're listening, we are actively seeking that information that sort of hooks us into where we might go next with that [...] and also not making big assumptions about what to do, what's going on without anything of that person to indicate that you were even vaguely down the right road really.

Participant 2, p. 20, l. 2-17

Below Participant 3 describes how their gathered evidence did not match their psychological knowledge of autism and associated behaviours, therefore leading them to discount the adults' hypothesis and formulate the hypothesis that it was a mental health difficulty instead.

So they [parents] were querying ASD diagnosis but it was clear from that assessment that she [child] didn't meet these criteria, much to the disappointment of her mother [...] and the school were of a similar mind to Mum, that this girl is presenting on an ASD type of way, but she clearly didn't meet the ADOS criteria for a diagnosis, and after some observation work we had an interview afterwards with her mum and the paediatrician and [...] Mum became very tearful and began to say things like... you know... about her relationship with the girl and ... very difficult, she didn't like her very much and she didn't like to touch her, those sorts of things, so alarm bells then arose that this wasn't so much about ASD, more about attachment [...]

Participant 3, p. 7, l. 13-21

In the above excerpt one might draw a link between this category and Category A. It can be observed how adults' difficult emotions emerge at various stages of the processes described here and the EPs' alertness at identifying them.

4.5 Category C: Sharing hypotheses and challenging perceptions

This category is formed by nine focused codes (Figure 4.3; Appendix 17):

- Identifying discrepancy in views of child's needs/difficulties
- Standing up for one's views
- Keeping the child as the focus (in-vivo)
- Sharing psychology
- Trying to increase empathy
- Being directive
- Reframing behaviour
- Upskilling adults
- Facilitating a therapeutic relationship between the adult and the child

The category was logically perceived to follow Category B, although as mentioned before there were no clear-cut boundaries between the constructed categories and the EPs appeared to roam among different processes. The present category was developed during the analysis of the initial interviews as two categories: '*sharing hypotheses*' and '*changing perceptions*'. Theoretical sampling led to the renaming of the latter category, the merging of these two categories into one and supported the expansion and completion of the category with the generation of two additional codes: '*upskilling adults*' and '*facilitating a therapeutic relationship between the adult and the child*'. Through theoretical sampling the category and its boundaries were refined, its purpose and function in a mental health involvement was identified and its relationships with other categories were clarified. The evolution of this category throughout the analysis is shown in Appendix 15. Figure 4.3 presents the category as it was conceptualised following theoretical sampling.

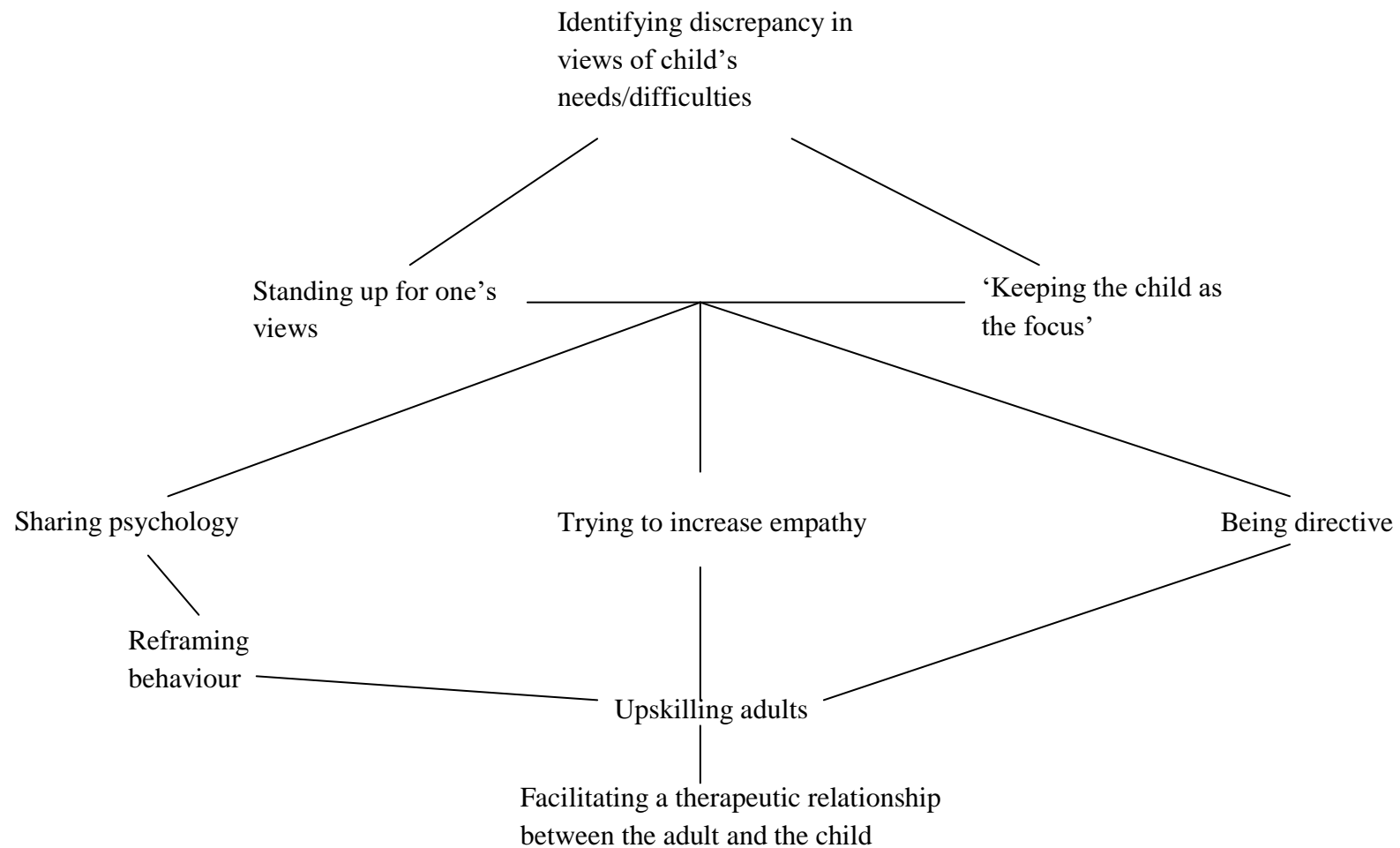


Figure 4.3. Category C: Sharing Hypotheses and Challenging Perceptions

4.5.1 Focused code: Identifying discrepancy in views of child's needs/difficulties

Once the EPs had formulated their hypotheses, they were quick at sharing them with the adults they were working with. This often followed the identification of discrepancy in people's views

But I didn't want to kind of keep prolonging this view about him [child], as having this kind of disability if you like, so I was quite quickly wanting to say "I don't think that the main issue here is about ASD"

Participant 1, p. 12, l. 1-4

As described earlier, the adults around the child had stayed in the situation for a period of time prior to the EP's involvement and they had usually formed their own hypotheses on the child's difficulties. When these were detected as different to the EPs' hypotheses, two underlying factors decided the EPs' actions.

4.5.2 Focused code: Standing up for one's views

In order for EPs to engage in '*challenging perceptions*', the first condition was the confidence to '*stand up for their views*'. This was perceived to be an outcome of a multitude of interactive factors. The participants perceived that raised mental health awareness has been observed in schools and families, but also within the profession of educational psychology. As an outcome of this shift, schools and parents were recognised as more alert to mental health difficulties in their student population, therefore more likely to identify such concerns, invite the EP to become involved and be more prepared to unpick these concerns.

I, as the psychologist, was willing to challenge a little bit in a safe way the fact that the diagnosis didn't happen, but I was willing to flag, and I think this is where my role as an EP now, compared to where it was twenty-twenty five years ago, has changed, because I don't think I would have given voice to concerns about attachment twenty-five years ago... whereas I felt I have permission, there is a culture out there willing to look at these things, and I have sufficient underpinnings to my knowledge to flag it as a potential concern...

Participant 3, p.12, l. 7-13

The participants described that policies raised general mental health awareness and schools became more alert to mental health concerns, which meant that the demands for EPs to be prepared to contribute to this area increased and led to their further training and professional development.

I think we do offer more training, I think there's more dialogue, [...] there are more schools employing like a counsellor or people, there are schools that got play therapists now... [...] I think there's more out there, I think that people are looking at it a bit more.

Participant 2, p. 8, l.4-18

In turn, EPs not only responded to but also initiated discussions and contributed to the promotion of mental health awareness in schools, as a result of the direct impact that macrosystemic influences had on the profession. This inevitably led to the development of their skills and knowledge base:

[...] my skill base as a psychologist has continued to grow because of the work we deliver to schools... that has inevitably enriched me... so yes I would say that psychology is more prominent than it ever was

Participant 3, p. 5, l. 17-19

In addition to factors that related to mental health, experience in the role of the EP was also identified as a contributor to one's confidence to 'stand up for their views':

[...] when you are newly qualified you are very quick to follow on somebody's lead, if somebody says they want you to look at ASD, you perhaps then follow that, whereas I was more able to say "I don't think that's the issue".

Participant 1, p. 16, l. 8-10

4.5.3 Focused code: Keeping the child as the focus

The second condition that allowed the participants to challenge people's perceptions goes hand in hand with the focused code '*standing up for one's views*' and was coded as '*keeping the child as the focus*' (in-vivo code). This code reflects the tension that might arise between different people's views and agendas. As Participant 3 explains below, when there was discrepancy in views between EPs, parents, teachers or other professionals, the EPs considered it an essential part of their role and their responsibility to act based on what they considered to be in the child's best interests.

I'm thinking "yes there's something else going on here and it's ok if it doesn't fit the agenda that other people have, but there seems to be something here that needs recognition" [...] it's about integrity I think [...] and... being strong about what you are seeing and what you are understanding, your mind might be different to everybody else's perceptions... and... [...] if the truth is still there from your professional judgement, to give voice to that.

Participant 3, p. 13-14/17, l. 19-2/8-14

4.5.4 Focused code: Being directive

With the confidence to voice their views and the child's interests in mind, the participants used emerging opportunities to shift people's perceptions towards the direction of their own hypotheses (focused code: '*being directive*').

[...] using opportunities as they evolve in the conversation to connect the question that might get them [adults] to think slightly different, or... help them join up the dots in a way that they may not have thought for themselves and think "oh yeah maybe there's a point there", but to say to them in a way that... um... [is] empathetic, you know, so it's not... expressing all of that with an air of humility

Participant 3, p. 14, l. 11-15

References to the quality of the interaction in this quote (e.g. "empathetic", "humility") reflect the relevance of Category A, which is closely linked to the process

of problem-solving and this phase in particular. It is implicitly acknowledged that shifting adults' perceptions and directing them towards new ideas and formulations can be challenging and can potentially provoke difficult emotional reactions. Using empathetic skills helps the EP to protect the adults and challenge their views in a safe way.

4.5.5 Focused code: Trying to increase the empathy

In addition to being directive, the participants described how they used the skill of raising the empathy for the child or the parent in their discussions with adults. Getting adults to get in the child's or parents' shoes and understand their perspective was perceived to be significant in the process of challenging perceptions.

[...] she [professional] was quite dismissive and maybe a tiny bit judgemental about her [mother's] parenting [...] So I had to have a conversation about, you know, how much Mum was struggling and how she was completely full up and she has no social support around her, she had no family, no friends, and how hard it would have been for her to get over to XXXXX when she lives in XXXXX.

Participant 1, p. 15, l. 2-6

4.5.6 Focused codes: Sharing psychology and Reframing behaviour

The third set of skills that was used in this category is '*sharing psychology*' which aims to '*reframe [the adults' views of the child's observed] behaviour*'. Whilst the participants were sharing their psychological formulations at various points of their involvement, as mentioned earlier, they were also using their psychological knowledge and hypotheses actively and in a directive way in order to explain the child's difficulties and reconstruct people's ideas about the nature of the concern.

*[...] whilst I was there, I did start to talk a lot, so and it was a difficult thing to talk about, because often I think a parent has decided or have **pinned some hopes on** the fact that it could be as simple as: he [child] gets a diagnosis and he gets the treatment for it... So she [parent] was **very very keen on that view**, so it was difficult for me to say, 'cause you know, she was **really hoping** I would agree with her, I would say "yeah,*

*absolutely, that's what the problem is"... But I didn't want to kind of keep prolonging this view about him [...] so I was quite quickly wanting to say "I don't think that the main issue here is about ASD"... I said "you know, he could be on the spectrum, if he is, he could come very low end, but I think we really need to focus our attention on all of these issues, the background, the kind of disruption and the trauma he's experienced in the last few years... this domestic abuse... being thrown out his house, not seeing his father..." All of these things that [have] gone on...[...] because I think it's **pretty difficult** for parents to think "I'm not gonna get the diagnosis I wanted", because they just feel a bit "**what now?**", so it was really important I think to just not disappear and **leave them hanging**"*

Participant 1, p. 11-12, l. 16-15

This process was again perceived as potentially challenging for adults. As described here, the adults were likely to be invested in their own formulations and have had certain expectations of the outcomes of the EP's involvement. This is suggested in the bold phrases in the excerpt above. The participant appeared highly aware of the adults' perceptions and emotional state and their actions in problem solving and sharing their psychological knowledge were sensitive to this awareness and focused at supporting the adults. In this quote it can be observed that the participant was also making 'use of invitational language' and 'offering containment'.

4.5.7 Focused code: Upskilling adults

This code was generated during the coding analysis of the data gathered in theoretical sampling and whilst exploring Category A.

[...] I think it is about holding people's hands and being there with them, but it's very much about getting them to identify [...] the little things that are working well and [...] I think it is about being present, but I think it is, there is a little bit of skill involved in that as well [...]

Participant 4, Interview 2, p. 3-4, l. 15-6

Following this interview and the participant's reference to a more dynamic nature of the code '*holding people's hands as they are riding their waves*', I went back to coding and the process of constant comparative analysis of old and new data. Whilst Participant 4 was exploring the properties of Category A, it appeared that they were outlining the interactions between Categories A and C. In using the strategies discussed above to challenge people's perceptions and whilst offering containment in the presence of difficult emotions, EPs seemed to be aiming beyond a conceptual level of theoretical understanding and agreement and towards a more practical level of enabling adults to use their new knowledge and skills to support the child. This was coded as '*upskilling adults*'. It seemed that, while sharing their psychological formulations, EPs were also targeting identified gaps in people's knowledge or approaches and were trying to respond to these and instantly provide people with the required skills and strategies. In doing this, the participants tapped into the area of planning and prepared people for that stage, but in a less formal and more direct and interactive way.

So I was doing that there and then, feeding that there and then, and as I said I was also there and then saying "try and do this, try empathising, try naming his feelings, try and, you know, put your arms around him" and kind of giving them some practical feedback [...]

Participant 1, p. 12, l. 8-11

The balance in teaching adults some new skills and strategies to use with the child while ensuring they feel emotionally stable seems to have been sensitive, as reflected in section 4.3.7. The last extract of Participant 1's interview here is part of the narrative shared in section 4.5.6, as can be observed by the transcript's page and line numbers. Examining the two extracts together, one can acquire a rounded sense of the participant's approach and their attempts to explain their hypotheses, challenge adults' perceptions and model functional strategies for them in a protective and considerate atmosphere.

4.5.8 Focused code: Facilitating a therapeutic relationship between the adult and the child

Through theoretical sampling a distinction was drawn between formal training and upskilling adults. The gathered data indicated that the role that the participants played in this stage of their involvement had elements of planning, training, sharing of strategies and modelling. This again indicates the interactions and blurred boundaries between the categories on some occasions. However, ‘*upskilling adults*’ was done in a manner that not only took into account the emotional state that adults were in, as shown above, but also aimed at creating a connection and understanding between the adult and the child. It was embedded in that given situation and was responsive to the given context and individual factors of the child or the adults. During theoretical sampling and in the process of clarifying the purposes and interrelations of the constructed categories, Participant 4 discussed the difference between these two activities outlined above:

For me I think when you are dealing with mental health it's much more than that [training] and it's about getting staff to recognise the importance of other things. [...] when you are looking at relationships, and this crucial thing about tuning in, you know, are the adults in the school tuned in to the child, did they understand the child's perspective, um... Do they tune in to their signs and signals, I think for me this part, [...] helping them with these difficulties, that's more effective than sort of going in and training an adult to deliver a programme.

Participant 4, Interview 2, p. 6-7, l. 16-7

The skills that the EPs tried to instil in the adults they worked with through these actions seemed to be to do with relational elements and processes that would allow the development of a strong relationship between the adults and the child; the ‘*facilitation of a therapeutic relationship*’. This relationship was considered essential not only for the implementation of further strategies, but as a strategy itself, as the main concern in these cases was the child’s mental health.

[...] I think it's all about that, that's the idea of the therapeutic relationship, and just my experience is that adults who are, you know they

have that sense of attunement are more effective in working with these difficulties than adults who don't have that.

Participant 4, Interview 2, p. 7, l. 7-10

4.6 Category D: Planning

This is the final category of the analysis and was developed from a number of focused codes primarily during the analysis of the initial interviews (Appendix 17). These focused codes included:

- Approaches to planning
- Focus of planning
- Planning timeframes

As explained earlier, there was no clear distinction between Category D and the other categories. Furthermore, planning was often weaved in other stages, including ‘*joining theory with evidence*’ and ‘*upskilling adults*’. As a separate stage, planning was generally discussed as the final stage of the participants’ involvement in their accounts.

The key elements of planning were related to the planning timeframes (see Appendix 17; ‘*short-term planning*’; ‘*mid-term planning*’; ‘*preventative strategies*’; ‘*early intervention*’); to the focus of the planning (‘*transitions*’; ‘*creating a network around the family*’; ‘*multi-agency working/referrals*’); or the psychological approach that was taken (‘*solution-focused planning*’; ‘*delivery of therapeutic interventions*’). The focused codes ‘*implementing strategies*’ and ‘*reviewing strategies*’ were also included in this category.

[...] then obviously also had to talk about where to go next [...] “this is what we 're gonna do”, you know, “we're gonna have these meetings, we're gonna put transition support in, you know, we're gonna support him into the other school” and to talk about the holiday, she [mother] was very worried about the six weeks school holiday being on her own with

him [child], so again talking about “let's have a plan for the holiday”, “let's arrange where you will be going, what support there is available, identify people that will be working during the holiday that you can seek support from”... So that was kinda a three stage feedback.

Participant 1, p. 12-13, l. 12-2

The ‘*focus of planning*’ included daily functioning (‘*incorporating mental health in daily routine*’). The participants referred to the use of strategies that applied to that particular situation, tailored to the child’s needs, and appropriate for that particular context (‘*individualisation*’). In the planning stage the participants made use of their directive skills and were in close collaboration with adults, as throughout their involvement.

So we talked about visual timetables and things like that but I think one of the things that we all recognised was that XXXXX [child] may need some individual support and so school did put that into place very swiftly, which was very good, so from the beginning of Year 3 he had individual support and somebody to do meet and greet and identify with him as well.

Participant 4, p. 19, l. 17-21

[...] so is setting up with the class teacher procedures and policies, so things like having the meet and greet, having the timetable in place for the young person, looking at the classroom behaviour policy and how that would work for the young person, where they're going to sit in the classroom, who their friendship groups might be, looking at support in teaching assistants in the classroom, um, so they can pre-empt issues and problems... Um and then, moving on through the day, to the second half of the day when they are in the nurture group, looking at the types of programmes that would be, that would now be the most specific interventions that could be put in place, so he would have been there with a small group with other youngsters but in a very supportive, high level of intervention, well resourced and try to address particular themes in terms

of his communication, social skills and we would look at values different types of anger management, things like Volcano In My Tummy, anger management type interventions that they could use, that they could put in place

Participant 5, p. 10-11, l. 17-10

The vertical curved line at the left side of Figure 4.1 that links Categories B and D aims to indicate that the EPs' involvement did not come to a standstill at the stage of planning. An end point was not identified during data gathering. There was a concept of circularity and fluidity among the categories, the various stages were interlinked and the participants' involvement was ongoing for a period of time. As such, planning was not the end-product of the involvement, but led back in to other categories and codes.

4.7 Summary of Chapter 4

Chapter 4 presented the constructed analysis of the data gathered during the phases of initial and theoretical sampling. In response to the research questions, data gathering and analysis generated four key categories: '*responding to adults' difficult emotions*', '*joining evidence with theory*', '*sharing hypotheses and challenging perceptions*' and '*planning*'. These four categories were constructed on a number of focused codes and were perceived to be highly interactive. The analysis indicated that in successful mental health involvements EP participants were engaging flexibly in a range of processes relevant to the four categories and in close collaboration with adults. The data analysis presented here outlined that participants' actions were complex and varied between higher thinking problem-solving activities and offering emotional support to adults. The following chapter will focus on the implications that this analysis had in regard with the stage of theoretical sensitisation and subsequent generation of the grounded theory.

5. Literature Review –Part 2

5.1 Introduction

Chapter 2 presented a purposefully broad literature review, which led to the rationale for this study. The current chapter forms a second literature review that will be focused on some of the codes and categories that were constructed during the analysis of the data, as presented in Chapter 4. The review below is aimed towards informing the data analysis to develop my theoretical sensitisation as a researcher in this study and assist me to construct theoretically informed codes. Connections of the literature with the data and the study's constructed grounded theory will be discussed in detail in Chapter 6. The literature reviewed below will focus on selected categories and focused codes of the data analysis that were considered to be of vital importance for the interpretation of the data and the development of the study's grounded theory. These categories and focused codes include:

- Contacting the EP when feeling stuck
- Responding to adults' difficult emotions (including the focused codes collapsed in the category as shown in Figure 4.2)
- Sharing hypotheses and challenging perceptions (including the focused codes collapsed in the category as shown in Figure 4.3)

The literature considered here draws primarily on theories in the fields of psychotherapy, counselling and positive psychology. For the purposes of this chapter, the words 'client', 'careseeker' and 'consultee' will be used interchangeably, as different theories presented here employ different terminology. In the case of this study, these words refer to the adults around the child who sought the EP's involvement and worked directly with them (parents and school staff). The words 'therapist', 'counsellor', 'consultant' and 'caregiver' will also be used interchangeably in the context of each theory discussed. For the current research project, these terms are interpreted as referring to EPs.

5.2 The emotional challenges of careseekers in their role as caregivers

The literature review here relates to the focused code '*contacting the EP when feeling stuck*' and explores the psychological challenges faced by parents and teachers of children with some additional needs, including mental health needs, in their daily role of offering support and care for these children.

Seeking professional help is a process that can potentially generate negative emotions and thoughts for the careseekers, such as anxiety, fear or uncertainty (McCluskey, 2005). The longer the person has stayed in the difficult situation prior to asking for help, the stronger their perceptions and feelings about it are likely to be, particularly as it is possible that they have been repeating their constructed story about the situation without having new information to alter it (Macready, 1997). When careseekers have a caregiving role, such as in the case of teaching staff and parents of children with mental health needs, they are likely to be experiencing even more intense feelings of physical and psychological fatigue, frustration and helplessness compared to careseekers without such additional responsibilities.

Research indicates that parents of children with developmental disabilities experience feelings of burnout, emotional and physical tiredness and depression (Abbeduto et al, 2004; Giallo, Wood, Jellett and Porter, 2013; Mugno, Ruta, D'Arrigo and Mazzone, 2007). Parents and carers of children with Autistic Spectrum Disorder (ASD) are found to have physical illness and poor mental health, including high levels of anxiety, depression and stress (Harper, Dyches, Harper, Olsen-Roper and South, 2013; Khanna et al, 2011; Smith, Seltzer, Tager-Flusberg, Greenberg and Carter, 2008; Seymour, Wood, Giallo and Jellett, 2013). Parents of children with ASD have also been found to have developed dysfunctional thinking patterns and ineffective coping strategies, which in turn reduce their feeling of self-esteem (Jones and Prinz, 2005; Smith et al, 2008). Similar to this are the findings of high levels of stress, anxiety and social struggling in foster carers of looked after children, a population that often presents with emotional, social and mental health difficulties (Farmer et al, 2005).

Research findings illustrate similar difficulties for teaching staff. Teachers of students with mental health difficulties have been identified to have high levels of distress, anxiety, depression and work-related dissatisfaction (Ekornes, 2017; Greenglass and Burke, 2003). Teachers' beliefs of their competence and skills to work with students with mental health difficulties have been identified to be negative (Rothi, Leavey and Best, 2008) and teachers often feel unsupported in this role (Finney, 2006). This is considered to have an additional negative impact on their feelings of stress and frustration in their role (Phillippo and Kelly, 2014). Teachers in special schools and teachers of students with emotional and social difficulties appear to experience higher levels of stress compared to their colleagues (Hinds, Backen-Jones, Gau, Forrester and Biglan, 2015; Kiel, Heimlich, Markowetz, Braun and Weiss, 2016). Teachers who work with children looked after who display emotional, social and mental health difficulties have been recognised to show high levels of anger, anxiety, frustration and emotional labour (Edwards, 2016; Rocco-Briggs, 2008).

This body of evidence offers some contextual insights to the challenges faced by the careseekers in mental health and reveals an additional layer of difficulty that they potentially have to face, prior to seeking professional support. The difficulties faced by the careseekers prior to their reaching for help might be expected to have an influence on their involvement as recipients of care, with consequent implications for the process and outcomes of caregiving.

5.3 Instinctive goal-corrected behaviour systems in attachment theory

The category '*responding to adults' difficult emotions*' relates to the emotional support offered by EPs to school staff and parents when the latter communicated their anxiety, frustration or other negative emotions. As explained in section 5.1, the exchanges between EPs and adults can be seen as a context of caregiving. The relationship that developed between EPs and adults in this context of caregiving is examined here under the light of attachment processes in psychotherapy. The attachment-based literature review of this chapter will cover some of the basic principles in attachment theory in relation to some of the systems in human

instinctive behaviour in order to lead to the application of these concepts in adulthood and psychotherapy. These points will be explored further in Chapter 6.

Attachment theory, as conceptualised by Bowlby (1969; 1973; 1979; 1980) and empirically tested by Ainsworth (Ainsworth, 2010; Ainsworth, Blehar, Waters and Wall, 1978) aims to explain the development of a person's behaviour through the emotional connectedness with other human beings. For Bowlby (1980) infant behaviour is seen as instinctive, sequential and predictable based on environmental and internal signals that the infants receive. According to the theory, human infants seek to have their survival needs for warmth, food and protection met by adults in their close environment by increasing proximity with them (Bowlby, 1979). The process in which vulnerable infants or young children instinctively seek care from parental figures when they feel unsafe is described as 'attachment system' or 'careseeking behaviour' and is understood as a 'goal-corrected' system, meaning that the child's behaviour is flexibly adapted until the goal of protection is met (Cassidy, 2016). Infants are seen as genetically predisposed to seek and create close relationships with adults who can offer them a sense of security by meeting these needs (Bowlby, 1969). When their needs are not met, feelings of anxiety and alarm are expressed. Infants express a preference for proximity and influence towards the adult they have developed a bond with and present distressed when the adult is not present or does not respond to their needs (Thompson, 2013). The goal-corrected attachment system is considered to be continually activated by internal or external triggers, although at times it might be less activated than others (Bowlby, 1969).

The purpose of the infant's careseeking behaviour is to activate the trusted adult's caregiving system (Cassidy, 2016). The caregiving system is seen as complementary to the careseeking system between the parental figure and the infant and has the function of maintaining a close proximity between them and influencing the infant's behaviour so that the latter is protected and survives (George and Solomon, 2008). The two systems' shared goal is the infant's survival through their protection and homeostasis (Jones, Cassidy and Shaver, 2015). The two systems are interdependent and their success at meeting their goal relies on their cooperation (Feeney and Woodhouse, 2016). Through meeting the infant's needs for careseeking, the parental

figure contributes to the development of the infant's emotional regulation skills and allows the activation of the exploratory system (Thompson 2013; 2016).

The exploratory system is seen as complementary and inhibiting to the infant's careseeking system (Cassidy, 2016). As the infant's relational bonds are built with their attachment figure and their mobility skills develop, the infant expresses a need to explore their environment, take risks and manipulate the world around them (Mikulincer and Shaver, 2010). The goal of this system is learning about the environment through exploration which leads to the development of the infant's independence and has an equally significant function for the infant's survival to the attachment behavioural system (Ainsworth, 2010). By providing caregiving behaviours consistently over time, the parental figure creates a 'safe haven' and a 'secure base' for the child, which allows and encourages the latter's engagement in exploratory behaviours (Ainsworth et al, 1978; Bowlby, 1988). The exploratory system is part of the attachment dynamic and in balance with the careseeking system (Cassidy, Ehrlich and Sherman, 2013). It is viewed as permanently activated, unless a survival need interrupts it, in which case the careseeking system takes priority and is activated, while the exploratory system is temporarily deactivated. When the goals of careseeking are satisfied and the careseeking system is soothed, the exploratory behavioural system becomes active again.

The following section will explore the relevance of the above theoretical underpinnings of the careseeking, caregiving and exploratory behaviour systems in adult life, which has formed the basis for attachment in psychotherapy.

5.4 Attachment in adulthood

A body of commentators have generated theoretical frameworks that are based on Bowlby's attachment theory and explain human behaviour in adulthood (Fraley and Shaver, 2000) and particularly in romantic relationships (Feeney, 2016). According to these theorists, attachment behaviours reappear in a person's life whenever there are appropriate environmental or internal conditions to trigger them (Emde, 1990). The subjective appraisal of a physical or psychological cue as threatening triggers the activation of the person's attachment system (Mikulincer and Shaver, 2012). Such

cues might be attachment-related, such as the threat of the loss of a significant other from one's life, or attachment-unrelated, for example a medical diagnosis (Mikulincer and Shaver, 2016). Perceived threatening stimuli might further be external (e.g. information received during a medical appointment) or internal (e.g. thoughts). Regardless of their nature, such factors are subjectively and sometimes subconsciously evaluated by the person, whose response will not only depend on the actual threat but also on their appraisals of the threat (Mikulincer and Shaver, 2007; 2013).

When a factor is thought to be threatening, the person is likely to respond with varying degrees of anxiety, which will motivate them to seek proximity and protection from an attachment figure, if available, or a person who could potentially serve the functions of an attachment figure (Collins and Feeney, 2004; Mikulincer and Shaver, 2013). Seeking support by an attachment figure is usually mediated by internal thoughts based on positive or negative experiences of attachment and perceptions of the self as loved and valued or otherwise in a relationship (Mikulincer and Shaver, 2016). These thoughts influence the person's attachment seeking behaviour and their expectations of the outcomes of this behaviour. If the attachment figure is located successfully and presents to be available, responsive and attentive to the careseeker's needs, the latter experiences a sense of security and positive affect (Coan, Schaefer and Davidson, 2006; Deci, La Guardia, Moller, Scheiner and Ryan, 2006; Gump, Polk, Kamarck and Shiffman, 2001) and becomes emotionally regulated (Mikulincer, Shaver, Sapir-Lavid and Avihou-Kanza, 2009; Waters and Waters, 2006), being in a better position to deal with the presenting challenges (Cohen, Gottlieb and Underwood, 2000). This positive interaction further builds in to the person's experiences and self-perceptions of attachment, reinforcing past experiences of secure attachment and views of the person as loved and valued (Frederickson, 2013; Mikulincer and Shaver, 2016). If the support sought for by the attachment figure is not successful for some reasons, the person's levels of frustration, distress, sense of helplessness and fear rise higher and the person might present distancing and disengaging or hypervigilant behaviours or combined disengaging/hypervigilant behaviours (Mikulincer, Shaver and Pereg, 2003). Attachment deactivation or hyperactivation strategies are likely to be dysfunctional, feeding the person's negative

emotions and maintaining their need for support and comfort (Feeney, 2005; MacDonald and Leary, 2005).

The literature reviewed here can be perceived as relevant to the results of this study in the sense that negative emotions, such as fear or anxiety, experienced by adults in mental health casework are likely to activate in them attachment seeking behaviours, which are likely to be directed towards the EP, who is thought to have the role of the caregiver in this context. The response of the EP to these emotions, according to this literature, and their successful or not regulation of the adults' negative emotions may determine the adults' ability to engage in the involvement. Having examined the evolution of the attachment theory from infant into adult behaviour, with a focus on situations that the person might find challenging or threatening, adult attachment theory in the context of psychotherapy and the therapist-client dynamics will now be discussed within the attachment framework.

5.5 Applications of attachment theory in psychotherapy and the role of the caregiver

Attachment theory in adulthood has had various applications in reflections upon psychotherapeutic processes, particularly within couples therapy (Brassard and Johnson, 2016; Johnson, 2008) and family therapy (Diamond, Russon and Levy, 2016). In psychotherapy the therapeutic relationship has been viewed as a representation of the person's initial attachment relationships with their primary caregivers (Bowlby, 1988). It is anticipated that the client, as the careseeker, is likely to demonstrate their learned careseeking behaviours and anticipate outcomes similar to those they experienced in their early attachment relationships: informed by Bowlby's (1969) 'internal working models' (Bretherton and Munholland, 2016). The careseeking behaviour is directed towards the therapist, who has the function of the caregiver and is expected to meet the careseeker's needs in order that the careseeking system can discontinue and allow for the exploratory system to be activated (Heard and Lake, 2009).

Psychotherapeutic approaches through the lens of the attachment theory consider the therapist to be in good position to offer a secure base for the client. In attachment theory the parental figure creates a secure base for the infant from which it can explore the world; echoing this, the client is enabled, through the secure base of the therapeutic relationship, to explore and restructure their working models and dysfunctional responses to emotionally challenging situations (Mikulincer and Shaver, 2016). This means that the therapist is responsible for creating a secure attachment base at which the client can return whenever their careseeking system is activated because they feel threatened, which also serves educative purposes of further learning (McCluskey, 2005). This implies that the caregiver does not only need to be a reliable, trusted and supportive adult, but also confident and knowledgeable, so that they can move the careseeker forward in their journey (McCluskey, 2010). Research evidence highlights the improved ability to engage in exploration in therapy for careseekers who have formed a positive attachment relationship with their therapist (Romano, Jansen and Fitzpatrick, 2009; Saypol and Farber, 2010). The secure therapeutic relationship has been found to support the reconstruction of the careseeker's thinking and relational patterns and their views of themselves and others (Zuroff and Blatt, 2006). The therapeutic relationship per se has been identified to be the key ingredient in predicting positive outcomes from intervention. As will be discussed in more detail in Chapter 6, parallels between these theories and caregiving in mental health casework in schools might be considered the psychological behaviours that careseekers (adults) might demonstrate every time they feel threatened, the role of the caregiver (EP) in creating a safe relationship and the positive impact this relationship can have on the outcomes of the involvement.

Attachment-oriented psychotherapeutic approaches appear to have been influenced by person-centred counselling in relation to the caregivers' skills and strategies (McCluskey, 2005). In humanistic psychology, genuine unconditional positive regard for the client, respect, congruence, full acceptance and openness to the emotions and thoughts the client brings in have been considered key interpersonal skills of the counsellor in facilitating a warm and responsive atmosphere in therapy (Rogers, 1957). The importance of attending to the client's signals, including their physical, emotional, verbal and conceptual signals, is also regarded as vital for responsive observation and listening skills that will lead to effective empathy and appropriate

expressions of affect (Carkhuff and Berenson, 1977). Active listening skills in counselling are considered to be a helpful means to understanding, communicating and regulating the client's emotions (Egan, 2013). The counsellor's observable non-verbal behaviours involved in a counsellor-client interaction include open body posture and appropriate facial expressions, facing the client squarely, maintaining good eye contact, allowing for a comfortable space and position between the therapist and the client and choosing carefully the extra-linguistic features of the speech, such as silences, tone of voice, volume, intensity and emphases (Egan, 2013). The above counselling principles and strategies are adhered to by attachment-oriented therapists.

In order to create the secure base for the client and attend to their careseeking behaviour system so that the exploratory system can be enabled, affect attunement is seen as crucial and involves the identification and acknowledgement of the emotional state of the careseeker, the engagement in that state and its regulation (McCluskey, 2005). In addition to affect attunement, it is argued to be essential for the therapist to communicate to the careseeker an empathic understanding of their position and intentions (McCluskey, 2005). Borrowing the term 'goal-corrected' from Bowlby's theory, McCluskey (2005) describes the process of providing the careseeker with affect attunement and empathy as 'goal-corrected empathic attunement', implying the importance of considering the client's cues in this process. The time factor is another element that has been identified as vital for the therapeutic relationship. The therapist needs to stay involved with the careseeker and offer empathy and affect attunement over time and for as long as needed, until the careseeker's fear and anxiety are soothed (Mikulincer and Shaver, 2016). A further parameter in the success of a therapeutic relationship is the caregiver's ability to enable the careseeker's access to their inner resources and own skills to bring change in their given situation (Heard, Lake and McCluskey, 2012). These factors that are identified as important in the attachment-based therapeutic relationship are reflected on the results of this study with the focused codes in Category A, illustrating the skills that EPs used in their mental health involvements in the process of supporting adults' difficult emotions.

In addition to careseeking needs, theorists have also focused on the satisfaction of the client's relational needs through therapy. Relational needs in this context include the need to feel validated, significant, affirmed, normalised and accepted by a consistent,

supportive and dependable person in a relationship (Erskine, 2015). The therapist aims to respond to these needs by being contactfully present and attuned so that a reciprocal response is offered to each presenting need (Erskine and Moursund, 1988). A contactful therapist presents as genuinely invested and truly involved in the client's wellbeing, thus creating a safe relationship with the client that allows the development of their dependability and the response to the client's needs. The purposeful therapeutic inquiry needs to communicate respect, an open-ended stance and attention to the client's responses (Erskine, Moursund and Trautmann, 1999). A further dimension that is added to this framework of therapeutic practice is that of cognitive attunement. Cognitive attunement implies that the therapist temporarily visits the client's thinking processes and follows their paths of meaning making in order to make sense of the world as the client does (Moursund and Erskine, 2004).

The implication for the therapist is that it is not adequate for the purposes of caregiving to limit their support at offering empathy and affect attunement over time, but they need to go further at enabling the client to discover new aspects of themselves and share their own knowledge and experience with them when it feels appropriate (McCluskey, 2010). In this framework the therapists are expected to share dimensions of their theoretical knowledge and understanding and add new perspectives to the client's understanding, in order to help them reconstruct their views (McCluskey, 2005). In order for this joint exploration and sharing to happen, the therapist needs to present able and confident to support the client in this process. In this context, the use of empathy is seen as active, purposeful and complementary to the rest skills of the therapist. The relevance of this literature to the present study is found in the complex interactions among the categories of the analysis, and specifically Categories A and C: EPs' attempts to balance the emotional support of adults with challenging their perceptions, extending their knowledge and engaging them in problem-solving and action planning. The challenges involved in the process of conceptual and behavioural change that might trigger the adults' attachment seeking behaviour are explored in the following section.

5.6 Theoretical foundations of challenge in changing

The process of change and the cognitive and emotional challenges involved according to some key psychological theories and the potential reasons for careseekers' negative emotions and resistance when they seek help are explored below. The section is relevant to the category '*sharing hypotheses and challenging perceptions*' and its relationship with the remaining categories and codes of the analysis. This literature is thought to address the potential challenges that staff and parents experienced during their work with the EP and the role that these challenges potentially played in activating the careseeking and caregiving behaviour systems. Each of the theories below constructs change from a different point of view and contributes a different perspective into the interpretation of potential challenges in this process.

Researchers and theorists of different disciplines have examined the ideas of psychological and cognitive change and resistance to change over life. For attachment theorists, one's internal working models are shaped during early experiences of attachment bonds with parental figures and affect upcoming life experiences and relations accordingly (Bowlby, 1973). Their function is to support the person's adaptation and survival in challenging situations (Cassidy, Jones and Shaver, 2013). Whilst the working models offer a set of beliefs that form the person's expectations, future behaviour and interpretation of the world, they are seen as open to updating when their validity is challenged or when they no longer serve an adaptable function (Booth-LaForce et al, 2014). A balance is achieved by the operation of two opposing forces, one that strives to maintain the models' stability as formed early in life and one that supports the models' change based on revised information (Kobak, Zajac and Madsen, 2016). As the internal working models are shaped early in a person's life, are relatively resistant to change and serve protective functions, the process of adapting them can be highly threatening and uncomfortable for the person, potentially generating feelings of fear and anxiety and activating their careseeking system (Mikulincer and Shaver, 2016).

Integrative psychotherapy considers life scripts to be the person's unconscious systems of significant relational experiences that failed in the early years of life and

serve the psychological functions of emotional self-regulation, management of anxiety and fear, protection against future threatening life experiences and emotions and promotion of a sense of integrity for the person (Erskine, 2015; Erskine, Moursund and Trautmann, 1999). Later in life, life scripts develop the person's expectations and responses to their experiences, their relationships to others and their cognitive beliefs, attitudes and values (Erskine, 2008; Fosshage, 2005). Theorists in this area believe that people have a deep need for continuity, predictability, stability and equilibrium (Erskine, 2014). They strive to ensure their psychological homeostasis and are challenged by growth and change, which inevitably upset their equilibrium (Erskine, 2010). Disruptions or disconfirmations of one's life script cause a sense of anxiety and the person is likely to attempt to adjust their experiences and perceptions so that their life scripts are protected (Erskine, 2015). As such, people are likely to make efforts to resist change, which is however in human nature.

In social constructivist psychology when new information causes a discrepancy between perceived reality and one's beliefs and indicates that the person will have to unlearn some of their beliefs, the person is likely to experience feelings of threat and survival anxiety, which may lead to use of defensive and resistant strategies aimed to preserve one's learned constructions (Lewin, 1997). Similarly Personal Construct Psychology (Kelly, 1955) maintains that when the person's constructs are perceived to be dysfunctional and become bound to change, strong emotions can be generated, such as anxiety, fear, hostility, guilt, shame and embarrassment (Fransella, 2005; Neimeyer and Neimeyer, 2002; Neimeyer and Raskin, 2001)

The above theories interpret a person's process of change from different perspectives and offer some psychological insights into the underlying processes that might be taking place when one is asked to unlearn old ways of thinking and operating and learn new ones. In the context of careseeking, the above overview might explain the careseeker's emotional, relational, cognitive and behavioural challenges in engaging with learning and change. Taking a holistic approach, it could be expected that a careseeker (the adults around the child in this study) might face difficulties in more than one of the areas described above and might experience uncomfortable and negative emotions in this process, such as anxiety or fear. This implies that the helper (the EP) might need to undertake a role of caregiving within the attachment

framework in order to meet the emotional challenges of the careseeker and enable them to manage change effectively.

Sections 5.7 and 5.8 will counterbalance the attachment-based literature by drawing on positive psychology theories in order to explain the codes and categories that reflect primarily the actively forward-moving elements of the EPs' involvement in mental health casework (left side of Figure 4.1).

5.7 Solution-focused approaches

SFBT developed in mental health services as a time- and resource-economic alternative to traditional methods of therapy (de Shazer et al, 2007). It has its roots in social constructivism and positive psychology and refrains from pathologising the careseeker (Visser, 2013). It can be conceptualised as a strength-based approach that focuses on identifying, exploring or generating solutions as opposed to discussing and analysing the problems and difficulties that brought someone to seek for help (Iveson, 2002). This means that in contrast to some traditional psychodynamically oriented therapies, a focus is placed on moving the client forward at identifying solutions rather than encouraging them to ruminate over their negative thoughts and feelings that led them to ask for help (Donovan and Nickerson, 2007). One of the common assumptions in this theory is that the clients are experts of their own lives and possess the resources and skills required to bring the desired changes in their lives (Kelly, Kim and Franklin, 2008; Miller and de Shazer, 2000) and it is the role of the therapist to facilitate this process (McGee, Del Vento and Bavelas, 2005). In this context, the client's desired future is the vehicle to desired changes and a focus on the past and on problem-solving is avoided (De Jong and Berg, 2013). Therapists help the clients set small and achievable goals towards their desired future (de Shazer and Isebaert, 2003).

Solution-focused approaches have developed based on SFBT in a number of fields, including education and school counselling. A strong body of research shows their effectiveness in supporting directly children and young people in schools (Kelly, Kim and Franklin, 2008; Kim and Franklin, 2009; Kvarme et al, 2010; Metcalf, 2008). The approaches' origins in social constructivism and positive psychology have been

suggested as an alternative solution to pathologising approaches associated with the deficit model in educational psychology (Wilding and Griffer, 2015). The initial literature review of this study in Chapter 2 included some research studies of solution-focused approaches as applied and evaluated by EPs in the context of discussing the latter's involvement in traditionally health-based approaches. This literature overview is expanded here to include evidence for positive outcomes with careseekers, such as families and teaching staff. In educational psychology solution-focused approaches have been incorporated in consultations with staff and parents (Alexander and Sked, 2010; Rees, 2008). The use of solution-focused approaches has been found to increase the self-efficacy, resilience and coping skills of parents with children with developmental disabilities (Brockman, Hussain, Sanchez and Turns, 2016). Solution-focused consultations have been found effective at reducing parental stress and increasing their sense of competence in parenting (Sommers-Flanagan, 2007; Sommers-Flanagan, Polanchek, Zeleke, Hood and Shaw, 2015). Teachers' confidence in their role and perceptions of their classes as well behaved have been reported as outcomes of solution-focused classroom approaches (Berg and Shilts, 2004; Fernie and Cubeddu, 2016; Kelly and Bluestone-Miller, 2009).

The positive orientation of solution-focused approaches and the identification of solutions in the caregiving context are reflected on the EPs' mental health casework explored in this study. The results of the study suggest that EPs were using solution-focused approaches during their joint work with adults, including Categories B, C and D. The focus on strengths and solutions might be seen as a facilitator for adults' engagement in the problem-solving processes and planning and the development of their confidence and skills in their role as caregivers for students with some mental health needs.

5.8 Self-Determination Theory

Self-determination theory, a framework that seeks to explain human motivation, views individuals as actively and naturally oriented towards personal growth and development, mastering challenges and integrating interpersonal and intrapersonal experiences to a coherent self (Deci and Ryan, 2012). The theory postulates that

humans have three fundamental psychological needs: the needs for autonomy, competence and relatedness (Ryan and Deci, 2000). Autonomy concerns one's volition of their own actions; competence is seen as the sense of effectiveness that one has of their ability to manipulate their environment; and relatedness refers to feeling loved and cared for (Ryan and Deci, 2006). The satisfaction of these needs can enable the person to move towards personal growth, integration and wellbeing and can support the person to initiate, engage and maintain desirable behaviours (Ryan, Patrick, Deci and Williams, 2008). A person's engagement, persistence and motivation in an activity are considered to be dependent on the above needs.

The motivation distinctions considered in this theory are dependent on the locus of control (or degree of autonomy) involved. Behaviours that are considered to be internally regulated and autonomous are seen as being at the one end of the locus of control spectrum and indicate a person's high levels of motivation and maintenance for the individual (Deci, Ryan and Guay, 2013). On the contrary, behaviours that are externally referenced and controlled (non-intrinsically motivated behaviours) are at the other end of the motivation spectrum and might imply a feeling of pressure for the person involved (Deci and Ryan, 2000). Intrinsically motivated behaviours are seen as the cornerstone of one's volition and likely to be accompanied by a person's enjoyment and inherent interest in an activity (Ryan, Legate, Niemiec and Deci, 2012).

The foundations of this theory seem to be supported by a broad evidence base. Some of the research findings that relate to the present study in the context of parent and staff involvement in providing for the child are presented briefly here. The positive outcomes of intrinsic motivation have been researched in various fields, including psychology, education and health. Engaging in activities that are intrinsically motivated has been found to result to greater vitality and creativity and higher outcomes for cognitive learning (Oga-Baldwin, Nakata, Parker and Ryan, 2017; Vansteenkiste, Niemiec and Soenens, 2010); improved well-being and mental health (Chirkov, Ryan, Kim and Kaplan, 2003; DeHaan and Ryan, 2014); greater task persistence (Guay and Litalien, 2015; Standage, Sebire and Loney, 2008); and better performance outcomes (Assor, Vansteenkiste and Kaplan, 2009). Research in the fields of education, psychology and health also offers positive findings for various

outcomes for the individual when their basic psychological needs are met and supported by their environment. Satisfaction of the basic psychological needs appears to result to increased behaviour internalisation (Markland and Tobin, 2010); improved mental health and wellbeing (Martela and Ryan, 2015; Ryan, Bernstein and Brown, 2010) including reduced feelings of anger and anxiety (Dwyer, Hornsey, Smith, Oei and Dingle, 2011; Klassen, Perry and Frenzel, 2012) and work exhaustion (Van der Elst et al, 2012); improved learning processes and brain functioning (Di Domenico, Fournier, Ayaz and Ruocco, 2012); life satisfaction and gratitude (Weinstein, DeHaan, Cody and Ryan, 2010); improved outcomes in learning (Vlachopoulos, Katartsi and Kontou, 2011); better outcomes for the development of one's identity (Luyckx, Vansteenkiste, Goossens and Duriez, 2009); openness to learning, reduced defensiveness and adaptability to changes (Niemi, Ryan, Patrick, Deci and Williams, 2010; Weinstein, Hodgins and Ostvik-White, 2011); and greater task engagement (Reeve and Tseng, 2011; Van der Elst, Van den Broeck, De Witte and De Cuyper, 2012). The outcomes reported here are directly or indirectly related to learning and behavioural change, processes that are the focus of working with adults in the context of mental health casework in educational psychology.

A growing body of research has explored the compatibility of self-determination theory with counselling and psychotherapy. Positive findings support the combination of the two, particularly in attachment-oriented counselling and therapeutic approaches (Lynch, 2013; Lynch, Vansteenkiste, Deci and Ryan, 2011; Ryan et al, 2011). This body of evidence relates to the present research, which draws on literature in both of these areas in order to interpret the EPs' mental health involvements.

The three psychological needs are seen as interactive and interdependent to the person's social context (Ryan, 2016). Social environments and in specific people in a position to influence the person's learning, growth and development, such as caregivers, have a powerful role to play at fostering the person's needs, depriving them or frustrating them (Vansteenkiste and Ryan, 2013). When the person's environment meets their needs to a satisfying degree, it is having an indirect positive impact on their intrinsic motivation, which is fundamental for their cognitive, behavioural and emotional outcomes (Ryan et al, 2008). In this context, the success of the EP in meeting the adults' relational needs in mental health casework could

influence the adults' motivation and engagement in conceptual and behavioural change. A number of strategies have been identified in research studies as effective for the satisfaction of each need by the individual's environment. For the satisfaction of the need for autonomy, some of the suggested strategies include the provision of a clear and meaningful rationale for the discussed actions or set targets so that the person has a full understanding of the purpose (Reeve and Jang, 2006; Hardre and Reeve, 2003); showing respect by acknowledging the individual's negative feelings and any tensions arising (Hagger and Chatzisarantis, 2009; Jang, Reeve and Deci, 2010); and using open, inviting and collaborative language that communicates a sense of choice and control by the individual (Vansteenkiste et al, 2004). In relation to the need for competence, research shows that some of the skills that are found effective include the collaborative setting of targets and agreement on clear expectations (Farkas and Grolnick, 2010; Sierens et al, 2009); setting realistic expectations and targets based on the individual's skills and situation (Jang, Reeve and Deci, 2010); providing clear and non-judgmental feedback on areas that are good or need improvement (Mouratidis, Vansteenkiste, Lens and Sideridis, 2008); and offering practical feedback and skills training when required (Haerens et al, 2013). In order to meet the individual's need for relatedness, it is important for the environment to demonstrate empathy for the person's emotions and situation (Haerens et al, 2013), genuine interest and affection (Cox and Williams, 2008), attunement and availability over a period of time (Silva, Marques and Teixeira, 2014). These strategies relate to skills and processes identified in the data analysis in this study and appear to have been utilised by EPs in various stages of their involvement, and particularly when they were supporting adults' emotional needs (Category A) and challenging their perceptions (Category C). A deeper exploration of these points in relation to this study will follow in Chapter 6.

5.9 Collaborative consultation in educational psychology

The constructed codes and categories of this study have been viewed independently of a specific framework for practice and they are perceived to apply to more than one activity (for example consultation, informal discussions with adults or observations). It is however thought that the EPs' skills and processes used, as captured in the data

analysis, might be informed by an overview of key literature on consultation, particularly as they all consider EPs' work with adults (reflected on the focused code '*working with adults*' –Figure 4.1).

Consultation is identified as one of the core activities of EPs (BPS, 2017) and is considered an effective tool in supporting the child's needs indirectly through supporting the adults around the child (Gutkin, 1999). It has been described as a relationship between two professionals of different fields that aims at resolving the consultee's current concern and equipping them with the skills to problem-solve in similar situations in the future (Dowling, 2003; Gutkin and Curtis, 1999). As such, consultation has a role to play in building on the consultee's current skills, extending their knowledge and raising their self-efficacy in the target-area (Conoley and Conoley, 1990). Within the consultation process a theoretical distinction has been drawn between two different types of knowledge that the consultant holds. The first type of knowledge ('Knowledge Base 1') refers to the consultant's skills to manage the process and interactions during the consultation and the second type ('Knowledge Base 2') refers to their knowledge of literature and research that is used to support the consultee in problem-solving and action planning (West and Idol, 1987). In educational psychology Knowledge Base 2 may refer to the consultant's knowledge of psychological theories and research evidence, child development, pedagogical theories and theories that relate to the educational and family contexts. In the context of this study, EPs' Knowledge Base 2 is reflected primarily in Categories B, C and D (the left side of Figure 4.1). Knowledge Base 1 involves a range of skills that have been evaluated through research studies over the years in relation to the facilitation of change for the consultee's cognitive constructs and behaviour. An in-depth study in successful educational psychology collaborative consultations with parents and staff identified as helpful the consultant's skills and qualities of listening, questioning, problem-solving, using an encouraging approach, demonstrating empathy, facilitating social interactions and acting as an arbiter between staff and parents (Miller, 2003). Research evidence supports that empathy, active listening skills and interpersonal warmth function as positive facilitators of behavioural and cognitive change during consultations (Goldsmith, 2004; Jones and Wirtz, 2006; Nolan and Moreland, 2014). In the current study, skills associated to Knowledge Base 1 are found in the focused codes of Category A. Consultation is seen as a helpful way to enabling consultees to

acquire some distance from their concerns, consider them at a meta-cognitive level and re-structure their views about the concerns and the role they can play (Wagner, 2000). Consultation has been argued to share common ground with psychotherapy (Conoley and Conoley, 1990), which is illustrated here by the overlap of the consultant's outlined skills and qualities with the therapist's ones described earlier in this chapter.

Evidence shows that Knowledge Base 1 skills can play an important role at identifying the right amount of information required by the consultees without overloading them unnecessarily, and therefore having an optimal effect on their engagement and future actions (Osborn and Alfano, 2011). Equitable, collaborative and non-hierarchical consultative interactions supported by the sharing of psychological knowledge have been found to promote the consultee's needs for self-efficacy, intrinsic motivation, relatedness, competence, autonomy, control and active decision making, which as shown in section 5.8 are crucial in bringing change in one's beliefs and behaviour (Nolan and Moreland, 2014; Sheridan and Gutkin, 2000; Truscott et al, 2012). Research findings suggest the effectiveness of using the consultee's cues to balance the sharing of information and psychological knowledge with the use of active listening and empathetic skills (Osborn and Alfano, 2011). The complexity of educational psychology mental health casework as identified in this study might be enlightened by the above literature, particularly in relation to the interactive processes and balancing of problem-solving and offering emotional support to adults.

5.10 Summary of Chapter 5

The present chapter aimed to contextualise the constructed analysis of the study within relevant theoretical frameworks and ideas and develop my theoretical understanding and knowledge of these key areas. The literature reviewed here aimed to assist the exploration of the function of Categories A and C in educational psychology mental health casework in schools and their interactions with each other and the remaining categories within the total of the analysis. Chapter 6 will address

the relevance of this literature for the study's grounded theory, as it developed through the data analysis and in the light of the concepts discussed above.

6. The Grounded Theory

6.1 Introduction

The present chapter presents the study's constructed grounded theory by linking the outcomes of the data analysis presented in Chapter 4 with the theoretical frameworks discussed in the second literature review in Chapter 5. The presented grounded theory evolved from the categories '*responding to adults' difficult emotions*' (Figure 4.2), '*sharing hypotheses and challenging perceptions*' (Figure 4.3) and '*planning*' and the focused code '*contacting the EP when feeling stuck*'. These categories and codes were understood to be of key importance in the exploration of EPs' successful involvement in mental health casework in schools. As indicated during the presentation of the results in Chapter 4, the grounded theory of this study is perceived to be the product of complex interactions and layers of processes. This chapter will start by describing the process of the cognitive problem solving activities initiated by the EP within mental health casework. Following that, an attachment theory framework will be used to explain the underlying emotional processes that take place for staff and parents and how the EP attends to them. EPs' complementary use of solution-focused and self-determination theory perspectives aimed at facilitating conceptual and behavioural change in the adults they work with will be illuminated. Literature upon consultation in educational psychology practice will be used throughout this chapter to support the connections and theoretical interpretations of the findings.

6.2 The grounded theory of the study

6.2.1 The cognitive problem-solving activities

Educational psychology involvements perceived by EPs to be successful in mental health casework in schools entail a number of cognitive problem solving activities. Whilst there is no sense of linearity or strict time order in which these activities take place, the involvements seem to commence with actions that will enable the EP to formulate their hypotheses in relation to the child's mental health needs. These actions involve information gathering processes through direct work with the adults

and the child, assessment, observation or consultations. Analytical higher thinking skills and knowledge of psychological theories and research evidence are applied to the gathered information in order to enable the EP to formulate their hypotheses. Once they have formulated some hypotheses, EPs use the contexts of consultation, observation or informal discussions with adults to share their hypotheses with them and identify any discrepancies in hypotheses and views. When discrepancies are identified, EPs try to challenge adults' perceptions in order to create a shared understanding of the child's difficulties and a conceptual agreement of the steps that need to be followed in order to support the child's needs. In order to support the needs of the child effectively, EPs need to bring change in adults' concepts and behaviour (Nolan and Moreland, 2014). In this process, EPs identify areas for enhancement in the adults' skills that are required to support the child's needs. Through the processes of modelling, sharing psychological knowledge and offering direct instructions, the EPs attempt to support the adults in developing the required skills that they will need to facilitate the interventions agreed between the two parties. This reflects the value of consultation (and, in this study, consultation-like activities) in disseminating information that is useful for the problem under exploration (Conoley and Conoley, 1990). By facilitating a theoretical coherence between people's hypotheses and by extending adults' skills in the targeted areas, the latter become prepared for action planning and implementation. Use of Knowledge Base 2 skills (West and Idol, 1987) is essential in this process. The phase of action planning is not identified as a distinctly defined phase, but overlaps with the other activities. With the exception of some early actions in information gathering, the majority of the EP's activities appear to be highly interactive with adults and reliant on their shared meaning and collaboration.

6.2.2 Entering the involvement at a state of alarm

Educational psychology consultations have been identified as a context of help-seeking (Meyers, Parsons and Martin, 1979). Similarly, in this study educational psychology involvements in mental health casework are conceptualised as a context of caregiving. School staff and parents are considered to be in the role of careseekers, as they have been unable to resolve successfully their concerns of the child's mental health needs and have thus requested help from a specialist. EPs are perceived to be

professional caregivers who hold expert knowledge and use it to assist their careseekers. School staff and parents, being caregivers to children with mental health difficulties, appear to have been struggling with supporting the children's needs prior to requesting the involvement of the EPS. As literature in Chapter 5 indicated (Ekornes, 2017; Harper et al, 2013), providing care for children with some additional needs, including mental health needs, is likely to have a negative impact on staff's and parents' emotional wellbeing, including signs of psychological fatigue, anxiety, depression, burnout and low self-esteem. When the EP is involved in mental health casework, parents and staff temporarily become careseekers. Literature on careseekers indicates that the challenges that they have been facing up to the point of meeting with the caregiver and the difficult emotions they have been holding have negative implications for their emotional condition and their cognitive processes (Macready, 1997; McCluskey, 2005). Staff and parents seem to enter the involvement at a state of alarm, which may cause defensive responses to challenges. In addition, while they have been trying to resolve the difficulties in their situation on their own, they have shaped some views of the child's needs and underlying reasons for their difficulties and have formed some explanations that they have held for a period of time. The emotional and cognitive state of staff and parents prior to the EP's involvement relates to the views and emotions they bring in to the work with the EP and explains some of the interactions and processes that take place during this work.

6.2.3 The challenges of the cognitive problem-solving activities

The collaborative problem-solving actions at times present emotional and conceptual challenges for the careseeking adults. Triggers for the escalation and expression of negative emotions might include the disconfirmation of adults' hypotheses of the child's difficulties, receiving negative information on hoped-for support and resources and perceiving oneself responsible for the child's difficulties during the processes of sharing hypotheses and challenging perceptions. Additional challenges are located in the process of extending adults' skills, during which adults, through the helping process, change their learned behaviours and adopt new practices. As discussed in Chapter 5, people tend to form relatively inflexible sets of beliefs that aim at protecting them from threatening situations and through which they interpret the world, they operate in life and they make predictions for their future (Erskine,

2014; Neimeyer and Raskin, 2001). People are thought to be resistant to change and to be striving to maintain their belief system, while perceived changes might be interpreted as threats and generate alarming emotions (Erskine, 2015; Lewin, 1997). In the process of challenging adults' perceptions and teaching them new skills, the EP is implicitly involving adults in a process of unlearning their old ideas and behaviours and adopting new ones. The more established and important adults' ways of thinking and behaving are, the more likely they are to feel threatened by the change and express emotions of anxiety, fear, anger, frustration or of being overwhelmed. Where they enter the involvement already with degrees of anxiety and helplessness, their negative emotions are likely to escalate and become more intense through the perceived challenges.

6.2.4 Creating a secure attachment base within the mental health casework

Taking an attachment theory perspective (Heard and Lake, 2009), adults' emotions of threat activate their careseeking system and the adults display careseeking behaviour towards the EP, who plays the role of the caregiver in this context. While the adults' careseeking system is activated, their exploratory system is likely to be paused and they may not be in the optimal position to engage in the conceptually demanding problem-solving activities (Mikulincer and Shaver, 2010). In order to restore the adults' exploratory system and thinking abilities, when the EP identifies cues of adults' careseeking behaviour, they attend to them by communicating affect and cognitive attunement. The EP further shows an empathic understanding of the challenges the adults are facing, which as a result validates and normalises their feelings and behaviour. EPs also attempt to regulate the adults' emotional responses, are fully contactful and communicate a sense of genuine interest and respect. Use of collaborative language, an open stance and collaborative decision-making communicates a sense of genuine involvement in the part of the EP and an intention for an egalitarian relationship between the two sides. Further to the skills used during the interaction, the EP remains involved over time, attending to the adults' needs within the context of the casework, until feelings of anxiety and fear are contained.

The above skills and qualities identified in this study relate to Knowledge Base 1 skills (West and Idol, 1987) and are supportive of the evidence base in educational psychology consultation (Miller, 2003; Truscott et al, 2012). In the context of this

study however, these skills and qualities are viewed through an attachment theory framework and go beyond the functions identified in the literature of consultation at a deeper and more involved level of support. As discussed in the attachment-based literature review (Erskine, 2015; McCluskey, 2005; Mikulincer and Shaver, 2016) the use of these skills in a careseeking-caregiving relationship has the potential to create an attachment base, from which the careseeker can feel a sense of security and positive affect, have a sense of control over their feelings and thoughts and be better-prepared for upcoming challenges within this interaction. In the present study the EP is thought to create a secure attachment base for staff and parents through the strategies described above, which serves the purpose of deactivating the latter's careseeking system and allowing their exploratory system to operate. When the adults' exploratory system is active and they do not experience feelings of threat, they are in a better position to engage in problem-solving activities and verbal exchanges that may challenge their conceptual belief sets, theories or learned behaviours.

6.2.5 The interactive processes of problem solving and caregiving

The problem solving processes that the EP engages the adults in are highly demanding when there are discrepancies in people's views of the child's needs; when adults' hopes for a type of provision, support or diagnosis are not validated; and when people have to change their patterns of behaviour in order to accommodate the child's needs. These challenges present as ongoing during the interactions and the adults' careseeking system is re-activated at times of threat and anxiety. This implies that as the exchanged information is perceived to be threatening, adults' exploratory system becomes temporarily deactivated. In the helpseeking model they seek again support and care from the EP. The attachment base that has been created by the EP through the use of the strategies described above reassures adults and it allows them to re-engage in learning and problem-solving. The process of moving back and forth between the attachment base and the problem-solving activities is perceived to be ongoing and cyclical, reoccurring as often as challenges present in the interactions and adults externalise dysfunctional responses, whether this happens within the same meeting or over time. Figure 6.1 offers a visual representation of the careseeking-caregiving dynamics in the codes and categories depicted in Figure 4.1.

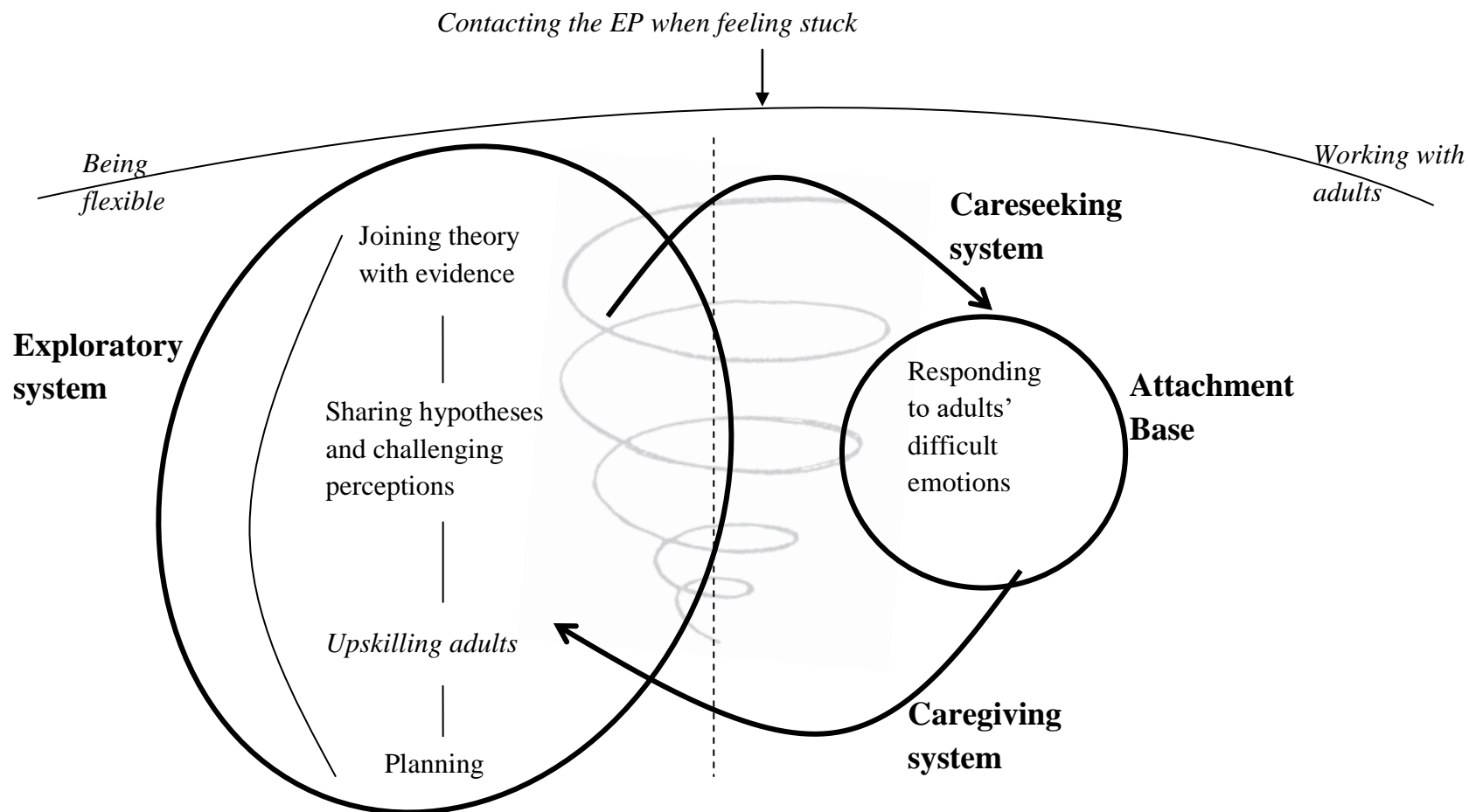


Figure 6.1. A visual representation of careseeking-caregiving dynamics in EPs' involvement in mental health casework in schools

Within the security of the therapeutic relationship, the EP is using a wider range of skills and processes in order to move the adults forward in their role as caregivers and prepare them adequately to support the child's needs. The EP's actions are characterised by a positive solution-focused orientation. This is apparent at the phases of information gathering, sharing hypotheses and planning. Solution-focused approaches are not restricted to the use of specific strategies, as seen in the literature review (De Jong and Berg, 2008; Nelson and Thomas, 2007). Instead they have a deeper function in counterbalancing the attachment-based activities, maintaining a proactive orientation within the involvement and refocusing the actions towards positive outcomes and solutions. Self-determination theory (Deci and Ryan, 2012), as discussed in Chapter 5, is viewed as a complementary to solution-focused approaches framework that can explain comprehensively the actions involved in the proactive problem-solving process. Self-determination theory maintains that when people's needs for autonomy, competence and relatedness are met, they can become intrinsically motivated to initiate, engage in and maintain desired behaviours (Ryan and Deci, 2006). Research evidence in psychological consultations supports the effectiveness of the above empathetic and collaborative skills and qualities in meeting these psychological needs and promoting positive change (Nolan and Moreland, 2014; Sheridan and Gutkin, 2000; Truscott et al, 2012). Similarly in the context of mental health involvements the EP satisfies staff's and parents' needs for autonomy, competence and relatedness. The strategies used in the process of responding to the adults' careseeking behaviour go beyond a simple satisfaction of the need for relatedness in creating a therapeutic relationship and a secure attachment base. The EP is promoting staff's and adults' needs for competence by extending their current skills and knowledge base and raising their sense of efficacy in this area. In doing this, some of the strategies they use include making decisions jointly about action planning; exploring and identifying adults' skills; building on those skills through practical feedback, modelling and sharing of psychological theories; setting realistic targets based on the identified skills; and offering positive feedback through solution-focused approaches in reviews. In relation to the need for autonomy, EPs support adults by building a collaborative and egalitarian partnership, sharing their hypotheses and explaining the psychological rationale for them, and respectfully responding to adults' careseeking behaviour by interrupting their problem-solving

activities until they are enabled to re-engage. As the research that was examined indicates (Weinstein, Hodgins and Ostvik-White, 2011; Klassen, Perry and Frenzel, 2012; Niemiec, Ryan, Patrick, Deci and Williams, 2010), by having their basic psychological needs met, adults are more likely to experience reduced feelings of anger and anxiety, which will in turn deactivate their careseeking behaviour and allow them to have an open attitude towards change and learning. As a result, staff and parents may engage better in the processes of learning and conceptual reframing and internalise new behaviours and skills that lead to the effective support of children's mental health needs (Markland and Tobin, 2010; Reeve and Tseng, 2011; Vlachopoulos, Katartsi and Kontou, 2011). This study supports findings of previous research (Lynch, 2013; Lynch, Vansteenkiste, Deci and Ryan, 2011; Ryan et al, 2011) that the combination of attachment-based therapeutic approaches with the principles of self-determination theory can have positive outcomes for the careseekers.

Figure 6.2 is a visual representation of the grounded theory of the study, as it evolved through Figures 4.1 and 6.1. The figure depicts the EPs' role in creating a secure base for the adults, which is used to sooth their careseeking behaviour when emotionally or conceptually threatening stimuli present during the exploratory processes. The fact that the adults likely enter the involvement in a high state of alarm may further trigger their careseeking system and their use of the attachment base. The figure also illustrates the use of solution-focused approaches and the support of adults' needs for autonomy, relatedness and competence in the process of problem-solving. By keeping a solution-focused orientation, offering a secure attachment base and supporting the adults' psychological needs, the EP supports the adults in reframing their perceptions, acquiring new skills and learning new behaviours that will allow them to support the child's mental health needs in their roles as caregivers.

6.3 Summary of Chapter 6

The results of the data analysis discussed in Chapter 4 were reconceptualised according to related theories and research evidence reviewed in the second literature review in Chapter 5. This chapter presented the grounded theory of the current study

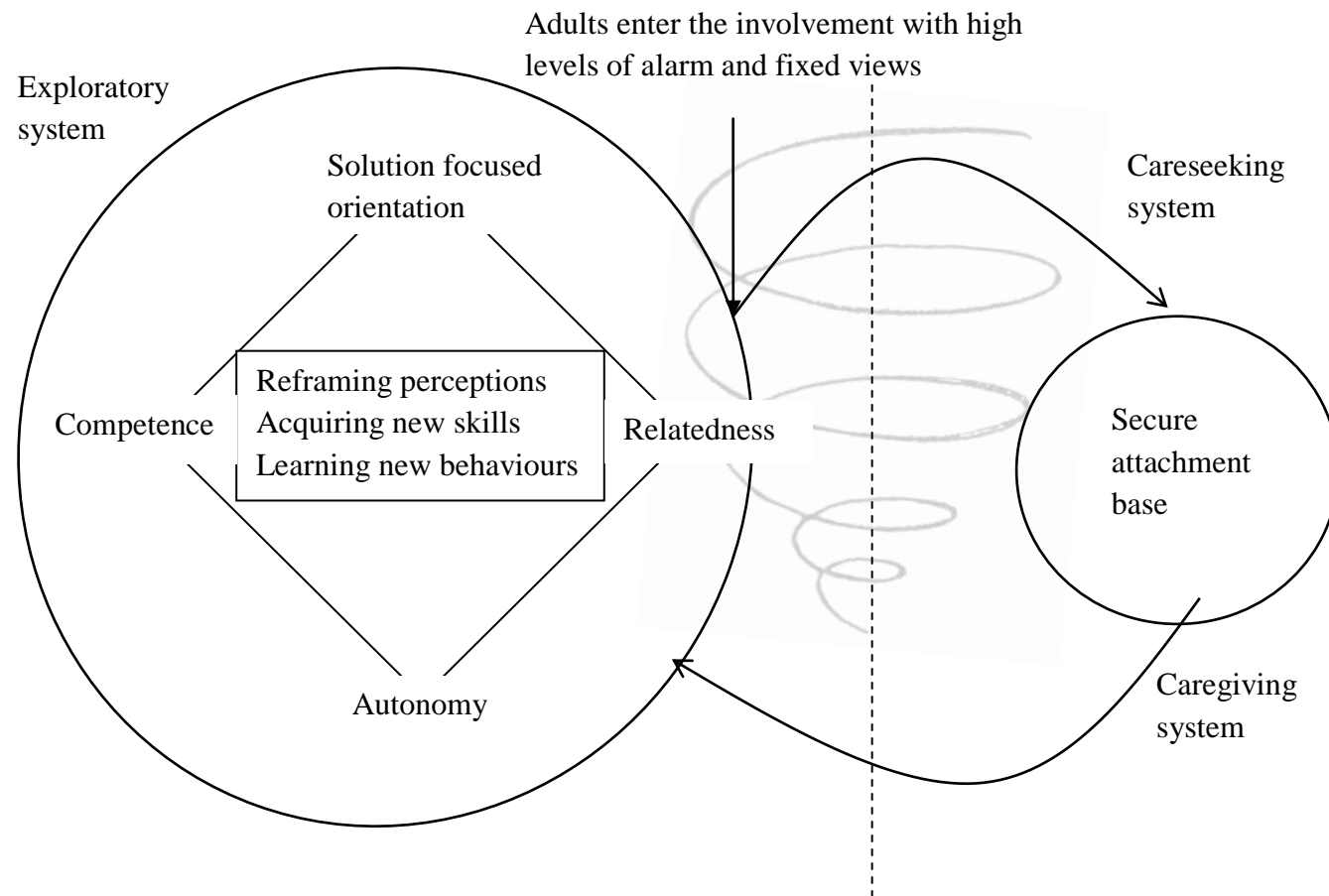


Figure 6.2. The grounded theory of EPs' involvement in mental health casework in schools

which seeks to explain EPs' successful involvement in mental health casework. The theory proposes that use of solution focused approaches and the satisfaction of staff's and parents' basic psychological needs allow their engagement in conceptually and emotionally challenging processes of learning and change as required for their role in supporting the child's needs, while a secure attachment base offers to adults the emotional support required when the problem-solving activities become too challenging, overwhelming or threatening. The chapter that follows will discuss the grounded theory in the context of the literature reviewed in Chapter 2 and will outline its implications for the profession of educational psychology in the area of mental health. An evaluation of the study, limitations and suggestions for future research will conclude Chapter 7.

7. Discussion

7.1 Introduction

This chapter links the grounded theory with the initial literature review of Chapter 2 and discusses implications for practice and policy. The evaluation of the study that commenced in Chapter 3 is extended and completed here and the researcher's reflexivity is revisited. Following that, the chapter considers the study's strengths, limitations and implications for future research.

7.2 Conclusions of the grounded theory

The grounded theory of the current study offers a framework that explains the processes involved in educational psychology successful mental health involvements. It draws on literature in attachment theory-based psychotherapy, person-centred counselling, consultation, self-determination theory and solution-focused approaches. The grounded theory suggests that EPs (the caregivers) work closely with teaching staff and parents (the careseekers) and alternate between two core activities. One of them refers to the construction of a secure attachment base for the careseekers within the context of the involvement, which offers them emotional support and safety in the challenges that present in the interactions. The key qualities and skills utilised by EPs in providing this attachment base include the ongoing, stable and consistent communication of affect and cognitive attunement, empathy, genuine interest in the discussed problems, respect, fully contactful presence, use of collaborative language, shared decision making and an intention for an egalitarian relationship. These strategies allow the careseekers' difficult emotions of threat, fear or anxiety to be soothed and their careseeking system to be deactivated. This allows their exploratory system to be activated and adults can engage in cognitively demanding problem-solving activities. These activities are led by the EP and include gathering information about the concern, linking this information with psychological knowledge, formulating hypotheses, sharing the hypotheses, challenging adults' perceptions and planning actions to support the child. The second core activity identified in the grounded theory takes place during these actions and aims to help

adults reframe their perceptions about the concern, acquire new skills and learn new behaviours in order to support the child in their role as caregivers. In order to achieve these aims, the EPs make use of solution-focused approaches and support the adults' needs for relatedness, autonomy and competence. The grounded theory suggests that the alternation between responding to adults' careseeking needs and supporting their engagement in problem-solving activities is flexible, cyclical and ongoing without any specific directionality, as it responds to the adults' cues as and when they arise. The dynamic interaction between these two processes facilitates change for adults' perceptions and behaviour and increases their skills and competence that are required for them to engage in the actions agreed within the involvement in order to support the child's needs.

7.3 Connections of the grounded theory with the literature review

The initial literature review in Chapter 2 presented the current context for mental health provision in educational contexts. A strong body of research evidence supports the effectiveness for children and young people and the financial benefits of the ecosystemic delivery of mental health interventions in schools (Weeks, Hill and Owen, 2017). Recent governmental policies are placing an increasing focus on the in situ support of students' mental health needs by school staff and external professionals (DfE, 2016). In the current legislative framework, school staff have a role to play in promoting students' mental health and identifying early any mental health difficulties, whilst external professionals are expected to become involved in the delivery of specialist and targeted support services (DfE, 2016; DH, 2014). EPs are among these professional groups and a growing body of evidence supports the effectiveness of their delivery of school-based mental health interventions in the student population (Arden, 2016; Brown, Powell and Clark, 2012; Green and Atkinson, 2016) and their incorporation of such interventions in systemic practice, such as multi-agency meetings (Alexander and Sked, 2010) and whole school changes (Morgan, 2016).

Within the reviewed literature, there appeared to be few research studies exploring EPs' role when they engage with the support of students' mental health needs as part

of their daily practice. The current study explored approaches taken within individual casework perceived by EPs as successful and sought to explain the factors and processes involved in this phenomenon. In contrast to the reviewed literature, the data analysis of this study did not suggest the delivery of therapeutic interventions as the core of the effective involvements and instead focused on other elements of the educational psychology casework. This was true even for cases that included the delivery of a mental health intervention, such as solution-focused brief therapy. This study offers evidence for EPs' successful support of the child's mental health needs in school through the development of adults' skills and confidence. These findings address governmental priorities for school-based support of students' mental health needs and the collaboration of external professionals with school staff and families (Prime Minister's Office, 2017).

The identification of processes, skills and qualities additional to the delivery of mental health interventions reflects voices in educational psychology that argue for EPs' unique role in having a holistic understanding of the child's needs and the role of the child's ecosystems in supporting these needs (Buck, 2015; Burden, 1999; Fox, 2009; Gillham, 1978; 1999; Lunt and Majors, 2000). The findings of this study respond to the request of the Association of EPs (AEP, 2017) for EPs' greater focus on consultations with staff aimed at supporting their understanding of mental health needs, becoming resilient and competent in mental health as opposed to involvements limited at the delivery of therapeutic interventions. The generation of this grounded theory concentrates on EPs' ecosystemic work with the adults around the child and explains the role the former play in supporting school staff and parents in their role of supporting the child's needs. Governmental policies have been argued to often disregard the potential contribution of EPs as external professionals in supporting students' mental health (AEP, 2017; McAlister and Lawlor, 2017). This study highlights how EPs can be effective in supporting student mental health needs and argues for EPs' future involvement in educational policies and guidelines.

The key position that the collaboration with school staff and parents holds in the study's grounded theory relates to the core competencies of EPs. Consultation is considered an essential activity in educational psychology (BPS, 2017) and a body of research has explored the effectiveness of educational psychology consultations in

bringing cognitive and behavioural change for staff and parents (Goldsmith, 2004; Gutkin, 1999; Jones and Wirtz, 2006; Nolan and Moreland, 2014). The present study builds on this evidence base and broadens it by introducing a mental health focus.

The literature review presented in Chapter 2 makes references to EPs' relative underrepresentation in governmental policies and frameworks and includes some voices from within the profession that argue for their greater involvement (AEP, 2017; McAlister and Lawlor, 2017). The constructed grounded theory of this study is giving voice to EPs and allows the expression of their views on their effectiveness in supporting students' mental health. The employment of constructivist grounded theory was considered a helpful approach in meeting these purposes and responds to discussion that encourages the use of qualitative approaches guided by constructivist and emancipatory epistemologies in educational psychology research (Billington and Williams, 2017). Implications of the grounded theory for policy and practice will be explored in the following section.

7.4 Implications for practice and policy

7.4.1 Implications for mental health casework in educational psychology practice

The grounded theory offers a framework for practice and enlightens the processes and factors involved in successful mental health casework in educational psychology. EPs' close collaboration with school staff and parents appears to be essential in effective mental health involvements. As discussed in previous research (e.g. Ekornes, 2017; Jones and Prinz, 2005), the grounded theory reveals that staff and parents often enter the educational psychology involvement with emotional strain and feelings of anxiety, fear or frustration which might have been present for a length of time. An implication for practice is that EPs might need to be mindful of the emotional load adults might have been experiencing and the impact this can have on their cognitive skills and engagement. The study maintains that by using the skills and qualities described above and engaging in the alternating processes of supporting the adults' careseeking system while promoting their learning and cognitive and behavioural change, EPs can be successful at bringing the desirable outcomes in supporting the child's needs in mental health casework. These skills, qualities and

approaches used by EPs here have been identified in past research as EPs' core skills that are acquired through professional training and are used in their daily work with schools and families (Alexander and Sked, 2010; Jones and Wirtz, 2006; Miller, 2003). Results here suggest that EPs are able to transfer these skills and knowledge and apply them in mental health casework. A further contributor to the success of mental health involvements appears to be involvement over time. The findings of the study show that the continuity in the EPs' involvement might facilitate the EPs' caregiving responses towards adults and enable the latter to engage in problem-solving processes.

7.4.2 Implications for the role of EPs in mental health policies

The findings of the study suggest that EPs are in a good position to offer school-based mental health support at a specialist level by using the core skills and competences of their generic role. The grounded theory redirects the focus of EPs and policy makers in recent years on the delivery of therapeutic interventions and clinical-based approaches to support students' mental health needs (Clark, 2011; DfE, 2016; DH, 2014; 2015; Farrell et al, 2006; McKay, 2007; Stallard et al, 2007). This study suggests that EPs can effectively support students' mental health needs at a specialist level through their generic role in individual casework involvements. In relation to policies and literature that view the delivery of therapeutic interventions to students as the main role that external professionals can play in supporting mental health needs and as a consequence discusses the suitability of EPs, as non-clinical professionals, in playing this role, the current study suggests that EPs can be effective in meeting these aims by using the skills and knowledge acquired through their professional training and daily practice. Extending the existing literature on the effectiveness of consultation in bringing cognitive and behavioural change (Nolan and Moreland, 2014; Sheridan and Gutkin, 2000; Truscott et al, 2012), this study highlights the effectiveness of EPs in raising adults' skills and confidence in their role to support the child's needs. As proposed by some commentators (Durbin, 2017), this research argues that EPs can act as complementary to health-based services and as a bridge between clinical practices, schools and families in offering in situ mental health support and working closely with staff and families.

7.4.3 Implications for EPSs

As discussed in Chapter 2, the profession of educational psychology encounters the challenges of funding for the professional training, staff shortages in EPSs, increased demand for their services and financial cuts to local authority budgets (AEP, 2017; Thorley, 2016). An additional challenge that is particularly relevant to this research relates to the increase of traded EPSs and the heavy reliance on school commissioning for the involvement of EPs in individual casework, where the needs of the children and young people concerned do not meet the criteria for statutory assessments (Thorley, 2016). Schools are now responsible for spending their budgets and they may not prioritise mental health casework or they might not consider EPs as suitable professionals for such concerns (Atkinson, Squires, Bragg, Muscutt and Wasilewski, 2014). This study lends weight to the argument (AEP, 2017) that the benefit from EPs' support in mental health for schools and students might be maximised if the availability for service delivery and the maintenance of EPSs as public services that are not funded by schools are secured. This is particularly relevant to the study's findings that continuity and stability in the EP's involvement over time are essential facilitators of the hypothesised secure base that in turn allows the engagement in durable problem-solving activities and cognitive and behavioural change. Funding and resource constraints may compromise the length of educational psychology involvements, which may lead to a less effective service delivery.

7.4.4 Implications for qualitative research in educational psychology

This study argues that qualitative research can be valuable in facilitating the creative study of human behaviour, encouraging researcher reflexivity and acknowledging issues of subjectivity and researcher involvement (Billington and Williams, 2017). The study offers evidence that constructivist grounded theory can be helpful in the exploration and explanation of complex and unknown areas of practice and for the generation of a theoretical framework that can be used in future applications (Charmaz, 2014).

The following section will revisit the grounded theory research evaluation criteria discussed in Chapter 3 in order to review the quality of the constructed grounded theory.

7.5 Evaluation of research –Part 2

Tables 3.3 and 3.4 in Chapter 3 presented the steps that were taken in order to enhance the quality of the study during the initial conceptualisation of the research topic and questions and later in the stages of data gathering and data analysis. These steps were based on the criteria proposed by Charmaz (2014) and Birks and Mills (2015) for the evaluation of grounded theory studies. The same criteria are used below for the evaluation of the conceptual categories and constructed grounded theory. Tables 7.1 and 7.2 only include the evaluation of the final analysis and need to be read in conjunction with Tables 3.3 and 3.4 for a rounded evaluation of the quality of this study.

Evaluation criteria	Outcomes
Credibility	The categories and the theoretical arguments are firmly rooted in the data and can be traced back through the previous levels of analysis and coding (Appendix 15; 16; 17).
Originality	<p>The constructed categories are grounded in the data, are unique to the study and offer new insights to the topic under exploration.</p> <p>The analysis provides new conceptual understandings of the data.</p> <p>The theoretical and social significance of this study is discussed (see sections 7.3 and 7.4).</p> <p>The location of the constructed grounded theory in the existing literature and implications for the profession of educational psychology in mental health are discussed (sections 7.2, 7.3 and 7.4).</p>

Resonance	<p>The constructed categories and the final grounded theory were shared with some of the participants, with other educational psychology colleagues, with trainee EPs and with university tutors and were found to resonate with their experience in the explored area and offer deeper insights of their practice.</p> <p>The constructed categories have re-conceptualised some of the existing concepts in educational psychology and have revealed liminal and taken-for-granted meanings in practice in mental health.</p>
Usefulness	<p>The analysis offers interpretations of EPs' practice in mental health casework that can be used by the professionals in their every day practice.</p> <p>The final grounded theory has implications for the profession and identifies areas for further research, as discussed in sections 7.2, 7.3 and 7.4.</p>

Table 7.1. Measures taken to enhance the quality of the current study based on Charmaz's (2014) evaluation criteria (2)

Evaluation criteria	Outcomes
Researcher expertise	Limitations to the study have been acknowledged throughout the written account and in section 7.7.
Methodological congruence	Grounded theory was mostly suitable for the purposes of the exploration of the relatively unknown area of educational psychology involvement in mental health and generation of a

	<p>theoretical framework to explain the involved processes.</p> <p>The outcomes of the analysis and the constructed grounded theory meet the purposes of the study presented in Chapter 2.</p> <p>A grounded theory is presented as the end product of the research in Chapter 6.</p>
Procedural precision	<p>Implications for practice of the constructed grounded theory are discussed in section 7.4.</p> <p>The final grounded theory is credible and made sense to the educational psychology colleagues, trainee EPs and university tutors it was presented to.</p>

Table 7.2. Measures taken to enhance the quality of the current study based on Birks and Mills’ (2015) evaluation criteria (2)

7.6 Researcher reflexivity

This is a constructivist grounded theory study that explored the participants’ construction of their mental health involvements as they subjectively perceived them to be successful. As such I was actively involved in all the stages of the research and all the codes and categories were the outcome of my construction of the participants’ constructions. The data gathering took place through intensive interviewing (see section 3.6.1). While my questioning was open-ended, the interview schedule was used as guidance and I intended to be neutral, constructivist grounded theory allowed me to make use of prompting, questioning for clarification and non-verbal cues (e.g. smiling; nodding) to lead the interview and pursue areas of interest as they arose (Charmaz, 2014). It is therefore acknowledged that the gathered data was the outcome of my interactions with the participants and our co-constructed meaning of the shared narratives. Indeed some participants commented on the usefulness of the interviews in allowing them to reflect on their practice and consider it from a different

perspective (Appendix 9), which might reiterate the shared construction of meaning during the interviewing between me and the participants.

A threat to my reflexivity was my double role as a researcher and a trainee EP in a research study that related to EP practice. As such I had professional experience and knowledge of mental health casework during my professional training. My inside knowledge of this research area and the way that my personal experiences related or not to the participants' accounts might have affected my interviewing approach and interpretation of data. A further threat to my reflexivity might have been my critical views of the diagnosing, pathologising and stigmatisation of mental health difficulties. Whereas the topic of this study did not relate directly to constructions of mental health, my views might have influenced the data gathering and analysis procedures. Research bias might have been related to my position in the EPS as a trainee EP and therefore in a lower position of authority to the EP participants. An additional bias relates to my pre-existing social relationships with the participants. This might have contributed positively to a trusting atmosphere during the interview, but might have also impacted on participants' accounts and my capacity for criticality. My reflexivity as a researcher was supported by the use of a research diary (Appendix 14), where decisions and reflections were recorded and by discussions with my research supervisor, fellow trainee EPs and university tutors. During the data analysis, the use of in-vivo codes and the processes of memoing, line-by-line coding, constant comparative analysis and going one level of abstraction up at a time increased my reflexivity and safeguarded the analysis from my preconceptions and assumptions.

7.7 Strengths, limitations and future research

Constructivist grounded theory facilitated the exploration of an area of high complexity and generated theory from the data. The explorative and constructivist nature of the study allowed the identification of aspects of practice through the expression of the voice of EPs and the co-construction of the data. Although the codes and categories that led to the grounded theory of the study offer a unique insight into the study area and theoretical saturation was achieved, they were bound

to the limitations and pressures of a doctoral thesis. The narrow range of data and number of interviews form a threat to the credibility of the study (Charmaz, 2014). Further research with greater flexibility in timescales and resources could perhaps include a wide range of data gathering activities, pursue theoretical sampling further and allow the development of additional and more detailed categories that may offer a fuller picture of the topic.

The explorative nature of the study and the flexibility that grounded theory allowed gave the participants the freedom to raise involvements they considered successful regardless of details such as the nature of the mental health difficulty or the age of the students discussed. This was appropriate for the purposes of the study, which intended to maintain a broad focus and invited all raised involvements. As a consequence, and due to the small participant sample, the discussed involvements related to a relatively narrow range of mental health needs and did not include secondary school or college students. Future research could look into a specific area of need, broaden the need and age range, explore potential discrepancies in practice between different areas of need or focus to specific age groups.

The present study focused on examples in EPs' practice they considered to have been successful. This placed a focus on support offered to students who were identified with mental health difficulties. In line with current governmental priorities for school-based promotion of mental health (Prime Minister's Office, 2017), future research could focus on universal mental health support and whole school approaches at a proactive and preventative level.

The selection of grounded theory methodology for this study allowed the development of a localised theory that explains the phenomenon under question for the local authority in which the research was conducted based on a relatively small sample (Charmaz, 2014). This implies that caution needs to be taken in transferring the theory of the study and applying it to other educational psychology practices. Future research may benefit by extending the sample to include EPs from a wide range of local authorities across the country with geographical and practice variations so that a greater wealth of practices is captured in the data.

A limitation of this study is that it is focused on a single professional group and examines the professional practice of this group in mental health casework from their own perceptions of their experience. This is potentially a monodimensional approach of a complex phenomenon that did not encourage the exploration of social, political, cultural and economic influences to the research topic. A research design employing activity theory could position the topic under study within the complexity of the sociocultural context in which mental health casework takes place and could offer more rounded insights into factors related to the school (e.g. school ethos and policies), the family (e.g. roles and relations within the family), the EPS (e.g. culture of the EPS; political and procedural facilitators or constraints) and the individuals involved (e.g. EPs; teachers; pastoral support staff; parents; students) and the dynamic interactions between all these factors (Greenhouse, 2013). Further research could also use a grounded theory approach but broaden the sample to include more populations, such as parents or teaching staff that participated in educational psychology involvement and offer deeper understandings of the processes that take place and the factors involved (e.g. Miller, 2003).

The use of intensive interviewing allowed the flexible pursuit of the topics that arose in the interview and potentially a deeper exploration of the participants' constructed experiences. A limitation of this approach in data gathering is that the participants' voices were consequently not pure and were bound to a specific context and place in time (Mills, Bonner and Francis, 2006). Future studies could use a variety of sources additional to semi-structured interviews, such as observations, written records or focus groups, in order to take a more holistic approach, enrich the gathered data and add to the depth of the analysis (Birks and Mills, 2015).

Due to the sample of participants being from a single local authority, information that could compromise the anonymity and confidentiality of participants or people involved in the discussed casework and could hence make them identifiable has been removed from the transcripts. This includes references to their gender and specialism. It is acknowledged that this may be a limitation of the study which might interfere with their interpretations of the study. This challenge might have been addressed by a modified confidentiality agreement, by ongoing discussions with the participants about data use and confidentiality or by using a post-interview confidentiality form

(Kaiser, 2009). A study of a sample of several different local authorities across the UK could also potentially resolve this challenge.

The study's epistemological and ontological underpinnings were in congruence with the selected methodology and allowed the development of a constructed theory on educational psychology practice in mental health. Whereas the purposes of this research were met through constructivist grounded theory, future research of pragmatist or post-positivist epistemologies could employ quantitative research and mixed-method designs in order to test the applicability of this theory in practice. Some commentators recommend the use of mixed grounded theory methods designs and mixed methods involving grounded theory alongside other methods as having the potential to produce rich and complex explanations of phenomena (Birks and Mills, 2015).

7.8 Summary of Chapter 7

The present study aimed to explore and explain the complex phenomenon of mental health casework in educational psychology. By using a constructivist grounded theory methodology, the study generated a theoretical framework that addresses the key processes and factors involved in the area under study. This chapter aimed to contextualise the constructed grounded theory in the light of the literature discussed in Chapter 2 and suggest implications for practice and policy within the limitations of the study. Chapter 8 will summarise the current paper.

8. Conclusion

The current study was located within the context of research and recent governmental policies that encourage schools' and linked external professionals' active role in promoting students' mental health (DfE, 2016; DH, 2014; 2015; Weare, 2015). It had been argued that there has been little or no consideration of EPs' role in supporting students' mental health in such policies (AEP, 2017). While much educational psychology research within the domain of mental health seems to have been focusing on the delivery of therapeutic interventions, less was known about the specific contributions and skills, qualities and processes involved in effective mental health casework. The present qualitative study employed a constructivist grounded theory methodology to address this deficit through exploration of EPs' successful involvements in mental health and offer research evidence that might inform future policies and guidelines.

The findings of the study propose a theoretical framework that explains the processes and factors involved in effective educational psychology mental health involvements. The grounded theory focuses on the processes involved in the EPs' direct work with school staff and parents. It suggests that in successful mental health involvements, EPs work closely with school staff and parents over time and alternate between two core sets of processes. One relates to the use of skills of empathy, cognitive and emotional attunement, respect, genuine interest, collaborative language and stance and being contactfully present in order to create a secure base and support the adults' careseeking needs at moments of challenge. This enables the adults to engage in the second core set of processes that the EP facilitates and relates to the cognitively demanding problem solving activities. In these processes, the EP uses a solution focused orientation and responds to the adults' psychological needs for autonomy, competence and relatedness. The EP is thus upskilling adults and bringing cognitive and behavioural change that will allow the latter to support the child's needs. The study considers educational psychology mental health involvements as a context of caregiving and draws on literature in attachment theory in psychotherapy, self-determination theory, solution-focused approaches, person-centred counselling and consultation.

The quality of the study is evaluated based on the grounded theory criteria suggested by Charmaz (2014) and Birks and Mills (2015) and issues that relate to researcher reflexivity are discussed. The study is evaluated to have achieved to a good extent credibility, originality, resonance, usefulness (Charmaz, 2014), researcher expertise, methodological congruence and procedural precision (Birks and Mills, 2015). Some of the limitations of the study include the relatively small and geographically narrow sample of participants, which forms a threat to the credibility of the study (Charmaz, 2014) and time constraints that enabled the process of theoretical sampling only to some extent. Future research might benefit by addressing these limitations and including a wider range of participants, local authorities, mental health concerns and student population over longer research timescales.

The current study provides a theoretical framework that can support developments in future educational psychology practice and increase the effectiveness of mental health involvements, which can lead to better mental health support and outcomes for children and young people. The study offers evidence for the effectiveness of EPs in supporting students' mental health needs by utilising their generic role skills and engaging in activities that are core in their practice, such as consultation and observations during school visits. It is proposed that the profession of educational psychology can have a unique contribution in jointly supporting the school and family contexts so that adults around the child can feel equipped and confident to attend to the latter's mental health needs. This evidence offers a new insight into EPs' involvement in mental health and extends the existing evidence base that has focused on the profession's direct delivery of therapeutic interventions to children and young people. The effective application of their generic role skills implies that EPs have a distinct role to play compared to health-based external professionals that are expected by recent governmental policies (DfE, 2016; DH, 2014) to promote students' mental health. It is suggested that future policies and guidelines consider such research findings and include the profession in their planning.

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Appendix 1. Consent Form

<p style="text-align: center;">School of Psychology</p> <p style="text-align: center;">Consent Form</p>

Ethics Approval Number: 825

Researcher: Evi Zafeiriou, lpxmz@nottingham.ac.uk

Supervisor: Anthea Gulliford, anthea.gulliford@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? 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
- Do you agree to take part in the study? 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 2. Information Sheet

School of Psychology

Information Sheet



The University of
Nottingham

UNITED KINGDOM • CHINA • MALAYSIA

Title of Project: An exploration of educational psychologists' involvement in supporting children and young people's mental health.

Ethics Approval Number: 825

Researcher: Evi Zafeiriou

Supervisor: Anthea Gulliford

Contact Details: lpxmz@nottingham.ac.uk

anthea.gulliford@nottingham.ac.uk

This is an invitation to take part in a research study on Educational Psychologists' experiences of their involvement in supporting children and young people's mental health.

Before you decide if you wish to take part, it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully.

If you participate in the study, you will be asked to participate in a semi-structured interview with the researcher, during which you will be asked to share your views of mental health and discuss your experience of successfully supporting a child or young person's mental health, or of supporting schools to do so.

The interviews will be recorded using a digital voice recorder and will then be transcribed by the researcher with the help of a software system. The information collected, including any references to children and young people, will be anonymised and stored securely. Only the research team will have access to it. All of your answers are confidential and will not be shared with anybody unless it is felt that you or

somebody else is at risk of harm, on which occasion I will follow the Educational Psychology Service's safeguarding procedures. The information gathered will be used as part of my doctoral thesis and as such will be available to the public. All names and identifying data will be changed and in case of future publication any traces will be removed.

The whole procedure will last 1 hour.

Participation in this study is totally voluntary and you are under no obligation to take part. You are free to withdraw at any point before or during the study. All data collected will be kept confidential as described above and used for research purposes only. It will be stored in compliance with the Data Protection Act.

If you have any questions or concerns please don't hesitate to ask now. We can also be contacted after your participation at the above address.

If you have any complaints about the study, please contact:

Stephen Jackson (Chair of Ethics Committee)

stephen.jackson@nottingham.ac.uk

Appendix 3. Contact email for initial data gathering

Dear XXXXX,

As part of my doctoral training in Educational Psychology I am undertaking a research exploring educational psychologists' (EPs) perceptions of and involvement in the mental health of children and young people and I would like to invite you to participate in my study. I am hoping that by exploring this topic I will be able to contribute to understandings of EPs' successful practice in mental health and thereby help to identify implications for future practice.

This research will involve an individual semi-structured interview, likely to last 45-60 minutes. If you participate in the study, you will be asked your views of mental health and to discuss an anonymous case example where you perceived your contribution to be successful.

The interviews will be recorded using a digital voice recorder and will then be transcribed by myself with the help of a software system. The gathered data will be anonymised and will be locked away in a filing cabinet. Only the research team will have access to it. In case of future publication any traces will be removed.

For more information about the study please see the document attached.

If you would like to participate to the study and/or if you have any comments or questions, you can contact me at the email below or at lpxmz@nottingham.ac.uk or my supervisor, Anthea Gulliford, at anthea.gulliford@nottingham.ac.uk.

Thank you for your time and for reading this email.

Kind regards,

Evi

(Signature)

Appendix 4. Contact email with consent form prior to initial interviewing

Hi XXXXX,

Please find attached the Consent Form for my research. I will also have a hard copy of the form available on the day of our interview, so you can fill it in either way.

I am looking forward to seeing you next week.

Many thanks,

Evi

(Signature)

Appendix 5. Interview schedule for initial data gathering

Introductions

- TEP introductions; aims of research study; aims of interview; interview process information
- Participant introductions; their role and experience; questions about study

General questions about mental health

1. What does mental health mean for you? How do you understand the term ‘mental health’?

- *What do mental health needs/difficulties/problems mean for you?*
- *How do you understand these terms?*
- *These are some key definitions (e.g. WHO, charities etc) of mental health and mental health problems...*

2. How does “mental health” fit in your role as an EP? How does your role as an EP relate to the term mental health? What is the EP role in mental health?

- *How have you become involved in mental health during your practice as an EP?*
- *How long for?*
- *Is there anything different in your involvement with mental health to other involvements you have as part of your role?*

3. How, if at all, has your role as an EP in mental health changed/is changing?

1. *How are changes in legislation and school policies impacting on your role as an EP?*

Successful example of mental health involvement

4. Going back to a mental health involvement with a school which went well, what was your involvement on that occasion?

- *Please describe the background, the process and give further details (e.g. what was the main concern? Who did you work with? What action did you take? How long were you involved for?)*

5. What aspects of your involvement went well? How?

- *What did you find helpful in your involvement? How? Why?*
- *What skills do you feel helped you in your involvement?*
- *What are the individual, systemic and contextual factors that helped in your involvement?*

(Use table for own prompting and select factors, if required)

Contextual factors	Inter-related factors	Individual factors
1. frameworks for practice	2. CYP/parents/staff views of mental health	3. psychological theories
4. codes of practice	5. multi-agency work	6. supervision
7. EPS culture	8. relationship with CYP/parents/staff	9. systemic service delivery
10. community	11. CYP/parents/staff motivation for change	12. problem-solving model
13. local context (e.g. TaMHS)	14. CYP/parents/staff attendance	15. initial EP professional training
16. legislation	17. CYP/parents/staff level of engagement	18. purpose of involvement
19. resources	20. early identification	21. peer support
22. inclusion		23. holistic approach
24. school culture		25. reflective practice
		26. monitoring and evaluation of practice
		27. limits of competence
		28. incidental learning
		29. CPD
		30. research knowledge
		31. confidence
		32. years of experience in the role

6. How was this involvement similar or different to other mental health involvements you have had?
7. What did you find hindering in your involvement? How? Why?
 - *Is there anything you would have liked to change in your involvement?*
8. From all the areas and factors we covered, which are the most important to you?

Closing statements

- Have we missed anything? Is there anything you would like to add?
- Is there anything you would like to clarify?
- Do you have any questions? Any final comments?
- Thank participants for the time and effort and explain next steps of project.

Appendix 6. Contact email for theoretical sampling

Hi XXXXX,

I hope my email finds you well. I am contacting you in regard to my research project, exploring EPs involvement in mental health in schools, which you kindly took part in autumn 2016.

I am now close to completing my analysis and would like to gather some final data in order to clarify some aspects of my analysis. I would therefore like to invite you to a brief follow-up semi-structured interview, which I anticipate should take around 20 minutes.

As before, the interview will be recorded using a digital voice recorder and will then be transcribed by myself with the help of a software system. The gathered data will be anonymised and will be locked away in a filing cabinet. Only the research team will have access to it. In case of future publication any traces will be removed.

Due to the thesis completion deadline I have to meet, I would hope for the interview to take place within February or early March (which I understand might be a big ask).

If you would like to participate and/or if you have any comments or questions, you can contact me here. You can also contact my supervisor, Anthea Gulliford, at anthea.gulliford@nottingham.ac.uk.

Thank you for your time and for reading this email.

Kind regards,

Evi

(Signature)

Appendix 7. Interview schedule for theoretical sampling

- *Thank participant for participating, explain purpose of process, duration and ask if they have any questions.*
- *Share Figures with participant and explain in brief the categories. Give them 2 minutes to process. Does this make sense? Does it resonate with the involvement you shared?*
- *What I would like us to focus on today is this category [Responding to Adults' Difficult Emotions] and its relation to the overall process. Remind participant of the data they shared in relation to this.*
 - *How do you consider this to fit within your practice in mental health and the wider total of your actions (Figure A)? (i.e. Does it happen alongside other actions? Is the exit point the balance of containment? Does it happen before/during/after? What is the relationship between the two?)*
 - *How does [Responding to Adults' Difficult Emotions] contribute to the involvement? What role does it play, what is important about it?*
 - *What purposes are met or outcomes achieved by [Responding to Adults' Difficult Emotions]? (Why?)*
- *Do you have any other reflections that you would like to share? Any other comments or questions?*
- *Thank participant for their time.*

Appendix 8. Figures of the analysis shared with participants during theoretical sampling

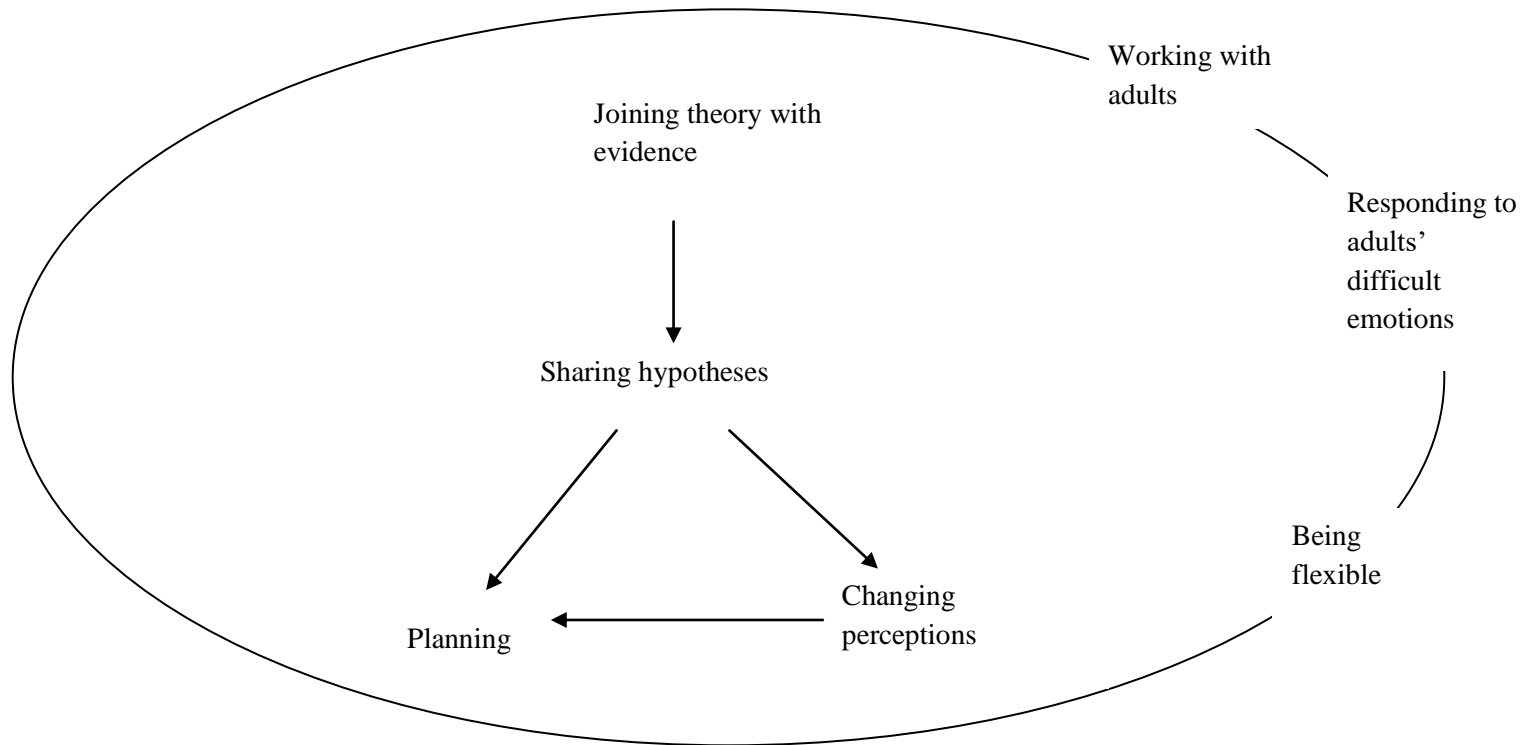


Diagram of the categories, selected focused codes and their relationships following the analysis of the initial interviews (referenced as “Figure A” in Appendix 9) (1)

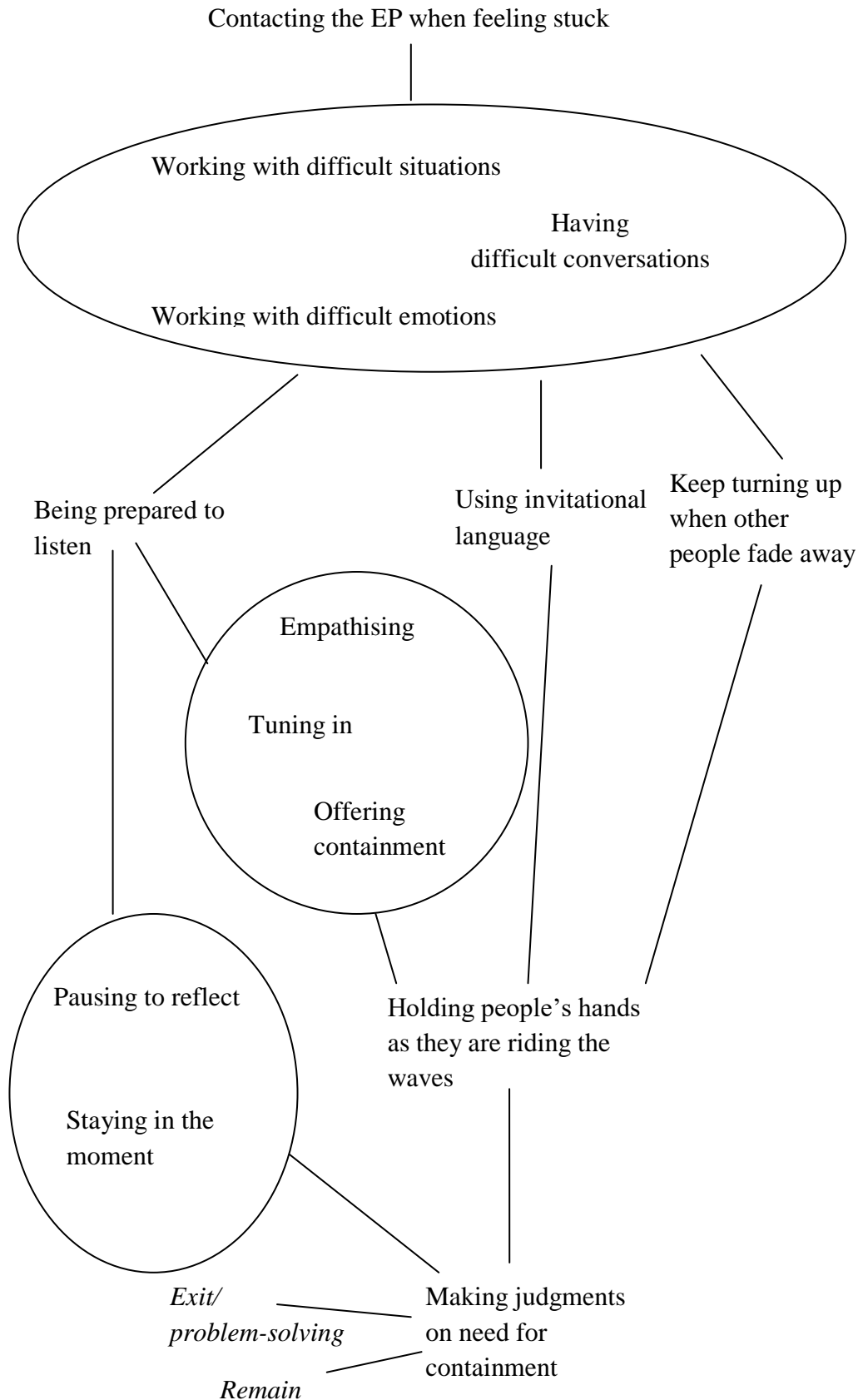


Diagram of Category A following the analysis of the initial interviews (2)

Appendix 9. Sample of positive comments shared by participants at the end of their interviews

“Just to say thank you, because actually in terms of having the chance to focus on mental health as a sort of concept and idea it's really nice just to, as you're talking to think about your own practice and to think about what you do as an EP and how you respond to situations and I found it really useful as a sort of reflective exercise because it's all about developing skills and improving what you do with other people and I think we covered these deeply, there's not always enough to do that, it's a case of occasionally having the chance to do a bit of CBT but actually taking the time to think back and talk about it, talk through what you do is very helpful so... I found it a very sort of rewarding experience to do that, so I appreciate it...”

Participant 5

“[...] it has actually been really helpful for me to have this chance to reflect because I don't think I had necessarily put all the pieces together before and I hadn't necessarily thought of all the psychological theories like. [...] But useful to have this opportunity to just pause and reflect on what you are doing... and also, I mean just things like going back through this book thinking ‘actually yeah, I hadn't thought of it like that’ or ‘I had forgotten that's why I'm doing that’ or to give you, you know to prompt you to use things that perhaps you have not used for a while. So um... no thank you, it's been really useful.”

Participant 4

Appendix 10. Example of initial coding in Interview 1

Transcript	Initial Coding
<p>R: Yes... Thank you. So shall we now come to an example from your own practice?</p> <p>So going back to a mental health involvement with a school or any other educational context which you thought went well, would you like to describe your involvement on that occasion, starting from the request for involvement and what the background was?</p> <p>P: Absolutely, of course, yes... So this is an early years case actually, so is slightly different to usual. So the request for involvement comes through the Early Years panel and a member of staff from the Early Years Portage contacts to do a joint visit, so the plan was to do a joint visit for a child that is having behavioural and social and emotional difficulties and I ended up doing everything on my own because the colleague was unable to go and the first thing that we said as soon as I arrived was "the mum thinks that this child has Asperger's, she thinks he has autism."</p>	<p>Characterising Early Years cases as different</p> <p>Describing process of request</p> <p>Expecting EY Portage and EP to do a joint visit</p> <p>Explaining initial plan</p> <p>Taking action on their own</p> <p>Being left to work on their own</p> <p>Sharing hypothesis –mum</p> <p>Using ASD diagnostic labels –Mum</p>

<p>R: Okay, can I ask how old the child was?</p> <p>P: So he was actually due to start school in September, so he is four...</p> <p>R: Right... And was he in the Reception?</p> <p>P: He is in a preschool, yeah, which feeds into a primary school, so he is actually nearly five now. So that was the first big question mark, so perhaps Mum was thinking we are looking at whether he could be on the spectrum somewhere, and I thought perhaps I'll go do some observation of him playing and I might try to engage him, and I brought a couple of toys with me to try do some play, and it became clear quite quickly that this was a mental health difficulty and fairly quickly just, and again I didn't have to do any structured assessment, I didn't have to do a standardised assessment, I didn't even do any play based assessment, because it became apparent really quickly that this was a really really unhappy child who was struggling massively in the setting, is probably one of the most severe cases I have ever seen. So he didn't want to engage with me at all and I asked him a few questions and he didn't want to engage with me at all, he had his mother there and two key workers there and he was separate from all the other children in the setting, actually in an outside space, because they have dimmed for</p>	<p>Sharing child's age</p> <p>Sharing details about child</p> <p>Holding questions Guessing Mum's views Focusing on diagnostic labels –Mum Looking for answers</p> <p>Using observation to gather data Keeping an open mind about assessment Going prepared for a play-based assessment Following principle of minimal involvement</p> <p>Formulating hypotheses Not needing structured assessment</p> <p>Using a flexible approach to assessment</p> <p>Recognising mental health difficulties</p> <p>Empathising with child Stressing out severity of case</p> <p>Following principle of minimal involvement</p> <p>Asking questions</p> <p>Being physically segregated –child</p> <p>Using the safety argument in segregating children –staff</p> <p>Using observation and consultation for assessment</p>
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<p>it to be unsafe for him to be in the room with the other children. So lots of observation, lots of asking questions from Mum and asking lots of questions from the key adults and they could tell me about what he likes doing, and what he really enjoys playing with and when he's been at his best, and they told me about things they find difficult, so just a lot of collecting information, but... He did once I was there become really really distressed and became completely disregulated and it wasn't in an autistic kind of a way, there was nothing kind of rigid about his behaviour, rigid about his play, he had some lovely interaction, he played really nicely with his mum, played really nicely with the key worker, but as soon as there became some frustration, he got really really distressed, and he was shouting things like "I'm stupid" and "I'm rubbish" and "I'm useless", and "you don't love me", and all kinds of really distressing things, and obviously things just escalated really quickly and he ended up throwing things and trying to kick people and hurt people and lashing out and so on... The reason I thought it was successful it's just because I felt as if people hadn't really recognised how unhappy he was and people just kept asking these question about "is he on the spectrum or not?" and "is he gonna get diagnosis?" or "do we have to wait 6 months and, you know, reassess him for autism?" and it just felt that they hadn't really recognised how distressed he was, how unhappy he was... And just by unpicking a tiny bit of the background it</p>	<p>Asking adults questions Individualisation Daily functioning Using solution-focused approach to gather data Gathering information about different contexts Observing child's distress Testing hypotheses Comparing behaviours Applying theory to test hypotheses Looking for what works well Unpicking interactions Breaking down the behaviour Describing child's behaviour Reporting child's comments Noticing escalation of behaviour Describing peak of observed behaviour Explaining their views of case's success Overlooking child's mental health needs –adults Focusing on ASD diagnoses –adults Wanting an ASD diagnosis –adults Fixating on ASD diagnosis –adults Overlooking child's mental health needs –adults Looking deeper for answers Exploring the family background</p>
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<p>quickly became apparent that there had been domestic abuse in the family, there had been substance abuse in the family, and he moved house a few times and he had different people come and go in the house, so there was a lot going on... So it wasn't a very long involvement, I basically just provided the report as quickly as I could, I gave them advice literally there and then as he was having a really big stressed meltdown, I was saying "try this" and "try holding him" and "try different things" and I was talking to them about emotion coaching and how to kinda acknowledge his emotions and talk to him and keep calm and then provided the report as quickly as I could 'cause I felt things were really hard and gave lots and lots of suggestions about how they could tackle things in the short term, but also about his transition to primary school in September. He then had a Child in Need meeting the following week, and I was able to get to that, and I think it was really useful to be there with all of the professionals and to just switch the focus completely away from "when are we gonna get the assessment for ASD?", "when are we gonna get the Community Paediatrician involved?"</p> <p>R: Do you know what the other professionals were?</p> <p>P: Yeah, well there was some health professionals from, I think, there was from the nursing team, there was some Children's Centre workers, there was like a family</p>	<p>Finding out about adverse family experiences</p> <p>Formulating hypotheses</p> <p>Acting fast</p> <p>Giving advice on the spot Acting flexibly</p> <p>Being directive</p> <p>Sharing psychology Working with adults</p> <p>Acting fast Writing a report</p> <p>Giving suggestions</p> <p>Short-term planning</p> <p>Thinking about transition</p> <p>Prioritising multi-agency meeting Having limited time</p> <p>Identifying usefulness of attending multi-agency meeting-MAM Changing professionals' perceptions Moving professionals away from ASD diagnosis Fixating on ASD diagnosis –adults Being directive</p> <p>Describing professionals attending MAM</p> <p>Health representatives in MAM</p>
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<p>support worker who worked with the Children's Centre, there was a social worker who was involved with the family, there was obviously a couple of people from the preschool that work with him now and a manager from the pre-school... There was somebody from the primary school because he was about to transition there too, and myself, and there should be somebody from the Early Years Portage, but again, they didn't have anyone available...</p> <p>R: And did you feel they were all coming from the Asperger's perspective or ASD or did they have concerns as well as Mum...?</p> <p>P: I think so, and even though people were very quick to actually accept and agree that maybe that wasn't the best issue to focus on, I think everybody had been pinning all of their hopes on health and on getting the Community Paediatrician involved, getting a diagnosis, and finding him a placement that would fit that. So it seemed like there was a very kind of restricted view about "this is the only way forward, is to health" and I think I just kind of helped switch the focus a bit and just talk about how unhappy he was it was almost a bit of a light bolt and they were like "yeah, he really is unhappy" and they were all saying "yeah, you're right, he really really is unhappy"...</p>	<p>Social worker at MAM</p> <p>Pre-school staff at MAM</p> <p>Primary school staff at MAM</p> <p>Early Years Portage missing from MAM</p> <p>Accepting mental health focus fast –professionals</p> <p>Moving professionals away from ASD labels</p> <p>“Pinning all hopes on Health” –professionals (in vivo)</p> <p>Fixating on ASD diagnosis –professionals</p> <p>Changing professionals’ perceptions</p> <p>Being directive</p> <p>Using mental health language to shift perceptions</p> <p>Increasing professionals’ empathy for child Professionals acknowledging EP’s arguments</p>
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R: So did you share data from your observation then?

P: Yeah, I mean obviously the parents and the pre-school workers had been there whilst I was doing my observations so they knew exactly what I was talking about and they witnessed this a lot, so it wasn't anything new in terms of me describing his behaviour, everybody knew what the behaviour was, I just think it was a different way of viewing it... I think about, you know, how distressed he was and how low his self-esteem was because he was saying things like "I hate myself and I am stupid" and that kind of thing, so... just a different way of looking at it I think...

R: And then going back again to your first visit, so once you did the observations and you gathered your data, did you work with them to explain to them what the nature of the concern was?

P: Yeah, whilst I was there, I did start to talk a lot, so and it was a difficult thing to talk about, because often I think a parent has decided or have pinned some hopes on the fact that he could be as simple as: he gets a diagnosis and he gets the treatment for it... So she was very very keen on that view, so it was difficult for me to say, 'cause you know, she was really hoping I would agree with her, I would say "yeah, absolutely, that's what the problem is"... But I didn't want to kind of keep

R: And then going back again to your first visit, so once you did the observations and you gathered your data, did you work with them to explain to them what the nature of the concern was?

- Knowing what EP was raising –adults
- Knowing the behaviours but not the causes –adults
- Reframing child’s behaviour
- Using observation data to form hypotheses
- Empathising with child | Using mental health language
- Viewing behaviour as communication

<p>prolonging this view about him, as having this kind of disability if you like, so I was quite quickly wanting to say "I don't think that the main issue here is about ASD"... I said "you know, he could be on the spectrum, if he is, he could come very low end, but I think we really need to focus our attention on all of these issues, the background, the kind of disruption and the trauma he's experienced in the last few years... this domestic abuse... being thrown out his house, not seeing his father..." All of these things that gone on... So I was doing that there and then, feeding that there and then, and as I said I was also there and then saying "try and do this, try empathising, try naming his feelings, try and, you know, put your arms around him" and kind of giving them some practical feedback as he was kind of in this state, and then obviously also had to talk about where to go next, because I think it's pretty difficult for parents to think "I'm not gonna get the diagnosis I wanted", because they just feel a bit "what now?", so it was really important I think to just not disappear and leave them hanging, but just say "this is what we 're gonna do", you know, "we're gonna have these meetings, we're gonna put transition support in, you know, we're gonna support him into the other school" and to talk about the holiday, she was very worried about the 6 weeks school holiday being on her own with him, so again talking about let's have a plan for the holiday, "let's arrange where you will be going, what support there is available, identify people</p>	<p>Challenging perceptions Acting fast</p> <p>Using inviting language</p> <p>Using language of “we”</p> <p>Sharing psychology to shift perceptions</p> <p>Empathising with child</p> <p>Acting on the spot</p> <p>Giving advice</p> <p>Being directive</p> <p>“Giving practical feedback” (in vivo)</p> <p>Thinking about next steps as common practice</p> <p>Empathising with Mum</p> <p>Struggling to accept lack of diagnosis –Mum</p> <p>“Feeling left hanging” –Mum (in vivo)</p> <p>Standing by parents Using language of “we”</p> <p>Planning together</p> <p>Responding to parents’ needs</p> <p>Going the extra mile</p> <p>Planning together</p>
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Appendix 11. Example of focused coding in Interview 1

Transcript	Focused Coding
<p>R: Yes... Thank you. So shall we now come to an example from your own practice?</p> <p>So going back to a mental health involvement with a school or any other educational context which you thought went well, would you like to describe your involvement on that occasion, starting from the request for involvement and what the background was?</p> <p>P: Absolutely, of course, yes... So this is an early years case actually, so is slightly different to usual. So the request for involvement comes through the Early Years panel and a member of staff from the Early Years Portage contacts to do a joint visit, so the plan was to do a joint visit for a child that is having behavioural and social and emotional difficulties and I ended up doing everything on my own because the colleague was unable to go and the first thing that we said as soon as I arrived was "the mum thinks that this child has Asperger's, she thinks he has autism."</p>	<p>Using ASD diagnostic labels –mum</p>

<p>R: Okay, can I ask how old the child was?</p> <p>P: So he was actually due to start school in September, so he is four...</p> <p>R: Right... And was he in the Reception?</p> <p>P: He is in a preschool, yeah, which feeds into a primary school, so he is actually nearly five now. So that was the first big question mark, so perhaps Mum was thinking we are looking at whether he could be on the spectrum somewhere, and I thought perhaps I'll go do some observation of him playing and I might try to engage him, and I brought a couple of toys with me to try do some play, and it became clear quite quickly that this was a mental health difficulty and fairly quickly just, and again I didn't have to do any structured assessment, I didn't have to do a standardised assessment, I didn't even do any play based assessment, because it became apparent really quickly that this was a really really unhappy child who was struggling massively in the setting, is probably one of the most severe cases I have ever seen. So he didn't want to engage with me at all and I asked him a few questions and he didn't want to engage with me at all, he had his mother there and two key workers there and he was separate from all the other children in the setting, actually in an outside space, because they have dimmed for</p>	<p>Holding questions</p> <p>Focusing on diagnostic labels –Mum Looking for answers</p> <p>Using observation to gather data </p> <p>Following principle of minimal involvement</p> <p>Formulating hypotheses</p> <p>Using a flexible approach to assessment</p> <p>Empathising with child</p> <p>Following principle of minimal involvement</p> <p>Asking questions</p>
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<p>it to be unsafe for him to be in the room with the other children. So lots of observation, lots of asking questions from Mum and asking lots of questions from the key adults and they could tell me about what he likes doing, and what he really enjoys playing with and when he's been at his best, and they told me about things they find difficult, so just a lot of collecting information, but... He did once I was there become really really distressed and became completely disregulated and it wasn't in an autistic kind of a way, there was nothing kind of rigid about his behaviour, rigid about his play, he had some lovely interaction, he played really nicely with his Mum, played really nicely with the key worker, but as soon as there became some frustration, he got really really distressed, and he was shouting things like "I'm stupid" and "I'm rubbish" and "I'm useless", and "you don't love me", and all kinds of really distressing things, and obviously things just escalated really quickly and he ended up throwing things and trying to kick people and hurt people and lashing out and so on... The reason I thought it was successful it's just because I felt as if people hadn't really recognised how unhappy he was and people just kept asking these question about "is he on the spectrum or not?" and "is he gonna get diagnosis?" or "do we have to wait 6 months and, you know, reassess him for autism?" and it just felt that they hadn't really recognised how distressed he was, how unhappy he was... And just by unpicking a tiny bit of the background it</p>	<p>Using observation and consultation for assessment</p> <p>Asking adults questions</p> <p>Individualisation Daily functioning</p> <p>Using solution-focused approach to gather data</p> <p>Looking for what works well Unpicking interactions </p> <p>Breaking down the behaviour</p> <p>Noticing escalation of behaviour</p> <p>Fixating on ASD diagnosis –adults</p> <p>Looking deeper for answers</p>
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<p>quickly became apparent that there had been domestic abuse in the family, there had been substance abuse in the family, and he moved house a few times and he had different people come and go in the house, so there was a lot going on... So it wasn't a very long involvement, I basically just provided the report as quickly as I could, I gave them advice literally there and then as he was having a really big stressed meltdown, I was saying "try this" and "try holding him" and "try different things" and I was talking to them about emotion coaching and how to kinda acknowledge his emotions and talk to him and keep calm and then provided the report as quickly as I could 'cause I felt things were really hard and gave lots and lots of suggestions about how they could tackle things in the short term, but also about his transition to primary school in September. He then had a Child in Need meeting the following week, and I was able to get to that, and I think it was really useful to be there with all of the professionals and to just switch the focus completely away from "when are we gonna get the assessment for ASD?", "when are we gonna get the Community Paediatrician involved?"</p> <p>R: Do you know what the other professionals were?</p> <p>P: Yeah, well there was some health professionals from, I think, there was from the nursing team, there was some Children's Centre workers, there was like a family</p>	<p>Acting fast</p> <p>Giving advice on the spot Acting flexibly</p> <p>Being directive</p> <p>Sharing psychology</p> <p>Acting fast</p> <p>Prioritising multi-agency meeting</p> <p>Changing professionals' perceptions Moving professionals away from ASD diagnosis Fixating on ASD diagnosis – adults Being directive</p>
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<p>support worker who worked with the Children's Centre, there was a social worker who was involved with the family, there was obviously a couple of people from the preschool that work with him now and a manager from the pre-school... There was somebody from the primary school because he was about to transition there too, and myself, and there should be somebody from the Early Years Portage, but again, they didn't have anyone available...</p> <p>R: And did you feel they were all coming from the Asperger's perspective or ASD or did they have concerns as well as Mum...?</p> <p>P: I think so, and even though people were very quick to actually accept and agree that maybe that wasn't the best issue to focus on, I think everybody had been pinning all of their hopes on health and on getting the Community Paediatrician involved, getting a diagnosis, and finding him a placement that would fit that. So it seemed like there was a very kind of restricted view about "this is the only way forward, is to health" and I think I just kind of helped switch the focus a bit and just talk about how unhappy he was it was almost a bit of a light bolt and they were like "yeah, he really is unhappy" and they were all saying "yeah, you're right, he really really is unhappy"...</p>	<p>Moving professionals away from ASD labels</p> <p>“Pinning all hopes on Health” –professionals (in vivo)</p> <p>Fixating on ASD diagnosis –professionals</p> <p>Changing professionals’ perceptions</p> <p>Being directive</p> <p>Using mental health language to shift perceptions</p> <p>Increasing professionals’ empathy for child</p>
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<p>prolonging this view about him, as having this kind of disability if you like, so I was quite quickly wanting to say "I don't think that the main issue here is about ASD"... I said "you know, he could be on the spectrum, if he is, he could come very low end, but I think we really need to focus our attention on all of these issues, the background, the kind of disruption and the trauma he's experienced in the last few years... this domestic abuse... being thrown out his house, not seeing his father..." All of these things that gone on... So I was doing that there and then, feeding that there and then, and as I said I was also there and then saying "try and do this, try empathising, try naming his feelings, try and, you know, put your arms around him" and kind of giving them some practical feedback as he was kind of in this state, and then obviously also had to talk about where to go next, because I think it's pretty difficult for parents to think "I'm not gonna get the diagnosis I wanted", because they just feel a bit "what now?", so it was really important I think to just not disappear and leave them hanging, but just say "this is what we 're gonna do", you know, "we're gonna have these meetings, we're gonna put transition support in, you know, we're gonna support him into the other school" and to talk about the holiday, she was very worried about the 6 weeks school holiday being on her own with him, so again talking about let's have a plan for the holiday, "let's arrange where you will be going, what support there is available, identify people</p>	<p>Standing up for one's views</p> <p>Challenging perceptions Acting fast</p> <p>Using inviting language</p> <p>Using language of "we"</p> <p>Empathising with child</p> <p>Acting on the spot</p> <p>Giving advice</p> <p>Being directive</p> <p>"Giving practical feedback" (in vivo)</p> <p>Empathising with Mum</p> <p>"Feeling left hanging" –Mum (in vivo)</p> <p>Standing by parents Using language of "we"</p> <p>Planning together</p> <p>Responding to parents' needs</p> <p>Going the extra mile</p>
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<p>that will be working during the holiday that you can seek support from"... So that was kinda a three stage feedback.</p> <p>R: And did you find them accepting to a certain point?</p> <p>P: To an extent, yeah, I think the preschool staff were quite accepting, I think they had probably felt, their gut feeling was that his past was in some way related to this behaviour, so they were very accepting... Mum was really upset, she was very very tearful, not necessarily because of what I was saying but because it was such a difficult situation... So I think it was possibly harder for her to hear "this is a mental health issue", rather than "this is an ASD issue", because I suppose it created feelings of guilt in her, but his behaviour and his distress are linked with his experiences and the things he has witnessed, so that was really tricky for her, I could empathise with her...</p>	<p>Working with difficult emotions</p> <p>Working with difficult situations Empathising with Mum</p> <p>Easier to accept ASD than mental health</p> <p>Mental health creating feelings of guilt in Mum</p> <p>Reflecting and empathising with Mum</p>
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Appendix 12. Excerpt of interview transcript of theoretical sampling and focused coding

Transcript	Focused Coding
<p>R: [...] Ok, so what I wanted to ask you today, going back to your involvement, I think, if I remember correctly, in your involvement you discussed quite a lot how you supported the child's mother, so there were difficult emotions on that [P: mmm] I think pre-school staff as well, but primarily the child's mother [P: yeah, yeah], so I think all this would apply in her case. So I was wondering, how do you consider this to fit within the overall problem-solving model, if you like, or the overall involvement, so do you feel that this might be something that happens at stages or does it run alongside the work... what might the relationship between the two be in that particular example?</p> <p>P: In that example? Well it... I mean, it does run all the way through to some extend but perhaps less so in the very beginning, because obviously when you first become involved you don't really know what you are going to come across and you don't yet understand the emotional state that the family might be in, and as you gather more information, then that becomes much more clear and in that particular case the emotions became really quickly evident and there were lots of tears and it was</p>	<p>Difficult emotions becoming the focus of case</p> <p>Expressing overwhelm (parent)</p>

<p>realise that there is no point in you standing there and telling them what to do because they are not ready to take it all on board... I think that happens a lot and that was a particular theme in that case, so yeah, I was definitely judging quite quickly that they were in such a state of overwhelm that we needed to make things a little bit more stable before rushing in and planning on how to meet needs...</p> <p>R: Okay... Thank you... How, so, if I go back then, how does this process contribute to the overall involvement? What role does this play, why do people do that?</p> <p>P: You mean from my perspective or why do people want our involvement?</p> <p>R: No, sorry, I suppose for you as an EP, 'cause you could potentially walk in and [P: mm] park all those feelings that Mum [P:mm] showed you [P: mm] and just focus on the case, with a cold face, but you chose not to do, and it sounds like it's quite important [P: mhm] that you gave them the space and...</p> <p>P: Well, I mean I think at the most basic level it just comes down to being effective, you know, you do what you think it's gonna work, and if you think that people aren't ready to take in that information, then it's not gonna be effective, and I know, I've seen examples of cases that perhaps have been through CAMHS, where they've</p>	<p>Making decisions on containment versus planning</p> <p>Evaluating adults' emotional readiness to receive advice</p> <p>Aiming for adults' emotional stability</p> <p>Evaluating adults' emotional readiness to receive advice</p> <p>Using containment for case effectiveness</p>
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<p>been for an initial assessment, they've been given lots of strategies but they clearly weren't ready to take any of that on board and it didn't work, so I think it's absolutely of central importance if you want to make any lasting change that you take into account people's emotional state and what stage of processing they are in. It's almost like the grief processing, you know, if your child got quite significant needs and you weren't expecting it, then you know you have to come through all those stages and come to acceptance before you are ready to start planning and making changes.</p>	<p>Evaluating adults' emotional readiness to receive advice Responding to difficult emotions: essential for bringing change Identifying link between emotional state and cognitive processing when perceptions are challenged Processing time required when perceptions are challenged before planning</p>
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Appendix 13. Examples of memoing

Memos during initial coding in Interview 1:

The participant reminded me of the Solihull Approach. They are not focusing only on the child's systems, but it's as if they run two parallel ecosystems, one with the child in the centre and one with his mum. So they explore the support that the child's mum receives, in order to be able to care for the child. Containment and reciprocity.

.....

There is a lot about the EP's work that has to do with using their psychological knowledge to support the parent, a lot of knowledge base 1 use, combination of neuropsychology, psychodynamic theories and consultative skills (e.g. reflection, active listening) before they even move on to knowledge base 2 skills and give advice.

.....

All the codes that have to do with the EP's work with mum, I wonder if the overarching theme here might be something about containment or using consultative skills.

Memo on the focused code 'using invitational language' of the category 'responding to adults' difficult emotions':

It is interesting to observe that whenever the participants used reported speech to refer to their discussions with adults, they used the first plural person, but also when they were narrating their experience. This gives the sense of unity and collective actions, collective decisions, collaborative problem-solving. It felt like there was not really much use of "they", and there was some use of "I" when the EP was describing parts of their involvement, but there was a strong presence of "we" for all the stages of

the involvement. This gives a sense of sharing. It means that the EP joined forces with adults, child and case and shared responsibility with them. This becomes particularly evident when it comes to action planning and problem-solving. The invitational language was not limited at the use of “we”, but it was also evident at the openness of the EPs and the sharing in all levels (e.g. use of “let’s”). It’s about the sharing, this is what it is, sharing, being in that together. This is evident both in good situations and in bad ones, both when things are working well and when they are not (see quote participant 5 –comparison between two schools).

“[...] working with a school like that we were able to make a huge difference to addressing the mental health needs of the young person, and of course as a result the frequency of the behaviours, the difficult behaviours within the school reduced to such a point now that we don't have the Early Help Assessment anymore, we got to the point where everybody felt that we've met a lot of the objectives, the action plans that we put in place, he's much more stable in school, he is still obviously in the agenda because he had significant needs and I think um, they still need to be managed, but we moved away from that crisis point that we were in the first school [...].”

Participant 5, p.9-10, l.17-4

I think what this is about is the sense that “once we are involved, we are in it together”. It’s perhaps about the code “going the extra mile” that I have been using a lot but have not been able to pinpoint down to what exactly it is about. And of course a lot of this language shows that EP and adults actually, practically worked together a lot during this involvement. So there are two elements in this inviting language. There is the spirit of collaboration and a sense of sharing, in an underlying, emotional sense, but there is also the applied, observable sharing of actions: discussing, agreeing, exploring, planning, assessing, observing, reviewing, etc. And I think this is key because it links to the bigger picture: that the majority of the time that the EP spends in these involvements is in the field, with the child, staff and parents. The fact that these involvements seemed to be

highly interactive and the EP was doing most part of their job there, in partnership with others, rather than for example visiting the school to conduct assessments on their own and then go to the office to write the report.

Memo following the completion of the analysis prior to theoretical sampling:

So what do EPs do when they become successfully involved in mental health cases? Important part of what they are doing is responding to adults' difficult emotions. This category addresses the process through which the EPs respond to adults' difficult emotions and support them –the 'what' and the 'how'. When they are not actively problem-solving, they are using all these skills to support adults. They also make decisions about balancing problem-solving and responding to adults' emotions. They work essentially ecosystemically. They work collaboratively and actively with adults at all stages, they are there for the adults as much as they are there for the child as long as it benefits the child.

But what is the relation between that and the rest of their problem solving activities? When do they respond to adults' difficult emotions? Are the processes parallel or sequential? How does 'responding to adults' difficult emotions' fit within the total of activities discussed in EPs' involvements? What is the balance between containment and problem solving? Is there a balance? Are these two 'sides' opposing/competing forces in the involvement? Or do they go hand-in-hand, in harmony, as part of the same process? So are they even two different processes or are they one process with two sides? Need to look for the answers in theoretical sampling.

Is there an even more abstract, conceptually higher aspect of 'responding to adults' difficult emotions' that I have not captured? What else does it mean when EPs respond to adults' difficult emotions? What else is achieved through that?

Memo following theoretical sampling:

The other change here is the addition of the final code ‘facilitating a therapeutic relationship the adult and the child’. So before theoretical sampling I was missing the purpose of this category, I had the process, the what and the how, but I didn’t have the why. The why seems to be the creation of a strong relationship between child and adult, alongside the development of adults’ skills that will enable this relationship.

“[...] when you are looking at relationships, and this crucial thing about tuning in, you know, are the adults in the school tuned in to the child, did they understand the child's perspective, um... Do they tune in to their signs and signals, [...] that's the idea of the therapeutic relationship, and just my experience is that adults who are, you know they have that sense of attunement are more effective in working with these difficulties than adults who don't have that.”

Participant 4, Interview 2, p. 7, l. 1-10

So effectively, what the EPs achieve through all these processes is the development of a relationship that has elements of therapeutic engagement between themselves and adults. This aims to empower the adults and restore their thinking skills. At the same time and through the parallel process of challenging perceptions and sharing hypotheses and psychology, the EP is empowering adults by upskilling them. So empowering adults is a two-fold process that has elements of a therapeutic relationship and elements of active problem solving (whether the EP chooses to do that through solution-focused approaches, as Participant 4 stated, or whichever other tools). The upskilling part is very important, this is what was implied but not stated clearly through the codes of being directive, sharing psychology/reframing behaviour and raising empathy. So the challenging of perceptions is not the end product. It is the process through which the EP works to shift perceptions but also build implicitly people’s skills and understanding of the situation, their

role, what works well etc. This ultimately builds their skills so that they can facilitate a therapeutic relationship and use the appropriate strategies, through this relationship, to support the child.

Appendix 14. Excerpts from the research diary

01/02/2016

Reflections on discussion with XXXXX (educational psychologist):

How do I measure change? What do I mean by “successful”? Is it within the child/in professionals/in the family/the system around the child/the school policies? I think it’s everything. The answer to this is the answer to my research topic. Defining change would be arbitrary; I have no criteria to found this on. Besides, I am not coming from a positivist perspective. I am interested to participants’ constructions, therefore I don’t want to impose my own perceptions on them. Finally, it does not matter whether the change was measured with quantitative methods or was perceived through the EPs’ contact with the child or the school. I don’t aim to judge and evaluate their involvement, I want to hear their stories when they thought their involvement was successful, for the reasons they thought it was. I trust their views, I respect them and take for granted they are valid.

23/09/2016

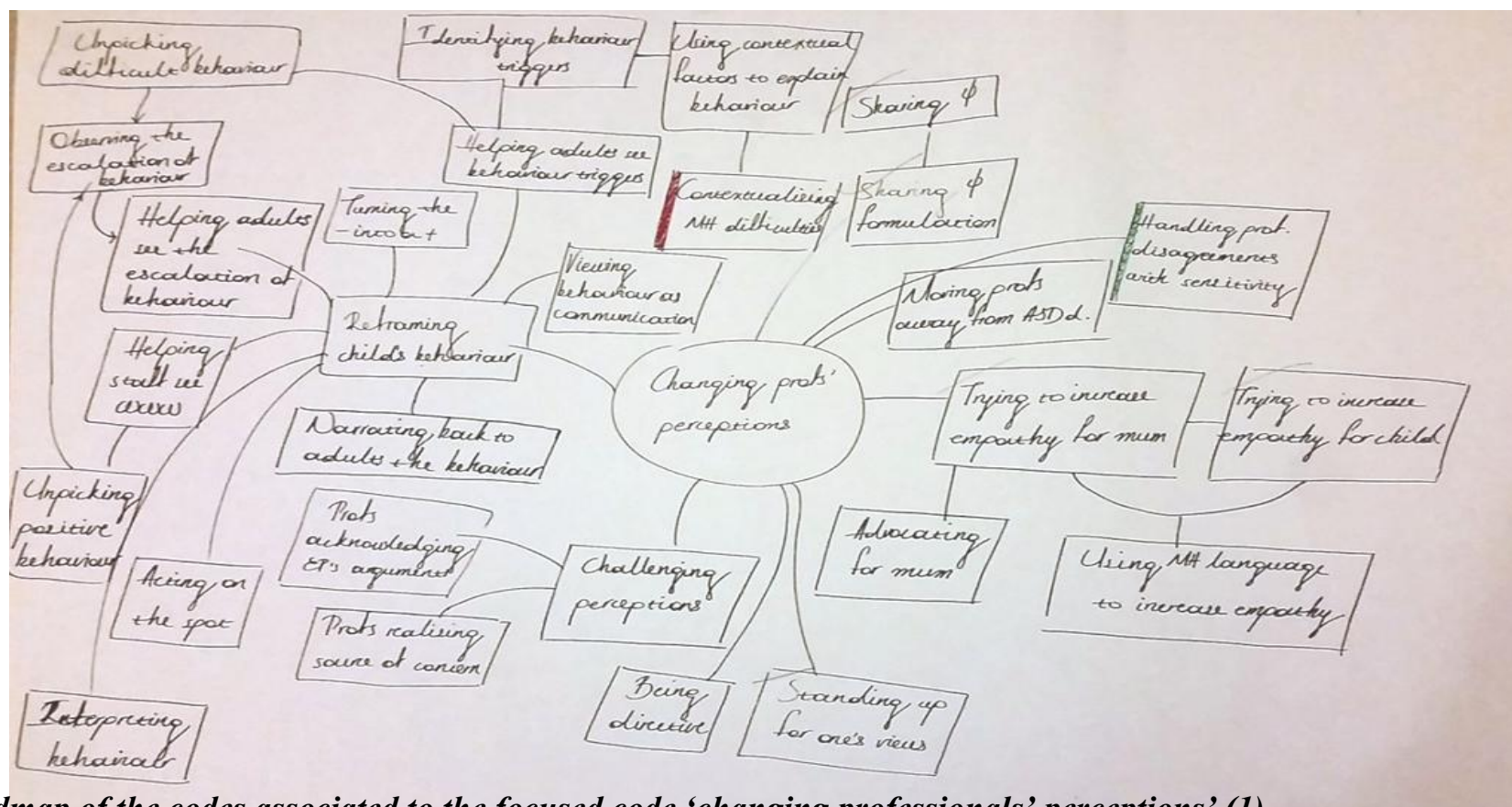
Reading the transcripts of the interviews, I felt that the depiction of my role as an interviewer is poor. I relied heavily on non-verbal and extra-linguistic cues during the interviews, for example nodding, smiling, using encouraging facial expressions, having an open body language, trying to make them comfortable and create a safe environment of trust and acceptance. I feel that all these consultative skills got lost in the transcription, where I appear to use dry phrases and statements. This makes sense because I only transcribed verbatim, but is nevertheless disappointing. For example what might have been an expression of understanding and warmth, accompanied by smiling, a soft face and a soft tone of voice, on the paper reads as a dry “thank you”.

01/11/2016

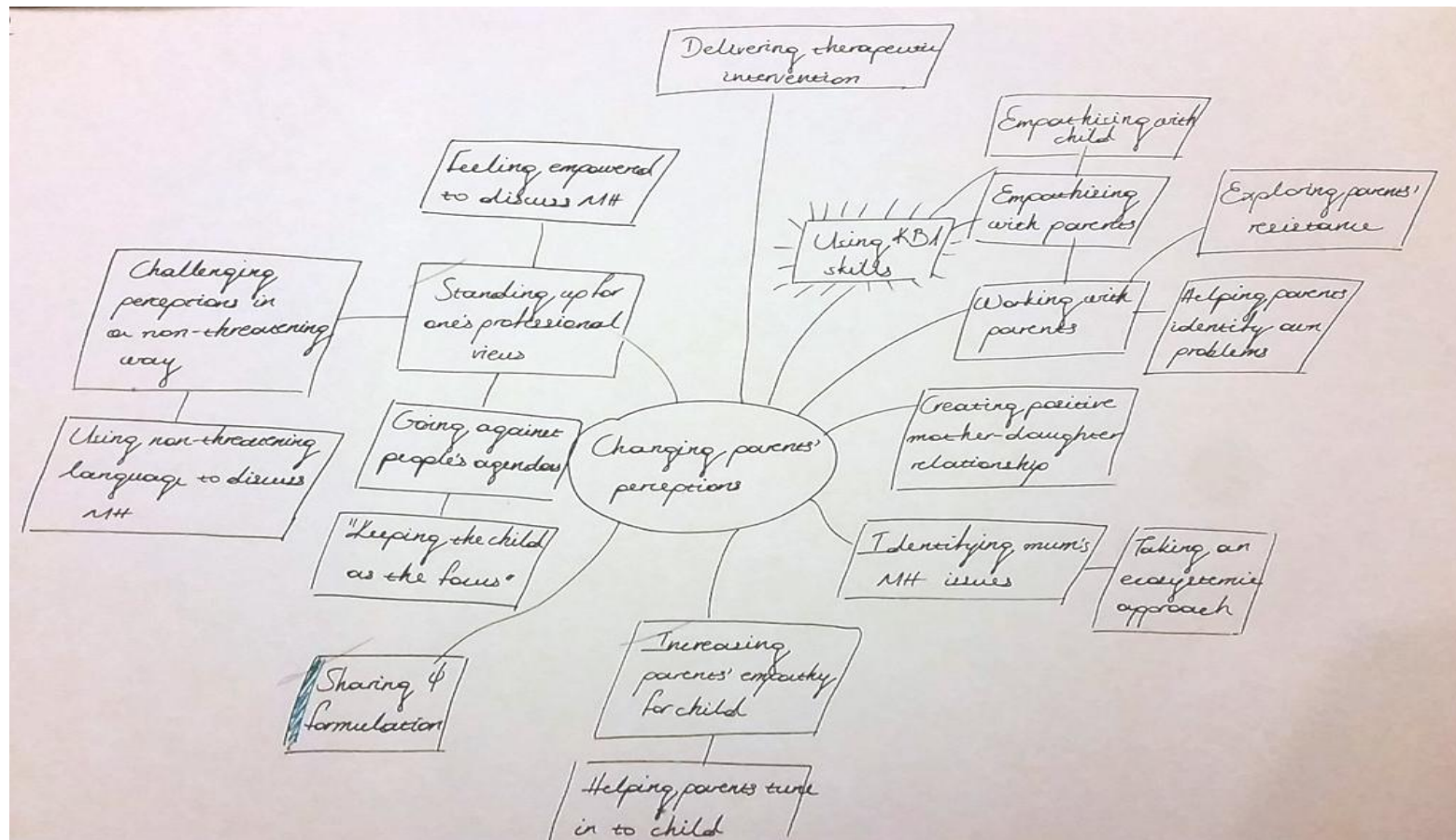
I am confused between focused codes and categories. Are they the same? They are grouped in the same box in Charmaz’s grounded theory map; in the glossary they have each their own definition; but chapter 6 talks about focused codes, with occasional references to categories, without them being explained. What are categories then and what is their relationship to focused codes?.....

Answer: Charmaz 2014, p. 182 and p. 188-191

Appendix 15. Example of the development of focused codes into categories: Category 'Sharing Hypotheses and Challenging Perceptions'



Mindmap of the codes associated to the focused code 'changing professionals' perceptions' (1)



Mindmap of the codes associated to the focused code 'changing parents' perceptions' (2)

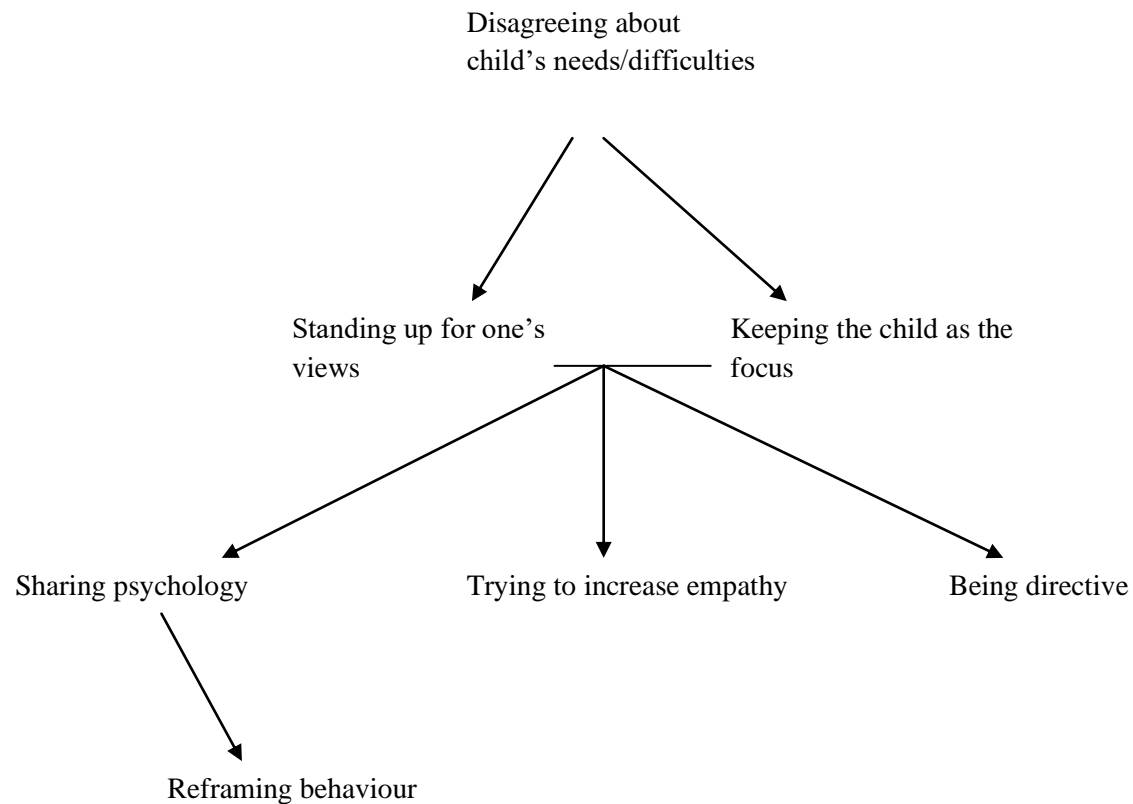


Diagram of the merged mindmaps of the focused codes 'changing professionals' perceptions' and 'changing parents' perceptions' into the category 'changing perceptions' (3)

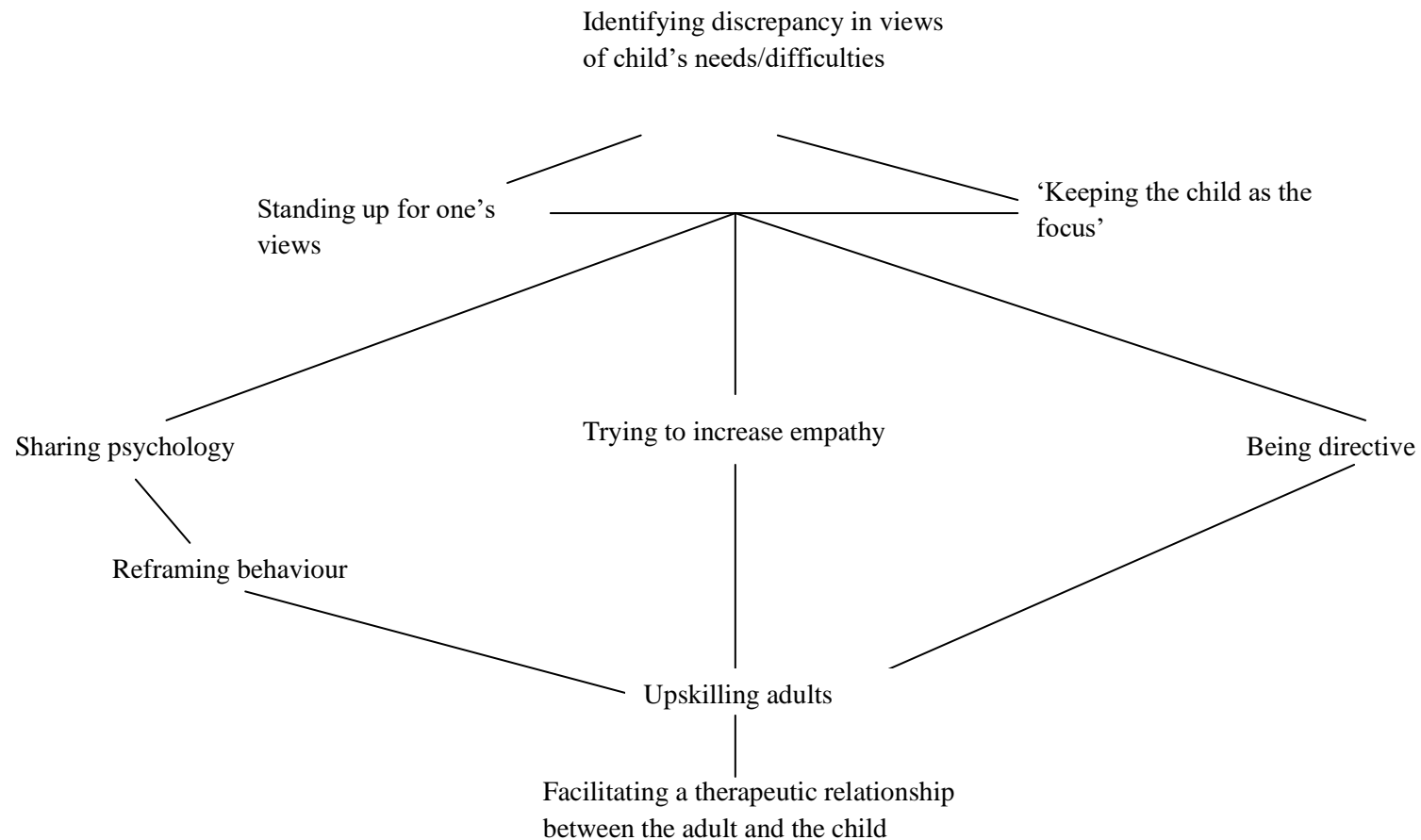
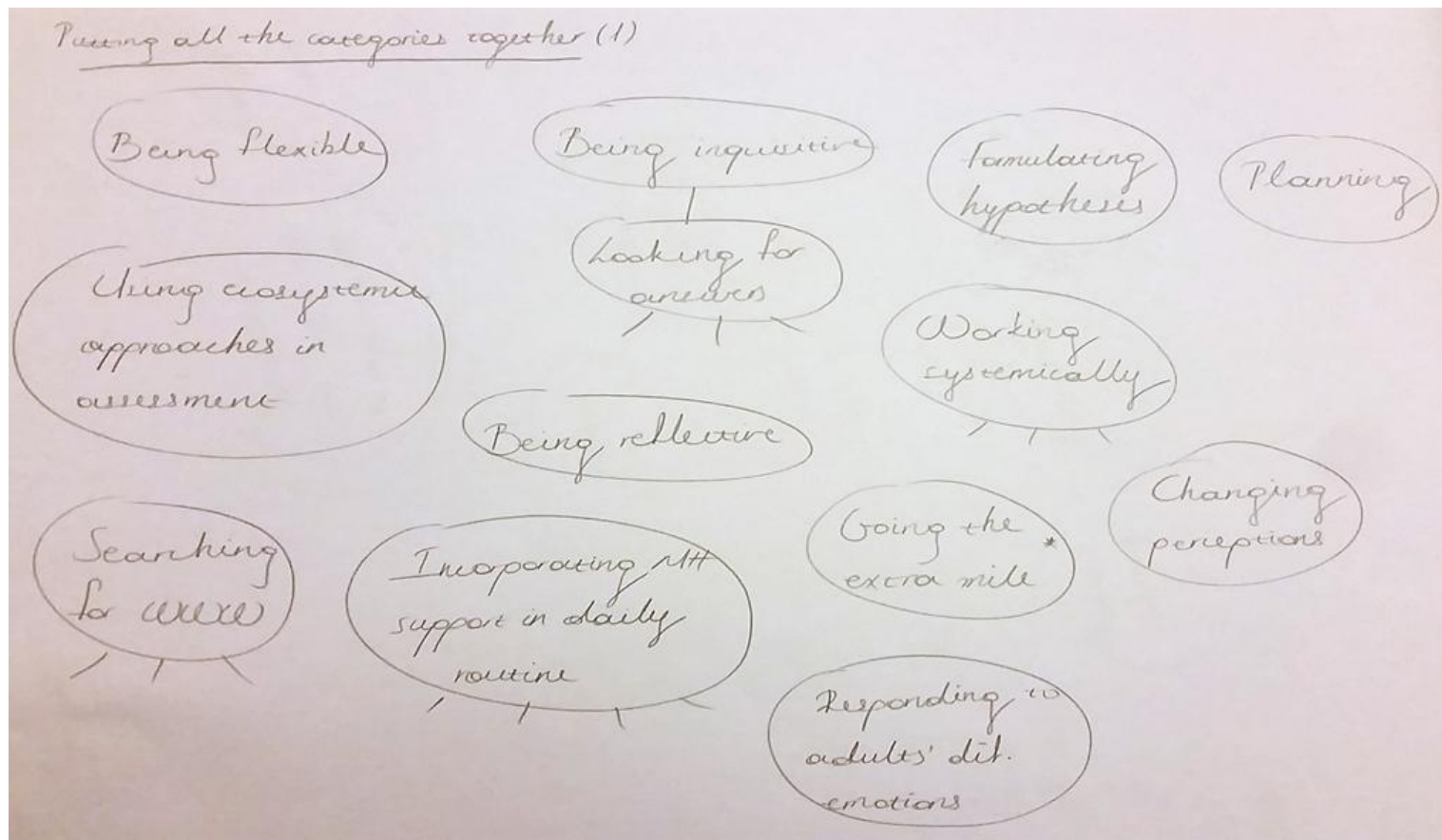


Diagram of the category 'sharing hypotheses and challenging perceptions' after theoretical sampling (4)

Appendix 16. The development of the grounded theory during the data analysis: Putting all the categories together



Cluster of all the conceptually higher focused codes and categories (1)

Putting all the categories together (2)

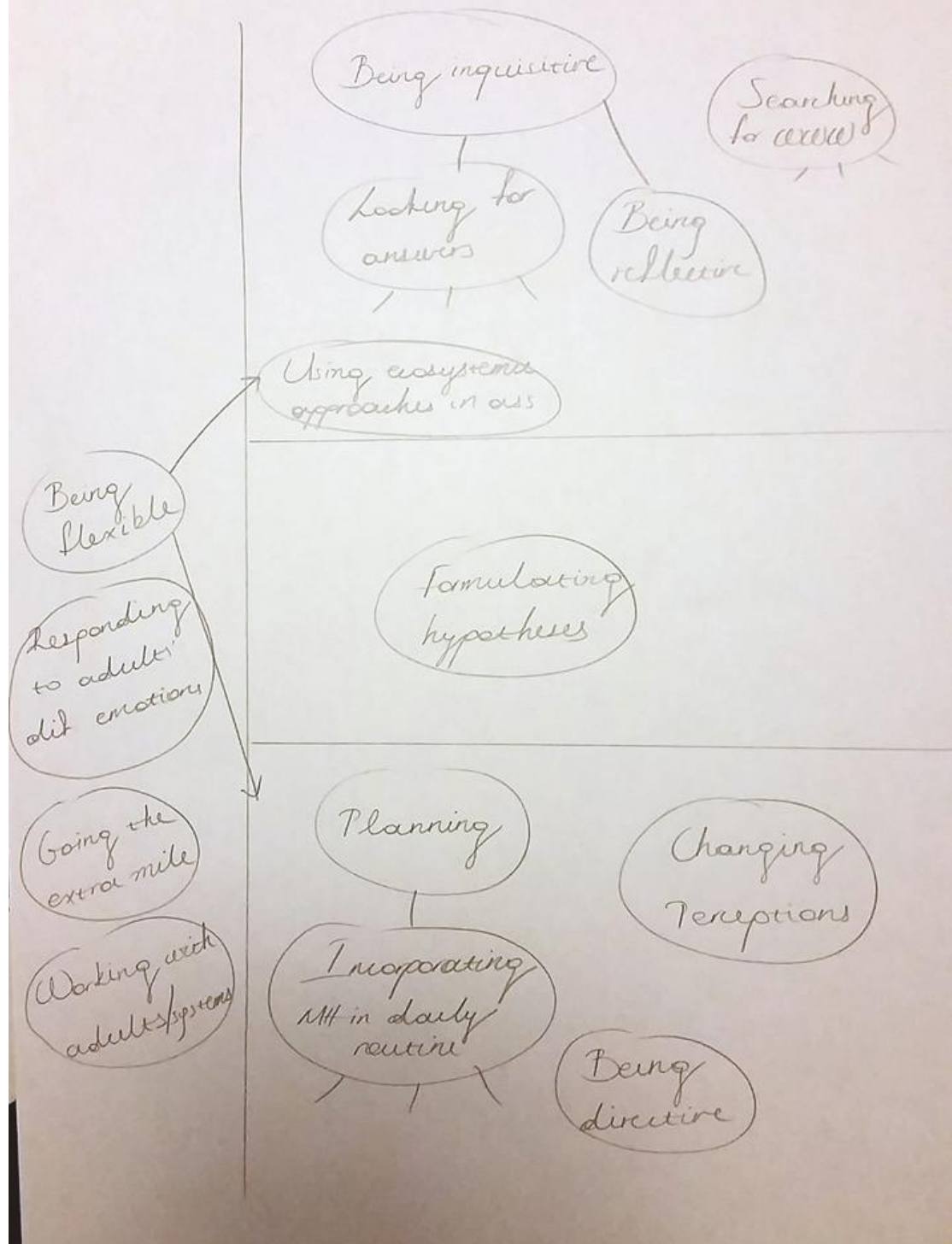


Diagram of all the conceptually higher focused codes and categories and their emerging relationships (2)

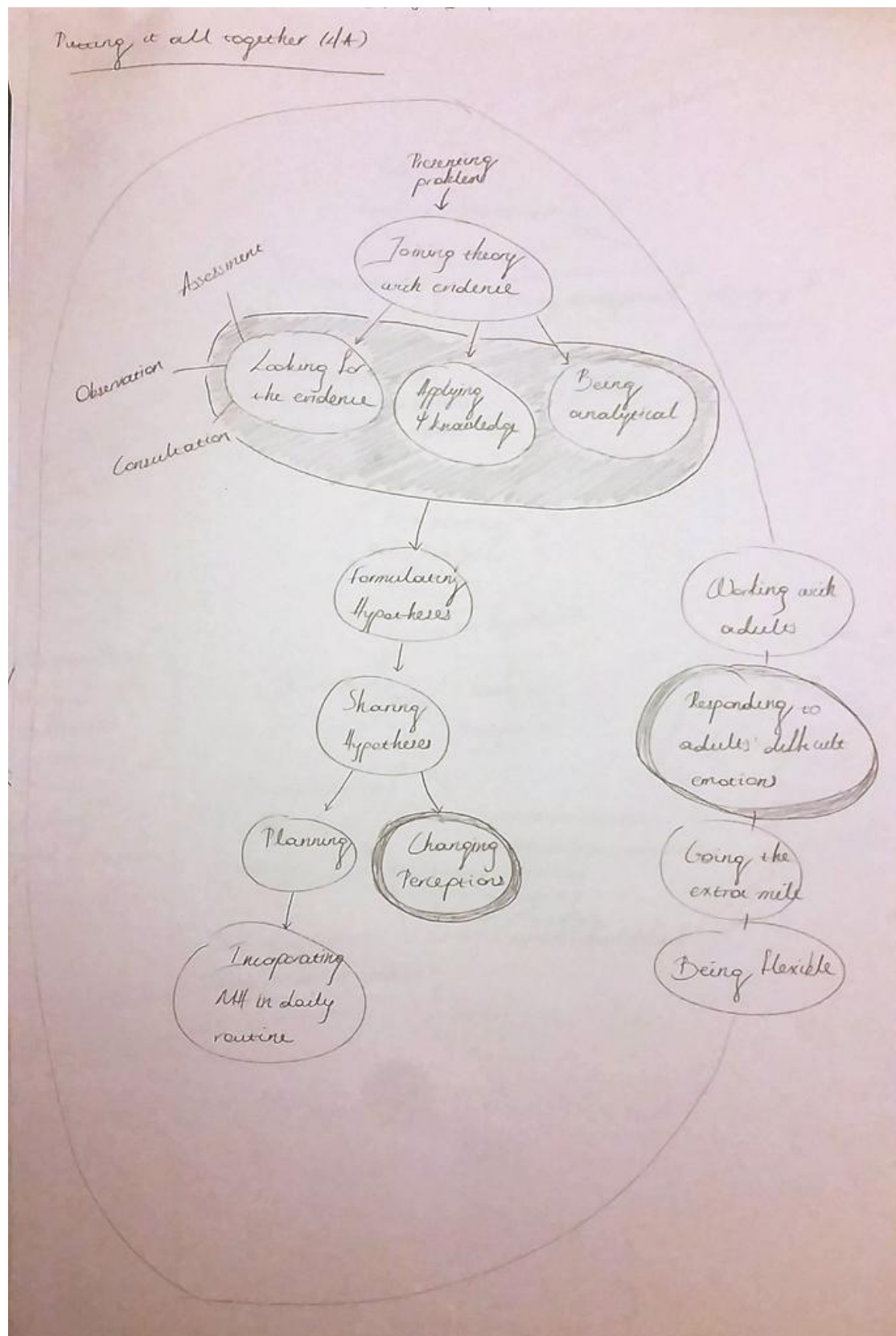


Diagram of all the conceptually higher focused codes and categories and their emerging relationships –codes collapsed (4)

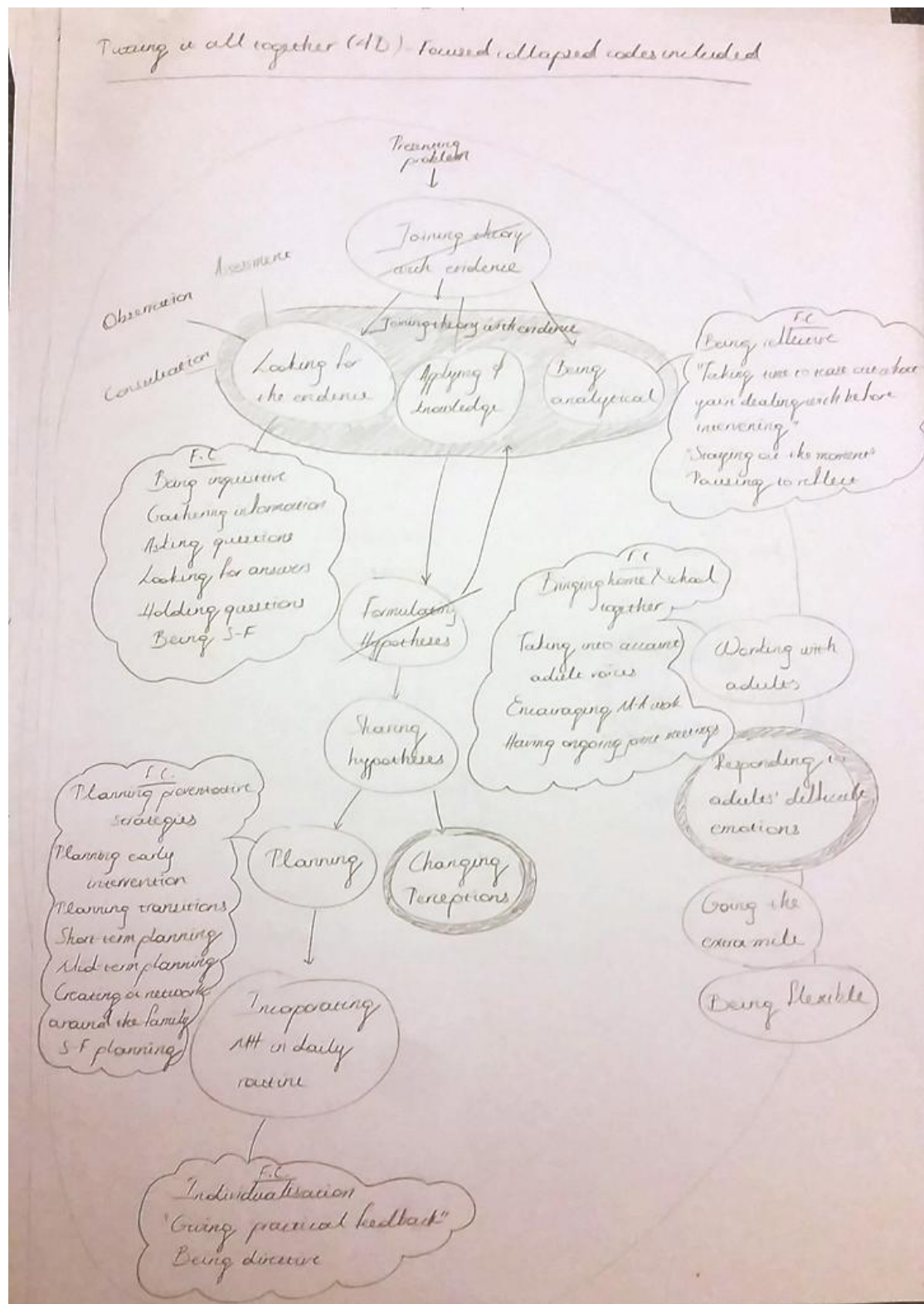


Diagram of all the conceptually higher focused codes and categories and their emerging relationships –codes expanded (5)

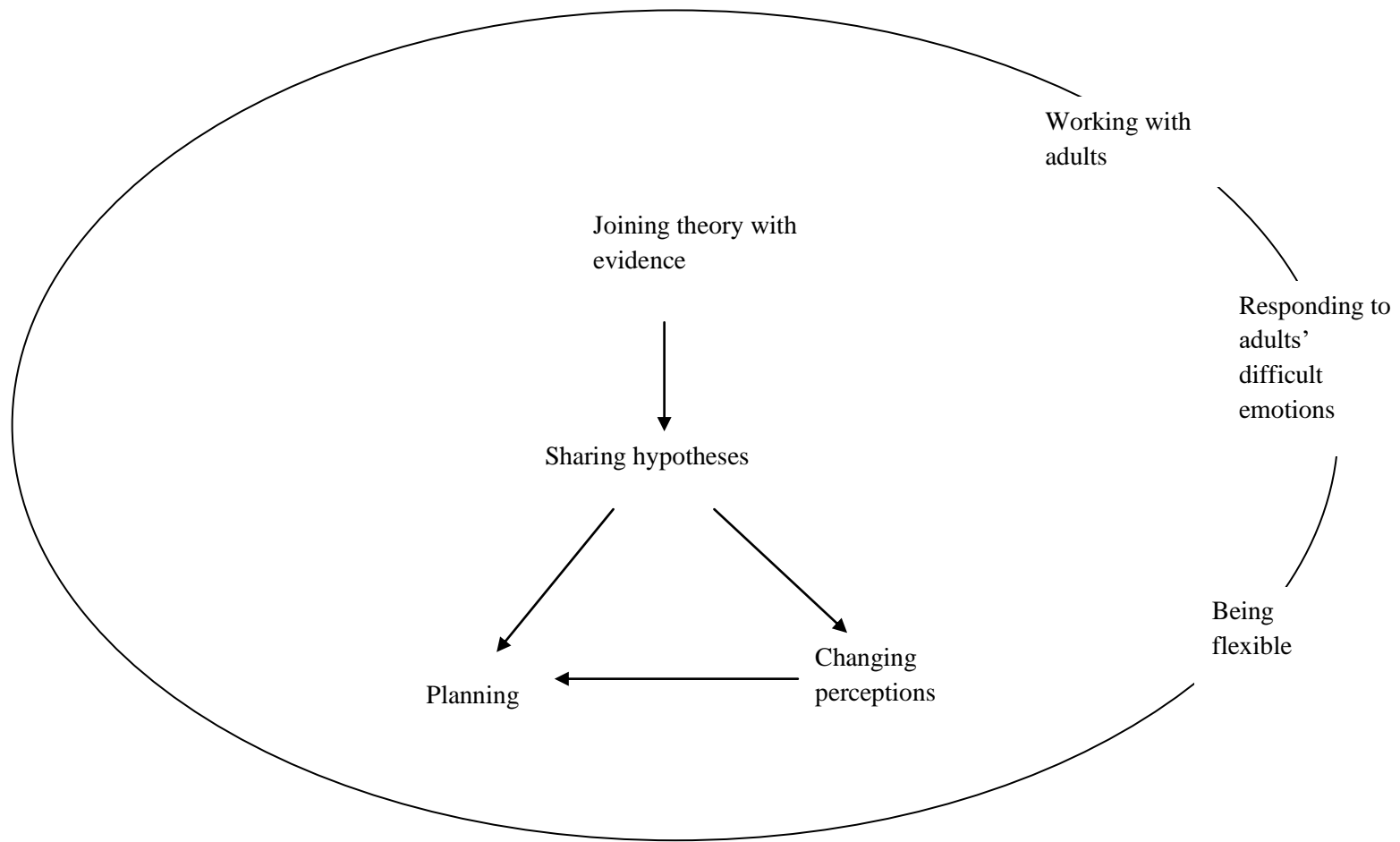


Diagram of the categories, selected focused codes and their relationships (6)

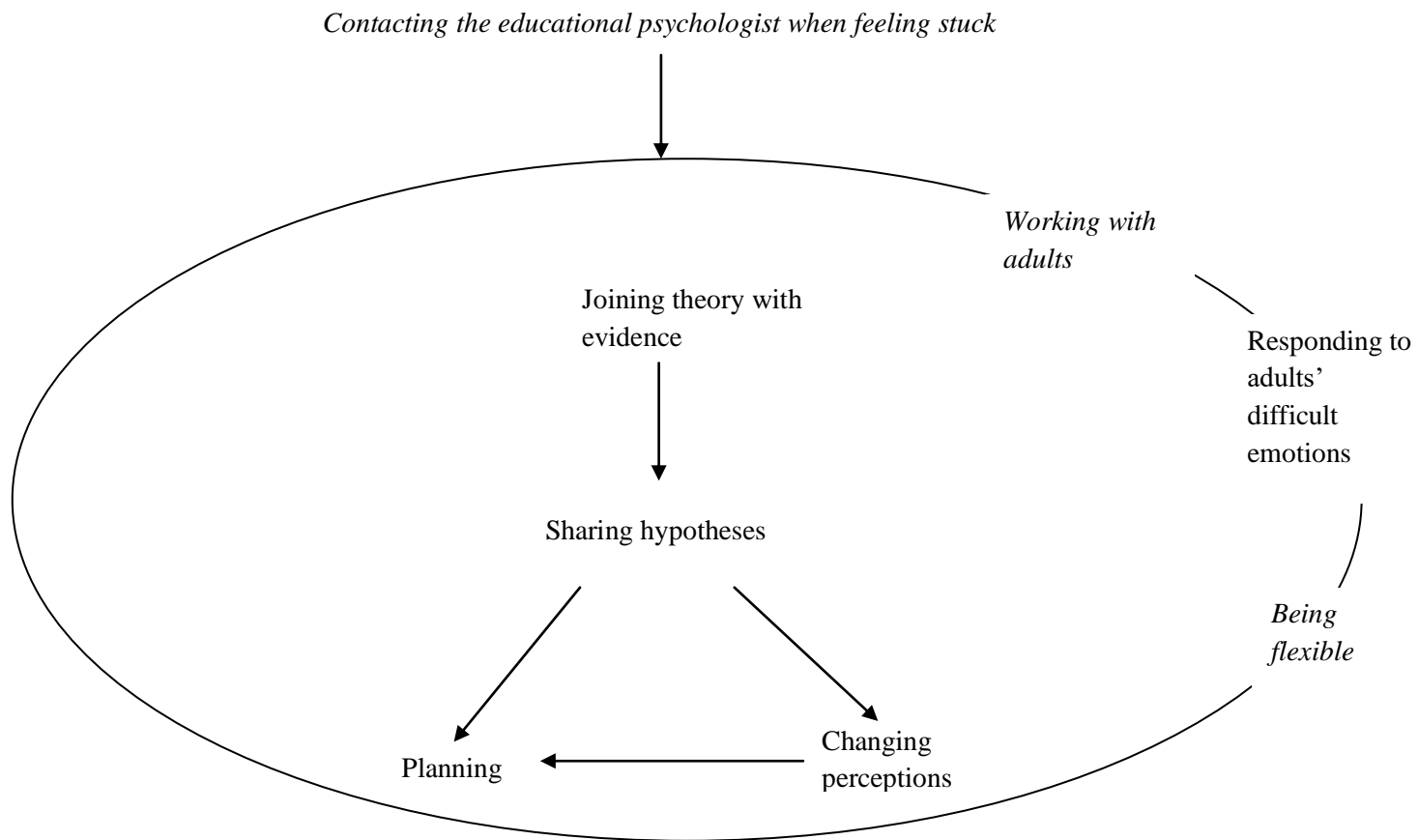


Diagram of the categories, selected focused codes and their relationships (7)

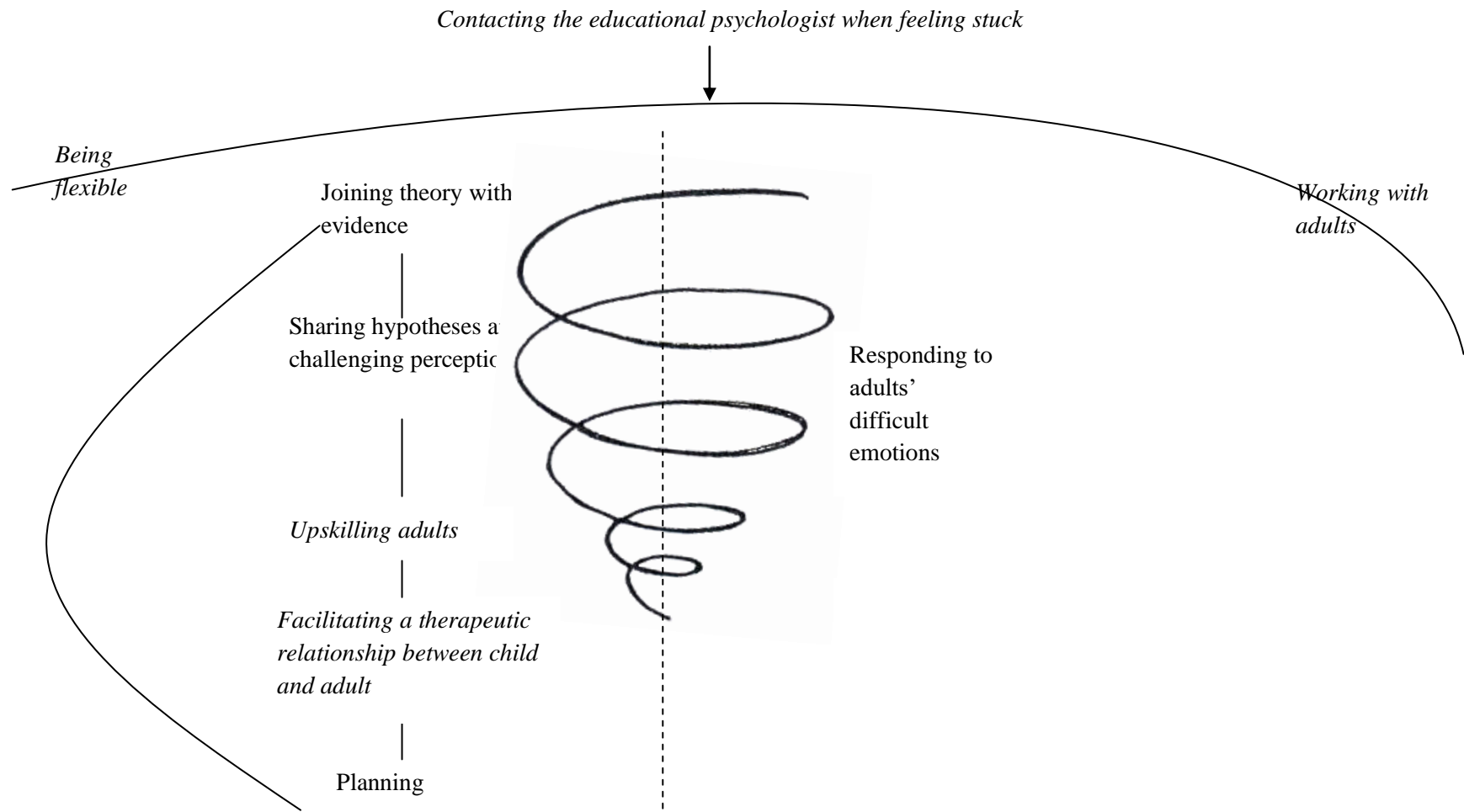


Diagram of the categories, selected focused codes and their relationships after theoretical sampling (8)

Appendix 17. Focused codes constructed during and at the end of the analysis for the four categories

Category	Focused codes during the analysis	Focused codes at the end of the analysis
A: Responding to adults' difficult emotions	Using consultative skills Being directive Giving advice Using invitational language Using language of "we" Responding to parents' needs Standing by parents Going the extra mile 'We are prepared to listen' Empathising with child/parent/staff Acknowledging difficulty in situation Prioritising containment over advice giving Offering containment Removing blame from parents Working with difficult situations Acting flexibly Building capacity in school Empowering staff Planning together Working together Tuning in to adults Supporting staff in mental health 'Worrying about doing more'	Contacting the EP when feeling stuck Working with difficult situations Having difficult conversations Working with difficult emotions 'Being prepared to listen' Pausing to reflect 'Staying in the moment' Empathising Tuning in Offering containment Using invitational language 'Keep turning up when other people fade away' 'Holding people's hands as they are riding their waves' Making judgments on need for containment

	<p>harm than good' (staff)</p> <p>Working with emotions</p> <p>Working with overwhelmed families</p> <p>Having difficult conversations</p> <p>Contacting EP when feeling stuck</p> <p>Looking for the right moment</p> <p>Shifting perceptions through questioning</p> <p>'Helping them join the dots'</p> <p>Being humble</p> <p>'Enabling parents to feel valued'</p> <p>'Keep turning up when other people fade away'</p> <p>'Holding people's hands as they are riding their waves'</p> <p>Bringing home and school together</p> <p>using EP as an advisor</p>	
B: Joining theory with evidence	<p>Formulating hypotheses</p> <p>Being inquisitive</p> <p>Gathering evidence</p> <p>Asking questions</p> <p>Looking for answers</p> <p>Holding questions</p> <p>Being solution-focused</p> <p>Triangulating</p> <p>Daily functioning</p> <p>Assessment</p> <p>Observation</p> <p>Consultation</p>	<p>Looking for the evidence</p> <p>Being analytical</p> <p>Applying psychological knowledge</p> <p>Formulating hypotheses</p>

	<p>Discussions</p> <p>Being reflective</p> <p>‘Taking time to tease out what you’re dealing with before intervening’</p> <p>‘Staying in the moment’</p> <p>Pausing to reflect</p> <p>Being analytical</p> <p>Applying psychological knowledge</p> <p>Being a scientist-practitioner</p>	
<p>C: Sharing hypotheses and challenging perceptions</p>	<p>Sharing psychological formulation</p> <p>Increasing parents’ empathy for child</p> <p>Helping parents tune in to child</p> <p>Identifying mum’s mental health issues</p> <p>Creating positive mother-daughter relationship</p> <p>Working with parents</p> <p>Being flexible</p> <p>Empathising with parents</p> <p>Exploring parents’ resistance</p> <p>Helping parents identify own problems</p> <p>Empathising with child</p> <p>Using knowledge base 1 skills</p> <p>Delivering therapeutic interventions</p> <p>Working with adults</p> <p>Standing up for one’s</p>	<p>Identifying discrepancy in views of child’s needs/difficulties</p> <p>Standing up for one’s views</p> <p>‘Keeping the child as the focus’</p> <p>Sharing psychology</p> <p>Trying to increase empathy</p> <p>Being directive</p> <p>Reframing behaviour</p> <p>Upskilling adults</p> <p>Facilitating a therapeutic relationship between the adult and the child</p>

	<p>professional views</p> <p>Challenging perceptions in a non-threatening way</p> <p>Going against people's agendas</p> <p>Using non-threatening language to discuss mental health</p> <p>Feeling empowered to discuss mental health</p> <p>Trying to increase empathy for mum</p> <p>Advocating for mum</p> <p>Trying to increase professionals' empathy for child</p> <p>Using mental health language to increase empathy</p> <p>Moving professionals away from ASD</p> <p>Handling professional disagreements with sensitivity</p> <p>Contextualising mental health difficulties</p> <p>Using contextual factors to explain behaviour</p> <p>Identifying behavioural triggers</p> <p>Viewing behaviour as communication</p> <p>Helping adults see behavioural triggers</p> <p>Turning the negative into a</p>	
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	<p>positive</p> <p>Reframing child's behaviour</p> <p>Narrating back to adults the behaviour</p> <p>Being directive</p> <p>Acting on the spot</p> <p>Interpreting behaviour</p> <p>Unpicking positive behaviour</p> <p>Helping staff see what works well</p> <p>Being solution-focused</p> <p>Helping adults see the escalation of the behaviour</p> <p>Unpicking difficult behaviour</p> <p>Observing the escalation of the behaviour</p>	
D: Planning	<p>Preventative strategies</p> <p>Early intervention</p> <p>Transitions</p> <p>Short-term planning</p> <p>Mid-term planning</p> <p>Creating a network around the family</p> <p>Solution-focused planning</p> <p>Delivery of therapeutic interventions</p> <p>Working with adults</p> <p>Multi-agency working/referrals</p> <p>Implementing strategies</p> <p>Reviewing strategies</p> <p>Incorporating mental health in daily routine</p> <p>Individualisation</p>	<p>Approaches to planning</p> <p>Focus of planning</p> <p>Planning timeframes</p>

	Being directive Being flexible	
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Appendix 18. Ethics Committee Acceptance Letter



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SJ/wb

Ref: 825

Thursday, 12 May 2016

Dear Evi Zafeiriou & Anthea Gulliford,

Ethics Committee Review

Thank you for submitting an account of your proposed research 'An exploration of educational psychologists' involvement in supporting children and young people's mental health'.

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 1:

I don't need to see this again but it might be worth requesting a corrected copy for the files. If we need to keep this on file and I imagine we do, it's worth checking and correcting typos – e.g. 'Descriptive resrach is needed, in roder to udnestand these questions'

Personally I find the heavy use of acronyms makes the proposal difficult to follow and not much a saving of words, but that's a matter of taste and the acronyms are not so over-used in the participant sheets.

Reviewer 2:

In the recruitment letter, I would recommend giving prospective participants the option to contact the researcher if they wish to participate in the study, rather than for the researcher to contact prospective participants by telephone in the first instance, as this may constitute coercion to take part in the study.

Please include contact details of the supervisor in the participant information sheet.

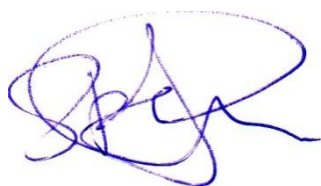
In the participant information sheet the researcher states that 'all of your answers are confidential and will not be shared with anybody unless it is felt that you or somebody else are at risk of harm'. I would recommend including more information on how this might be dealt with.

The researcher states that participants will be debriefed at the end of the study, however the submission does not include a debrief sheet. Please use the School's standard debrief sheet.

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.

Yours sincerely



Professor Stephen Jackson

Chair, Ethics Committee