An Exploration of the Use of Therapeutic Intervention across School Psychology Services in Ireland

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Abstract

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Aims: Educational legislation in the United Kingdom (UK) of the 1980s, in support of children and young people with additional needs, placed a duty on educational psychologists (EPs) to complete statutory assessments (MacKay, 2007). This restricted their contribution to other areas (*ibid),* including the potential to undertake therapeutic work (Atkinson et al., 2014). Key facilitators and barriers to the EP's use of therapeutic intervention have been identified in the literature. This research seeks to explore and compare the use of therapeutic intervention by Irish EPs across three school psychology services (SPSs).

Method: Using a pragmatic parallel mixed-methods design, qualitative and quantitative data were collected through hard-copied questionnaires which addressed the following research areas: the impact of personal beliefs or professional training on the EP's interpretation of therapeutic intervention, the role of service policy and ethos on the EP's ability to use therapeutic intervention and the key facilitators and barriers to the use of therapeutic intervention in Irish SPSs. The sample comprised 32 EPs from three services.

Results: EPs appear to have a strong sense of value for therapeutic intervention and generally are confident in their interpretation and use of it. Nonetheless, service policy needs to further support and encourage the EP's sense of autonomy in using therapeutic intervention. Access to training, continuing professional development (CPD) and supervision were regarded as important systemic facilitators to the EP's therapeutic practice. Value of therapeutic intervention as held by stakeholders and service ethos were important personal facilitators. Important systemic and personal barriers included a lack of training, service ethos, service capacity and other priorities being identified by stakeholders.

Conclusions: Implications for professional training and the EP's practice of therapeutic intervention are examined. Educational and service policy implications are discussed. Links to future research are also considered.

Declaration

I hereby declare that, except where explicit attribution is made, the work presented in this thesis is my own.

Ms Orla Murphy

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List of Abbreviations

ACT	Acceptance and Commitment Therapy
ANOVA	Analysis of Variance
APA	American Psychological Association
ASC	Academic Search Complete
BPS	British Psychological Society
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behavioural Therapy
CPs	Clinical Psychologists
CPD	Continuing Professional Development
CSES	Consultation Self-Efficacy Scale
DBT	Dialectical Behaviour Therapy
DECPsy	Doctorate in Educational and Child Psychology
DES	Department of Education and Skills
DoH	Department of Health
EBIs	Evidence Based Interventions
EBMHPs	Evidence Based Mental Health Practices
EP	Educational Psychologist
EPS	Educational Psychological Service
EPSEN	Education for Persons with Special Educational Needs
FFL	FRIENDS for Life
GUI	Growing Up in Ireland
GUSU	Get Up Stand Up
HPS	Health Promoting School
HSE	Health Service Executive
ISA	Inclusion Support Assistant
IY	Incredible Years
LA	Local Authority

M	Mean
MI	Motivational Interviewing
MIC	Mary Immaculate College
NASP	National Association of School Psychologists
NBSS	National Behaviour Support Service
NCCA	National Council for Curriculum and Assessment
NCSE	National Council for Special Education
NCSP	Nationally Certified School Psychologists
NEPS	National Educational Psychological Service
OT	Occupational Therapist
PCA	Principal Component Analysis
PCP	Personal Construct Psychology
PE	Physical Education
PEP	Principal Educational Psychologist
PSI	Psychological Society of Ireland
RACE	Reasonable Accommodations in Certificate Examinations
SD	Standard Deviation
SDT	Self-Determination Theory
SEC	State Examinations Committee
SEN	Special Educational Needs
SERC	Special Education Review Committee
SET	Special Education Teacher
SFBT	Solution Focused Brief Therapy
SLT	Speech and Language Therapist
SNA	Special Needs Assistant
SP	School Psychologist
SPHE	Social Personal and Health Education
SPS	School Psychology Service
SPSS	Statistical Packages for the Social Sciences
TDM	Tailored Design Method

TEP	Trainee Educational Psychologist
UK	United Kingdom
USA	United States of America
VEC	Vocational Education Committee
VIG	Video Interactive Guidance
WoE	Weight of Evidence
WHO	World Health Organisation

Chapter One Introduction

1.1 Introduction to the Research

The average 13-year old in Ireland possesses well developed psychological adjustment. This is in accordance with the latest findings from the *Growing Up in Ireland (GUI) National Longitudinal Study of Children Report Six* (ESRI, 2018). There is widespread international concern about the prevalence of mental health problems among school-aged children along with their access to specialist services (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014). High rates of suicide, antisocial behaviour and substance misuse reflect the greater mental health difficulties faced by young people today (McGorry, Bates, & Birchwood 2013). Interestingly, young people have the highest incidence and prevalence of mental illness yet the lowest service access of all age groups, with only 21.8% of Australians aged 16-24 years accessing professional support for a mental disorder (*ibid*). In Ireland, the Child and Adolescent Mental Health Services (CAMHS) report that one in 10 children and adolescents experience mental health difficulties (HSE, 2012). More recent figures from the United Kingdom (UK) inform us that one in nine children have a mental disorder (NHS, 2018). The impact of such difficulties on family, relationships, learning and everyday coping skills has been noted (HSE, 2012). Equally, Greig, MacKay and Ginter (2019) highlight the short-term impact of mental health difficulties on everyday motivation and concentration as well as the long-term implications for the student's educational achievement.

School psychologists (SPs) are believed to be one group of professionals that may be best placed to support the well-being of children and young people (Atkinson, Bragg, Squires, Muscutt, & Wasilewski, 2011). SPs work as applied psychologists and are situated within educational settings (Atkinson et al., 2014). In particular, the therapeutic roles of the SP and the educational psychologist (EP) (the term for SP as used in Ireland & the UK) are commonly referenced in the literature. In Ireland, the term psychologist or EP is used to refer to professional psychologists primarily working in the education system and school psychology services (Crowley, 2007; Parkinson, 2004; Swan, 2014), despite training in various domains of psychology. This is reflected

in the naming, by the Department of Education and Skills, of the National Educational Psychological Service (NEPS). SP is a term often used in international literature. For example, in the United States of America (USA), the National Association for School Psychologists (NASP) has developed credential standards and a national certificate to qualify as a SP (Parkinson, 2004). Therefore, both roles will be referred to interchangeably by the researcher throughout this thesis, depending on the jurisdiction. When referring to the profession in the Irish context, the term EP will be used.

1.2 The Development of School Psychology in Ireland

The first school psychology service (SPS) for mainstream second-level schools was established by the City of Dublin Vocational Educational Committee (VEC) in 1960 (Crowley, 2007). VECs hold special responsibility for various second-level school types and certain further education institutions. In 1965, the Department of Education developed a psychological service, employing three psychologists who provided support to guidance and remedial teachers in second-level schools only (Crowley, 2007; Swan, 2014). Gradual recruitment in the following years reached 24 psychologists working in the service by the late 1980s (Parkinson, 2004). Up until 1990, Irish psychological services were exclusively provided to second-level schools where the psychologist-to-pupil ratios were extremely high in many cases. A pilot project for primary schools was launched by the Department of Education Psychological Service in 1990. The aim of the project was to provide a balanced model of work, including casework with children, project work as well as consultation with parents and other agencies (Crowley, 2007). This project was positively received with further recruitment to the service (Parkinson, 2004). In 1992, the county Dublin VEC established a psychological support service aimed at meeting the Special Educational Needs (SEN) of students across schools and centres (Crowley, 2007). With report recommendations for an expanded SPS on a national basis (Parkinson, 2004) and the development of psychological services to primary schools throughout the 1990s, came the formation of a comprehensive SPS in 1999 serving both primary and secondary schools nationwide, the National Educational Psychological Service (NEPS) (Crowley, 2007; Swan, 2014).

There are three SPSs in the Republic of Ireland, one large and two small, yet equally sized services, which provide a range of services including individual and group intervention work with students, consultation with school staff (including special needs

teams & guidance counsellors), supervision and training (Crowley, 2007). All three services participated in this research. Service one is the largest service and was established in 1999, providing a national psychological service to primary and post-primary schools. The service uses a problem-solving, solution-focused consultative approach embedded within a continuum of support framework which serves the needs of all students, some students and a few students (NEPS, 2007; NEPS, 2010a). The aim of the service is to build teacher capacity in responding to student difficulties while maximising positive outcomes for students in learning, behaviour and social emotional competence (NEPS, 2010b). Activities range from consultation with key stakeholders including teachers and parents, in-service training, preventative work at a systemic level to group interventions and individualised casework consisting of assessment and intervention for a minority of students. The service provides psychological expertise in a broad range of areas and over the years has produced publications on literacy, social emotional and behavioural difficulties, critical incidents in schools and more recently student well-being.

Service two is the oldest SPS and was established in 1960. City of Dublin Education and Training Board (2019, July 18). *Psychological Service.* Retrieved from http://cityofdublin.etb.ie/student-support.While initially serving a range of second-level schools, it now provides services to a range of providers including adult education and prison centres. In 1996, for example, the service developed links with the further education sector and Youthreach providers. Working alongside students and different stakeholders, including parents and staff, the service's aim is to identify and meet needs in a professional supportive manner. City of Dublin Education and Training Board (2019,July 18). *Psychological Service.* Retrieved from http://cityofdublin.etb.ie/student-support. Operating a continuum of support model of work, the service is delivered through a combination of systemic, group and individual approaches. Activities include professional support of staff through consultation, training and supervision as well as assessment and therapeutic intervention with students. Preventative and intervention work is also undertaken with target groups including separated children and refugees.

Service three was founded in 1992 to address the SEN of students across schools and centres, within a small geographical area with a high population (Crowley, 2007). Emerging through consultation with staff in schools and centres, the service operates a consultative, team-based, multi-disciplinary approach which aims to support students

with a model of intervention most appropriate to their needs. Dublin and Dun Laoghaire Education and Training Board (2019, July 20). *Psychological Support Services*. Retrieved from http://www.ddletb.ie/schools/about-our-schools/etb-supports-for-schools. Serving community colleges, Youthreach and adult education centres, activities include individual assessment and therapeutic intervention with students, groupwork, preventative work with target groups, consultation with teaching staff including in-service training, professional support regarding student needs and personal support of staff in Youthreach and training centres.

Changes in the Irish educational landscape have placed significant demands on particular SPS activities over others. Historically, the socio-political context influenced the skills deployed and used by EPs worldwide (Fallon, Woods, & Rooney, 2010; Stobie, 2002). In Ireland, for example, the requirement in *Circular 02/05* (DES, 2005) for students to have a learning need diagnosed as a precursor to additional supports in the educational system, led to a high level of assessment work for EPs. In essence, in order for students to access additional resources in school including resource teaching hours, they were required to have a psychological assessment and report completed by an EP. The professional identity of EPs is to be questioned here with regard to the psychological function of assessments (Parkinson, 2004).This context in turn prevented EPs from expanding their role into different areas (Farrell et al., 2006), including therapeutic work. The principle of a continuum of provision for students with SEN, as set out in the report of the Special Education Review Committee (SERC) (Government of Ireland, 1993), ranges from education in mainstream schools with additional supports to special class placements in mainstream schools to placement in special schools. The Education Act (Government of Ireland, 1998) placed a responsibility on schools to provide students with an education "appropriate to their abilities and needs" in ensuring that the "educational needs of all students including those with a disability or other special educational needs are identified and provided for". Following this, the Education for Persons with Special Educational Needs (EPSEN) Act (Government of Ireland, 2004) emphasised a policy of inclusion in the education of students with SEN whereby EPs among other professionals played an important role in completing assessments, informing education plans specific to the individual student (Crowley, 2007). The student's entitlement and right to an inclusive education which best meets their needs meant that increasing numbers of EPs were required in schools, collaboratively working with teachers in implementing such policy (Swan, 2014).

NEPS, for example, provide tiered-level support to schools across a continuum, in providing for students with learning and social, emotional and behavioural difficulties. The tiered-level support to schools as part of a "continuum of support" framework, as offered by NEPS, is outlined in Figure 1.1.

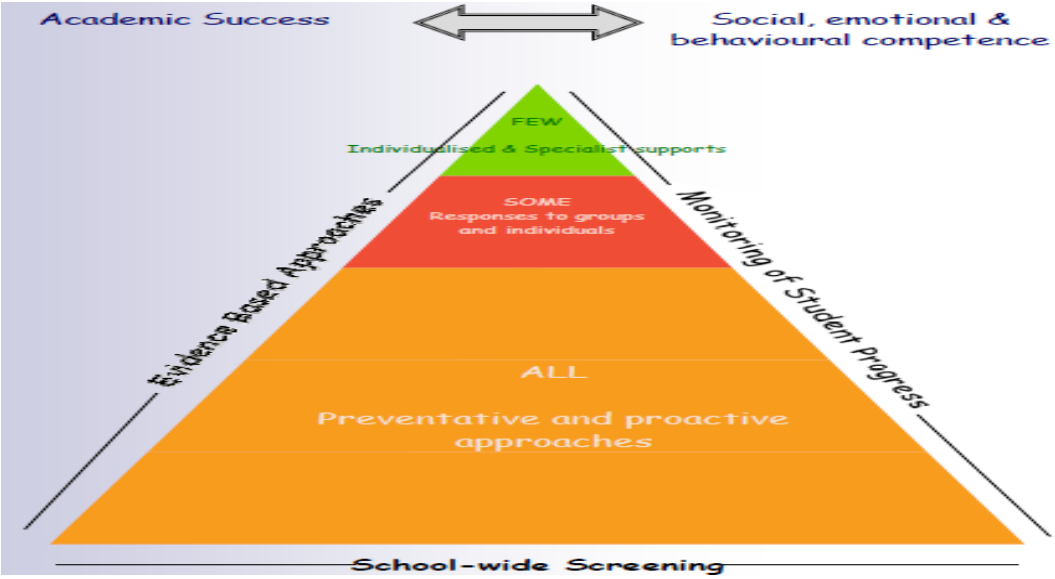

Figure 1.1. NEPS (2010a) tiered-level support to schools: A continuum of support

Tiers one and two generally involve school consultation with a focus on whole-school approaches (NEPS, 2010a). The collaborative nature of a whole-school approach, through the inclusion of students, staff and parents, was advocated by Clarke and Barry (2010) as well as its sustaining results on student mental health. Tier three includes the EP's direct assessment of and intervention with individual students across a variety of areas (NEPS, 2010a). Tier three type support had been held in high demand by schools until the recent introduction of a revised model of allocation for special education teaching resources to schools. This revised model may hold significant implications for the EP's role and potentially their increased use of therapeutic intervention in the future.

This chapter continues by exploring historical influences on the role of the EP. A discussion of the EP's current use of therapeutic intervention follows along with professional training implications. Considering that therapeutic interventions are frequently used to support children and young people with well-being or mental health difficulties, the concepts of well-being and mental health are explicitly contextualised at

both national and international levels. The chapter concludes by examining the impact of recent policy changes in support of students with SEN in Ireland.

1.3 Role of the Educational Psychologist

As mentioned, the role of the EP is greatly influenced by socio-political factors. Historically, in accordance with the child guidance movement, EPs played a significant role in the delivery of therapeutic support for children and young people with emotional and behavioural difficulties (MacKay, 2007). Educational legislation in the UK of the 1980s, in support of children and young people with additional needs, placed a duty on EPs to complete statutory assessments (*ibid*). Consequently, the psychologist's resources were depleted, restricting their contribution to other areas (*ibid*), including the potential to undertake therapeutic work (Atkinson et al., 2014).

Several survey studies conducted at the beginning of this century concluded that SPs spend the majority of their practice working in the area of special education eligibility (Hosp & Reschly, 2002; Jimerson & Oakland, 2007; Lewis, Truscott, & Volker, 2008). This role was highly valued by teachers and other professionals (Passenger, 2013). The same regard for the role was not shared by EPs themselves, possibly as such assessment was associated with the identification of deficits (Webster, Maliphant, Feiler, Hoyle, & Franey, 2003). This in turn led to a stereotype of the EP as an assessor, correlating with notions of the EP as a gatekeeper of resources (Passenger, 2013).

In the Irish context, the role of the EP is to provide a psychological service to schools as part of the "continuum of support" framework described above. At one end of the continuum, through consultation, EPs collaborate with a range of school staff members including principal teachers, class and special education teachers, guidance counsellors, home school community liaison teachers et cetera in the provision of advice and training on a range of issues (Crowley, 2007). At the other end of the continuum, EPs have direct involvement with individual students which may include observation in school settings, consultation with the relevant stakeholders including parents and teachers, assessment of the student's difficulties and psychological formulation for relevant interventions. NEPS psychologists also play an important role in preventative work, also known as "support and development work" in areas including school policy, classroom strategies, planning and delivery of interventions

and research (The NEPS Model of Service, 2003). EPs commission psychological reports to the State Examinations Committee (SEC) concerning recommendations for reasonable accommodations in certificate examinations (RACE) regarding students with SEN (Crowley, 2007). Equally, EPs work closely with schools on the matter of critical incidents, providing support to school staff along with advice on supporting students. Other services are provided by EPs as a function of the individual SPS (*ibid*).

MacKay (2000, 2006, & 2007) has been influential in writing about the therapeutic role of the EP, asserting that EPs are a key therapeutic resource for children and young people. As scientist-practitioners, EPs integrate psychological theory and skill in understanding childhood difficulties and in providing related intervention (Cameron, 2006; Fallon et al., 2010). Not only do EPs hold extensive training in child and adolescent psychology, they are believed to be professionals most thoroughly embedded within the education system (MacKay, 2006). With experience working across systems including schools and families, EPs bring an understanding to therapy that human behaviour is complex. Environmental contexts play a role in the development and maintenance of psychological distress for children and young people as well as in the promotion of change (BPS, 2016). Related to this is the finding that the place of therapy has been re-established in recent times. The rise in mental health difficulties among school children (Kutcher & McLuckie, 2009; Merikangas et al., 2010; Trussell, 2008) and the strong evidence base for psychological therapy are noted reasons for a renewed emphasis in therapeutic intervention work (MacKay, 2007). An evidence-based psychological therapy is one which has been established as being of high quality, through a solid research base, where therapeutic expertise is equally important in making decisions about practice (BPS, 2016). A reduction in statutory assessment work by EPs should provide them with the opportunity to develop their knowledge and skills across a wider range of areas, including individual and group therapy work (Farrell et al., 2006).

1.4 Therapeutic Interventions

EPs are now using a range of psychotherapeutic approaches including Solution Focused Brief Therapy (SFBT) (Young & Holdore, 2003), Cognitive Behavioural Therapy (CBT) (Greig, 2007; Squires, 2010), Personal Construct Psychology (PCP) (Truneckova & Viney, 2006), Motivational Interviewing (MI) (Atkinson & Woods,

2003) and Therapeutic Stories (Pomerantz, 2007). Many of these interventions are delivered through a range of activities such as direct therapeutic work with children and young people, group work, assessment, consultation, work through other stakeholders and systemic work (Atkinson, Bragg, Squires, Wasilewski, & Muscutt, 2012). With EPs offering a wide range of therapeutic intervention and in various formats, it raises the question of their ability to work in this manner.

The increased use of therapeutic services as part of EP practice holds specific implications for post-graduate training courses in educational psychology and continuing professional development (CPD) (MacKay, 2007). Ethically and as outlined in the British Psychological Society (BPS*) Code of Ethics and Conduct* (2009), EPs directly involved in delivering psychological therapies must undergo formal training and regular supervision by an appropriately qualified supervisor in order to practice competently (BPS, 2016). Pugh (2010) and Perfect and Morris (2011) state the importance of re-emphasising mental health and the associated use of therapeutic intervention during the initial training of EPs. Current doctoral level training of EPs in Ireland includes the completion of a 60-day professional placement within a child psychology service. Trainee educational psychologists (TEPs) intervene therapeutically with children and young people presenting with a range of complex mental health difficulties. Training is complimented by academic modules where students are presented to the theoretical context of mental health and related difficulties. The provision of a theoretical and training context in mental health suggests that future trained Irish EPs will indeed hold a level of skill in offering therapeutic intervention to children and young people. The national and international context which has shaped a role for Irish EPs to engage in therapeutic practice is now examined.

1.5 Mental Health and Well-Being Context

Positive mental health and well-being are believed to be critical for a young person in living a fulfilled life (NEPS, DES, DoH, & HSE, 2015). Internationally, mental ill health constitutes a primary concern for young people, accounting for 45% of disability in 10-25-year olds (Gore et al., 2011). Mental health difficulties often develop in early childhood, between five and 15 years (NHS, 2018). Recent figures from a national survey conducted on the mental health of children and young people aged 2-19 years in England revealed that 12.8% of those in the 5-19 year category were found to

have at least one mental disorder (Office for National Statistics, 2018). Mental health difficulty in adulthood is significantly predicted by the development of related difficulties during childhood (HSE, 2012). This highlights the critical role of prevention in the early years with children and young people. Alongside early intervention, emerging adulthood has been deemed the most critical developmental period in terms of need and potential to benefit from investment in mental health (McGorry, 2015).

According to the *Wellbeing Policy Statement and Framework for Practice 2018-2023* (DES, 2018), various personal and social protective factors lead to the development of individual well-being. These include individual skills and competencies as well as supportive relationships with others (DES, 2018). Within the Irish context, CAMHS was developed to provide for the severe mental health difficulties of children and young people up to the age of 18 years, which was formulated by the Department of Health and Children and is set out in the policy document *A Vision for Change* (Government of Ireland, 2006). However, a quarterly performance report of the HSE for October-December 2017 states that staffing decreases and admission of children to acute adult inpatient units represent key challenges in the effective delivery of child mental health services (HSE, 2017). Specialist services including CAMHS possess significant structural difficulties regarding access and the provision of appropriate care for young people with mental health difficulties (McGorry et al., 2013). Long waiting lists, restricted access to those with severe and complex mental health difficulties and who are under the age of 18 years, a failure to consider the wider context encompassing such difficulties and a lack of continued access to support from adult services represent major challenges to be overcome (McGorry et al., 2013; McGorry, 2015). This finding highlights a role for Irish EPs to provide early intervention to children and young people with mild mental health needs, leading to the prevention of more acute difficulties and consequent referral to CAMHS. The complex and non-specific nature of mental health presentations which often do not fit existing diagnostic categories also emphasise the need for a more developmentally and culturally appropriate model of care (McGorry, 2015). In Ireland and England, initiatives such as Jigsaw and Headspace have transformed perceptions of mental health and access to services for young people. Through extensive consultation with young people, key stakeholders and relevant agencies, these programmes were developed for young people to access youth-specific services in a non-judgemental context and through partnerships with other services designed to promote positive youth mental health (McGorry et al., 2013).

A number of recent policy initiatives have been put forward in targeting the development of youth mental health and well-being in Ireland. The *Guidelines for Mental Health Promotion and Suicide Prevention: Well-being in post primary schools* (NEPS, DES, DoH, & HSE, 2013) and *Guidelines for Mental Health Promotion: Well-being in primary schools* (NEPS et al., 2015) are two such initiatives co-ordinated by the Department of Education and Skills (DES), NEPS and other departments and agencies. The post-primary school guidelines which stemmed from a national concern about suicide are in fact suicide prevention guidelines. Both sets of guidelines are aimed at supporting school personnel to build on existing good practice (NEPS et al., 2015) in the delivery of a whole-school approach to promote mental health awareness and student well-being (NEPS et al., 2013).

Both sets of guidelines espouse the concept of a health promoting school (HPS) in addressing mental health and well-being, as seen in Figure 1.2. The key features of a HPS include the inter-relationship between the school's social and physical environment, the school curriculum, school policy and home-school communication and community links.

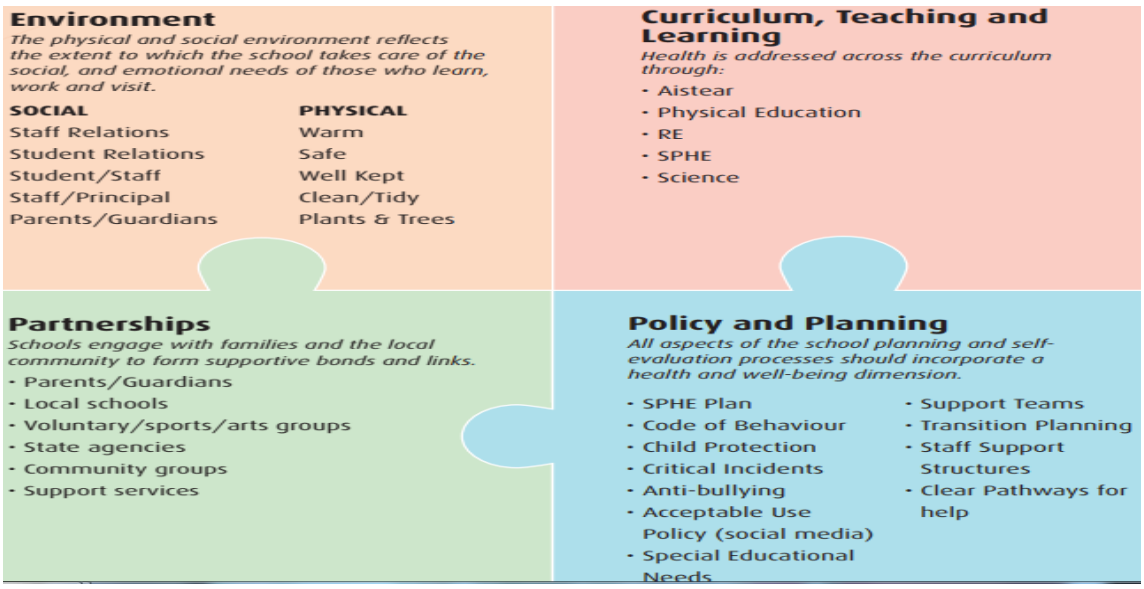

Figure 1.2. The health promoting school: Four key areas of action (NEPS, DES, DoH, & HSE, 2015).

Equally, the guidelines acknowledge the role played by the school setting in promoting a young person's positive mental health and emotional well-being. Teachers are best placed to respond to mental health concerns through the early recognition of difficulties and implementation of related intervention (Atkinson, Corban, & Templeton, 2011; DfEE, 2001). This sentiment is shared by the DES *circulars 0042/2018* and *0043/2018*, emphasising the teacher's competency in responding to well-being concerns in a sensitive and consistent manner (DES, 2018). The *Action Plan for Education* (DES, 2017) also regards well-being as a key area in need of encouragement and support in schools. A co-ordinated approach involving NEPS EPs has led to a plan to deliver various mental health supports to schools. This includes an increased roll out of mental health programmes such as the "*Incredible Years"* (*IY*) to schools designated as disadvantaged (DES, 2017). This plan also emphasises the role of parents in addressing a young person's mental health where home-school communication is considered very important in this regard. While a national context certainly guides the potential role of the Irish EP in therapeutic practice, implications from recently revised models of SEN and Special Needs Assistant (SNA) allocation in Irish schools equally deserve due consideration.

1.6 Revised Model of Special Education Resources and the School Inclusion Model

The previous system of resource allocation to schools in Ireland was an unfair and inequitable one according to *Circular 0014/2017* (DES, 2017). Providing the same level of support for students within defined categories of SEN, irrespective of the level of student need, disregarded the notion of heterogeneity within any SEN category. The *Guidelines for Primary Schools: Supporting Pupils with Special Educational Needs in Mainstream Schools* (DES, 2017a) and *Guidelines for Post-Primary Schools: Supporting Students with Special Educational Needs in Mainstream Schools* (DES, 2017b) state that the new model enables school staff to deploy resources flexibly, in line with identified student needs, and without the requirement for a diagnosis of disability. The National Council for Special Education (NCSE) (2017) has consequently provided schools with useful resources, including the self-reflective questionnaire, thus enabling them to identify and meet student needs as well as monitor and report on their progress across time.

In line with the revised model of teaching resources, a comprehensive review of the SNA scheme (NCSE, 2018) found that the scheme worked well in supporting students with additional care needs across mainstream and special school settings. Nevertheless, a number of shortcomings were noted around the narrow focus of the scheme. The inability of SNAs to support students with additional care needs, who didn't possess a diagnosed disability, was one noted limitation of the scheme. The need for a range of supports to be provided to some students with additional care needs was another finding (NSCE, 2018). Arising from this, a new school inclusion model for students with special educational and additional care needs will be piloted in the next school academic year (2019/2020). Similar to the revised model of teaching resources, this model removes the requirement of a formal diagnosis in order for students to access SNA support (DES, 2019). The NCSE recommends the training of SNAs, now termed "Inclusion Support Assistants" (ISAs) and school staff in support of students with additional needs arising from a range of difficulties, including emotional behavioural difficulties. They also recommend an in-school therapy service provided by regional support teams to include speech and language therapists (SLTs), occupational therapists (OTs) and behaviour support practitioners (DES, 2019). EPs will also be recruited to provide in-school intervention for students with complex educational needs, including those of an emotional and behavioural nature (DES, 2019).

Both the revised model of teaching resources to schools and the school inclusion model have pertinent implications for the role of the EP. Removing the requirement of a diagnosis in order for students to access additional supports may lead to a significant reduction in assessment work conducted by EPs. This, alongside the need for in-school intervention for students with additional needs, including those with emotional and behavioural difficulties, supports the view of increased school psychology time to deliver therapeutic intervention. Such findings raise interesting questions including the EP's own interpretation of therapeutic intervention as well as their perceived ability to work in this area.

1.7 Overview of Thesis Structure

Chapter Two contains a systematic review of the literature, highlighting the gaps from which the research questions arise. This is followed by the philosophical underpinnings of the study and research methodology used, as described in Chapter Three. It includes the ethical considerations and limitations of the study. Chapter Four

reports the findings while Chapter Five presents an interpretation and evaluation of the findings within the wider theoretical context. The research questions are examined in light of the results obtained. Chapter Six includes the contribution made by the research to the literature with methodological limitations discussed. Implications for future research as well as policy, professional training and practice are also provided.

Chapter Two Literature Review

2.1 Chapter Overview

This chapter presents the literature which informed a rationale for conducting the research and which helped formulate the research questions. It is set out in four main sections beginning with a discussion of key terms and concepts pertaining to the research. Sections two and three encompass review phases one and two of the systematic review. Both review phases relate to a specific review question and consist of separate studies. The criteria applied in critically appraising each study's quality and relevance to the area of interest is outlined in each review phase. A synthesis and analysis of the findings from each review phase is also presented. The chapter concludes with the rationale for exploring the given area along with related research questions which seek to redress gaps in the literature.

2.2 Key Terms

2.2.1 School psychologist / educational psychologist. At the outset, it is imperative to ensure a common understanding between the researcher and reader, regarding the role of the school psychologist (SP) and the educational psychologist (EP). This includes their respective roles in providing therapeutic support to children and young people. As explained in Chapter One, the term SP is most commonly used to describe the psychologist who works in school settings in the United States of America (USA) while the term EP is that used most commonly for the psychologist who works in schools in Ireland, regardless of their professional psychological training.

Traditionally, the practice of SPs involves the three main roles of assessment, intervention and consultation as well as the less traditional roles of research and training (Fagan & Sachs-Wise, 1994). Equally, the role of the EP is generally regarded as consisting of five key functions (assessment, intervention, consultation, research & training), conducted at three levels (organisational, group & individual) (Fallon et al., 2010; Farrell et al., 2006; Scottish Executive, 2002). SPs are highly skilled professionals in psychology and education, primarily working in schools and other educational settings. Their training emphasises preparation in a variety of domains including the prevention of mental health difficulties and related intervention (Merrell, Ervin, & Peacock, 2012). The role of the EP is "to support the psychological and

educational development of persons of all ages in the education and healthcare systems" (PSI, 2017, p.3). Engagement in preventative and therapeutic intervention work in supporting the well-being of children and young people is one area in which trainee educational psychologists (TEPs) require professional supervised experience, as set out by the national *Accreditation criteria for professional doctoral training in educational psychology in Ireland* (PSI, 2017).

2.2.2 Mental health and well-being. The national and international context of youth mental health and well-being was explored in Chapter One. According to the World Health Organisation (WHO) (2001), mental health is defined as "a state of well-being in which the individual realises his or own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her own community" (p.1). In the Government of Ireland (2006) document *A Vision for Change*, mental health difficulties are described as lying on a continuum, from everyday psychological distress, experienced by most people, to significant mental illness as experienced by a smaller proportion of people. An individual's mental health is an interdependent part of their wider health including their physical and social functioning (WHO, 2004). Definitions of mental health in children have recognised the developmental context. One such definition refers to the psychological and emotional development of the child, the ability to initiate, develop and sustain mutually satisfying personal relationships, use and enjoy solitude, learn the skill of empathy towards others, learn from play, the moral development of right and wrong and the resolution of personal difficulties (HAS, 1995; Mental Health Foundation, 1999).

Well-being is a subset of an individual's mental health. Conceptualising well-being is difficult when multiple definitions focus on the various, yet inter-related, aspects of well-being. The description of well-being in *AISTEAR: The Early Childhood Curriculum Framework principles and themes* (NCCA, 2009) highlights the importance of children's relationships and interactions with family and community in supporting well-being and resilience. The *Guidelines for Mental Health Promotion: Well-being in primary schools* (NEPS et al., 2015) further endorse this description in acknowledging the role of quality teaching and learning in the optimal development of children and their overall resilience. For the purpose of this research, reference is made to both definitions in the compilation of one broad definition which resonates with the area under investigation. As such, well-being is defined by the researcher as "the optimal

development of the child, through quality teaching and learning as well as through the child's relationships and interactions with family and the wider community".

2.2.3 Therapeutic intervention. The EP's use of therapeutic intervention was also explored in Chapter One. Therapy has been defined as the treatment of mental or psychological disorders by psychological means (Oxford Dictionaries, 2008). For some families, the stigma associated with mental health difficulties in children and young creates associations of medical intervention with therapy, rather than support. A change in perceptions of mental health and emotional well-being is required (BPS, 2016). A provisional definition of therapeutic intervention highlights an intentional interaction, expecting to achieve a positive outcome for the child or young person, based on their identified needs and informed by an understanding of the potential impact and value of the interaction involved (Children Acts Advisory Board, 2009). Interventions are deemed appropriate when they are based on the needs of the child or young person (BPS, 2016). Equally, the development of a therapeutic alliance with the child or young person is important for engagement in therapy where empathy, genuineness and unconditional positive regard represent key therapist qualities in developing this alliance or working relationship (*ibid*). Mackay and Greig (2007) acknowledge that "therapeutic work may involve the direct intervention of a psychologist with an individual child or a group of children. Equally such work is applicable to the wider role of supporting those who work with children on a daily basis" (p.5).

This study is interested in the role of the Irish EP as a provider of therapeutic intervention to children and young people. A piece of mixed-methods research through the use of questionnaire was deemed to be most suitable in enabling the researcher gain a thorough national picture of the Irish EP's interpretation and use of therapeutic intervention. While closed-ended questions generated pertinent information (e.g. types of therapeutic intervention used by EPs), a qualitative analysis helped the researcher explore the topic further, adding richness and a depth to the findings. Atkinson and colleagues (2014) similarly completed a mixed-methods study, using a questionnaire which consisted of open and closed-ended questions, in exploring the main factors and themes for EPs in the United Kingdom (UK) regarding their therapeutic practice. A number of personal and professional factors may impact on the EP's interpretation of therapeutic intervention and their perceived ability to engage in therapeutic work.

Firstly, an EP's interpretation of therapeutic intervention is perhaps guided by their own set of personal values and beliefs or their original psychological training. Values and beliefs are important theoretical concepts in this regard. Equally, the degree to which the EP may provide intervention in a therapeutic manner is impacted by professional factors including the role of service ethos. The degree to which EPs believe they can use therapeutic intervention has direct implications for their therapeutic practice. The EP's sense of self-efficacy and self-determination are important theoretical concepts in this regard. The underpinnings of these theoretical concepts are presented in the next section.

2.3 Theoretical Concepts

2.3.1 Values. The EP's personal values and beliefs surrounding therapeutic intervention and the usefulness of engaging in such work may play an important role in determining their overall interpretation of the area. Professionally, such values and beliefs may impact upon their subsequent delivery of therapeutic intervention. Counselling psychologists for example vary greatly in their perceptions of psychological illness where values inherent in given theoretical models have been found to guide their use of therapy (Woolfe, Dryden, & Strawbridge, 2003). Based on social-cognitive theory (Bandura, 1986), values relate to an individual's perceived usefulness of learning, whereby human behaviour reflects individual values or preferences (Schunk, 2012). Values play a critical role in achievement behaviours such as persistence as they often positively correlate with many self-regulating processes such as self-evaluation and goal setting (Schunk, 2012). While values may constitute an important determinant of the EP's interpretation of therapeutic work, the EP's beliefs are equally important with related implications for their professional delivery of therapeutic intervention.

2.3.2 Beliefs. According to Beaver (2011), an individual's beliefs comprise part of their sense of self. They reflect the ideas they hold about the world, governed by rules applied by the individual. Beliefs constitute an important component of Korthagen's (2004) model of levels in reflection, otherwise known as the "onion" model as may be seen in Figure 2.1.

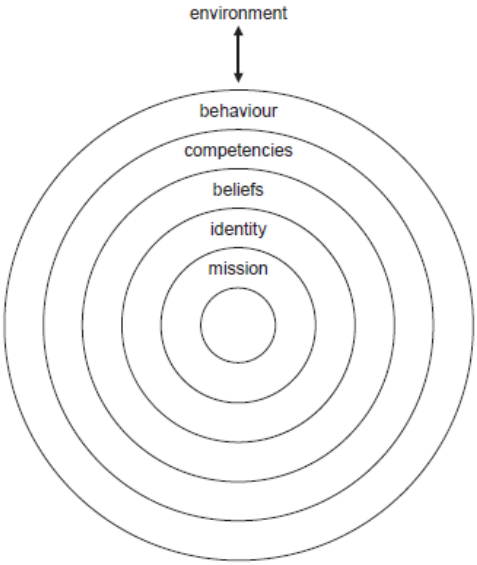

Figure 2.1. Korthagen's onion model (2004): A model of levels of change in guiding personal reflection

This model of reflection has gained significant popularity in various professional domains, not least in teacher education (Korthagen, 2004). It highlights deep or "core reflection" (Korthagen, Kim, & Greene, 2013) as productive when all layers of the model or "onion" are not only analysed by the individual, but are found to relate with one another (Korthagen, 2017). An individual's competencies including the relationship between their knowledge, skills and attitudes (Stoof, Martens, & Van Merrienboer, 2000) comprise one level of the model and are an important determinant of behaviour (Korthagen, 2004). Most importantly, individual competencies are determined by individual beliefs (Korthagen, 2004). Old beliefs predominantly influence one's actions (Wubbels, 1992). EPs may have developed their own beliefs concerning therapeutic practice through their original training as an EP. Such beliefs may influence their present day interpretation of therapeutic intervention with implications for their use of it. However, an EP's use of therapeutic intervention is often guided by professional factors outside of their control. Potential implications for the EP's sense of self-efficacy regarding their capacity to work in the area deserves consideration.

2.3.3 Self-efficacy. A social-cognitive theory of human functioning emphasising the key role played by individual self-beliefs on cognition, motivation and behaviour was developed by Bandura (1986). Self-efficacy is a construct concerned with the degree to which individuals believe they hold the ability to perform behaviours associated with positive outcomes, which is also thought to be predictive of human

motivation and behaviour (Bandura, 1982; Bandura, 1986). Self-efficacy beliefs determine various domains of individual functioning including the cognitive, affective and motivational domains (Bandura, 1992). Cognitively, much purposive behaviour is regulated by goals where goals set generally reflect one's own appraisal of their ability to perform them (Bandura, 1991).

A higher self-efficacy is associated with feelings of increased optimism, lowered anxiety, a higher self-esteem and overall resilience (Pajares & Schunk, 2002). In one study examining the SP's perceptions of self-efficacy when completing school-based consultation, a regression analysis found that the SP's level of experience in performing the given role significantly predicted their self-efficacy scores on the Consultation Self-Efficacy Scale (CSES) (Guiney, Harris, Zusho, & Cancelli, 2014). This finding highlights the correlation between the EP's level of professional work experience and their perceived self-efficacy to perform given activities. Regarding therapeutic intervention, the EP's sense of self-efficacy is a powerful determinant of their motivation and confidence to work in the area. Furthermore, the extent to which the EP believes they can provide therapeutic support directly relates to their engagement in such work and the concept of self-determination.

2.3.4 Self-determination. Self-Determination Theory (SDT) holds the assumption that all individuals possess an innate tendency to develop a more evolved sense of self (Deci & Ryan, 2002). SDT is one theory of human motivation emphasising the innate psychological needs for competence, autonomy and relatedness, all of which are required for continuous psychological growth and well-being (Deci & Ryan, 2000). Competence refers to an individual's sense of effectiveness (Deci & Ryan, 2002) associated with the opportunity to express their capabilities (Deci, 1975; Harter, 1983; White, 1959). Autonomy relates to a need to be self-determinant and an initiator of one's own actions and behaviours (Porter, 2006). Relatedness refers to the individual's sense of connection and belonging to others, their caring for and being cared for by others (Baumeister & Leary, 1995; Bowlby, 1979; Harlow, 1958; Ryan, 1995).

The concepts of values, beliefs, self-efficacy and self-determination were discussed, considering the EP's interpretation of therapeutic intervention and their ability to engage in such work. These areas guided the researcher's thinking when

conducting the systematic review and specifically the review questions as well as the search terms employed.

2.4 Systematic Review of the Literature

A systematic approach was adopted in undertaking a review of the literature. This approach was chosen for many reasons. Firstly, it enabled the researcher to complete a thorough yet concise review of the literature pertaining to the area of interest: EPs and their interpretation and use of therapeutic intervention. Secondly, a quality framework was applied which assisted in critiquing studies both conceptually and methodologically. Thirdly, findings were synthesised across studies, giving more weight to the findings from studies of a higher quality in accordance with the quality framework applied.

There are two review phases to this systematic search of the literature which I intend to deal with separately. Each review phase consists of a specific review question. In this section, the search strategies relating to the given review questions, including search terms employed, will be discussed. Inclusion and exclusion criteria along with a related rationale will be explained. A quality framework for critically appraising studies will be outlined and applied to the literature arising from each phase of the review. Finally, a synthesis of the integrated findings will be provided with relevant implications for the present research. The review ends with a rationale for conducting the present research along with the emergent research questions.

2.5 Phase One Literature Search

2.5.1 Search terms and criteria for inclusion. Consideration of the terms EP and therapeutic intervention undoubtedly arouses thought of the EP's use of therapeutic intervention. The first review question of interest to the researcher was "*What is the EP's use of therapeutic intervention*?". This question encapsulates the factors affecting the EP's use of therapeutic intervention. It encompassed a comprehensive literature search. Five separate searches of key terms associated with this review question were conducted between July 2018 and April 2019 using five databases on the Mary Immaculate College website: Academic Search Complete (ASC), Education Full Text, ERIC, PsycARTICLES and PsycINFO. Different combinations of search terms were employed each time and may be seen in Table 2.1.

Table 2.1

Search Terms Employed for Phase One of Systematic Review

Search Terms	**Databases**	**Total**
School psychologists AND therapeutic interventions	ASC (8) ERIC (9) PsycINFO (25) Education FullText (2) PsycARTICLES (1)	45
Educational psychologists AND therapeutic intervention	ASC (14) PsychINFO (25) ERIC (8)	47
Therapeutic intervention AND school psychology services	ASC (1) ERIC (1) PsychINFO (2)	2
School psychologists AND mental health	ASC (355)	355

Criteria for inclusion were (a) studies published in a peer reviewed journal, (b) written in the English language without restrictions on the country within which the research was conducted, (c) EPs/SPs or TEPs working within a school psychology service (SPS), educational psychology service (EPS) or school setting and using therapeutic intervention(s), (d) a mixed-methods or qualitative design type, (e) studies that included a thorough investigation including an exploratory analysis into the psychologist's use of therapeutic intervention(s) and (f) studies published between January 2010 and April 2019. Exclusion criteria consisted of the opposite to the aforementioned criteria. Inclusion and exclusion criteria may be seen in Table 2.2.

Table 2.2

Inclusion and Exclusion Criteria for Phase One of Systematic Review

	Inclusion criteria	**Exclusion criteria**	**Rationale**
Publication type	Study in a peer reviewed journal.	Study not in a peer reviewed journal.	Peer reviewed studies ensure an independent assessment for quality purposes.
Language/ Context	Study written in English language. No restrictions on the country in which research has taken place.	Study not written in the English language.	Reviewer does not have the resources including funding to access other languages. Limited research conducted to date in Ireland and the UK on the given area of interest.
Participants	1. EPs/SPs/ TEPs. 2. Working in SPS/EPS/school setting. 3. Using therapeutic interventions.	1. Clinical /counselling psychologists. 2. Working in another therapeutic context.	This review is examining the experiences of EPs/SPs/TEPs and their implementation of therapeutic intervention in the mentioned settings.
Study Design	Mixed-Methods/Qualitative design types.	The study does not include Quantitative design types.	The use of mixed-method/qualitative studies allows for clarity and richness when analysing and interpreting the findings.
Analysis	A thorough investigation including an exploratory analysis into the EP's/SP's/TEP's use of therapeutic interventions.	The study does not include any investigation into the frequency/effectiveness of using a therapeutic intervention.	The review seeks to gain an insight into the experiences and related facilitators/barriers to the EP's/SP's/TEP's practice of therapeutic interventions.
Date	Research published between January 2010 and April 2019.	Research published prior to January 2010.	Research was beginning to emerge in the UK and internationally regarding the EP's therapeutic intervention use. This nine-year period may produce a current analysis into the experience of SPs/EPs/TEPs and their use of therapeutic interventions.

A rationale for the selection of the given inclusion criteria is that peer reviewed publications ensure that an independent assessment of quality has been undertaken. English language studies were employed to ensure the reader possesses an understanding of the study content. In relation to the study context, limited research has been conducted to date in Ireland or the UK and hence, there were no restrictions placed on the research country of origin. The review is specifically focused on the experiences of EPs/SPs or TEPs, including facilitators and barriers to their implementation of therapeutic intervention(s) in the mentioned settings. Mixed-method or qualitative design types provide rich data regarding such experiences. The nine-year period between 2010 and 2019 was chosen as a suitable timeframe in which to explore the psychologist's use of therapeutic intervention with children and young people. According to the literature base, research on the given area of interest was beginning to emerge in 2010.

2.5.2 Results. Study titles, subject terms and abstracts were initially scanned and considered in relation to inclusion and exclusion criteria. Searches one and two considered the terms SP or EP and therapeutic intervention(s). Search three utilized the terms SPS and therapeutic intervention and search four employed the terms SPs and mental health. Duplicates studies were removed in search two by screening article titles.

The first two searches yielded a similar number of studies. Search one initially produced 45 results. From this, three studies met all the inclusion criteria after study titles and abstracts were screened. Two studies were further removed after a full text screening against inclusion and exclusion criteria. The focus was primarily on the mental health need being addressed by the therapeutic approach rather than a focus on the psychologist's experience of implementing therapeutic intervention. One study emerged from the first search: Atkinson, Squires, Bragg, Muscutt, and Wasilewski (2014).

Search two initially produced 47 results. Six studies met all inclusion criteria after a screening of study titles and abstracts. All six studies were fully screened for inclusion and exclusion criteria with a further two studies removed. One study focused upon the EP's discursive construction of therapeutic practice while the other study focused on the usefulness of applying a given therapeutic approach. Four studies were

identified from search two: Atkinson, Corban, and Templeton (2011), Atkinson, Squires, Bragg, Wasilewski, and Muscutt (2013), Hoyne and Cunningham (2018) and Squires and Dunsmuir (2011).

Search three produced two results. With one previously found study (Atkinson et al., 2014) during search one, the other study failed to meet inclusion criteria based on an initial scanning of the study title and abstract. Thus, the number of identified studies at this stage of the search remained at five. The fourth search used the lone database ASC, producing 355 studies. Five studies met all the inclusion criteria after a screening of study titles and abstracts. A further four studies were subsequently removed after a full text screening against inclusion and exclusion criteria. While two studies primarily focused on the training of EPs, another two studies focused on the particular intervention being employed by the EPs. This left only one identified study, that of Suldo, Friedrich, and Michalowski (2010). An overall total of six studies arose from this comprehensive search of the literature. This literature search may be seen in a flow chart format in Figures 2.2 and 2.3. The identified studies are fully referenced in Table 2.3.

While not appearing in the initial searches, an additional study (Greig, MacKay, & Ginter, 2019) was informally brought to the researcher's attention in the latter stages of the literature review process. With limited access to the study's full text, a copy of the full study was secured through the Mary Immaculate College library helpdesk. The study was included in a review of the literature but not specifically in the systematic review due to the identification of significant limitations. While participant information was provided in the study, no information was given on the study's design or analysis employed. The decision was made to retain this study as it was recently published in February 2019 and considered relevant to the area of interest: EPs and their use of therapeutic intervention. The focus of the study which surrounded the experiences of Scottish EPSs in meeting the mental health needs of children and young people supported the researcher's knowledge of the area. However, this study was not specifically part of the systematic literature review and hence did not carry the same weight as the other studies.

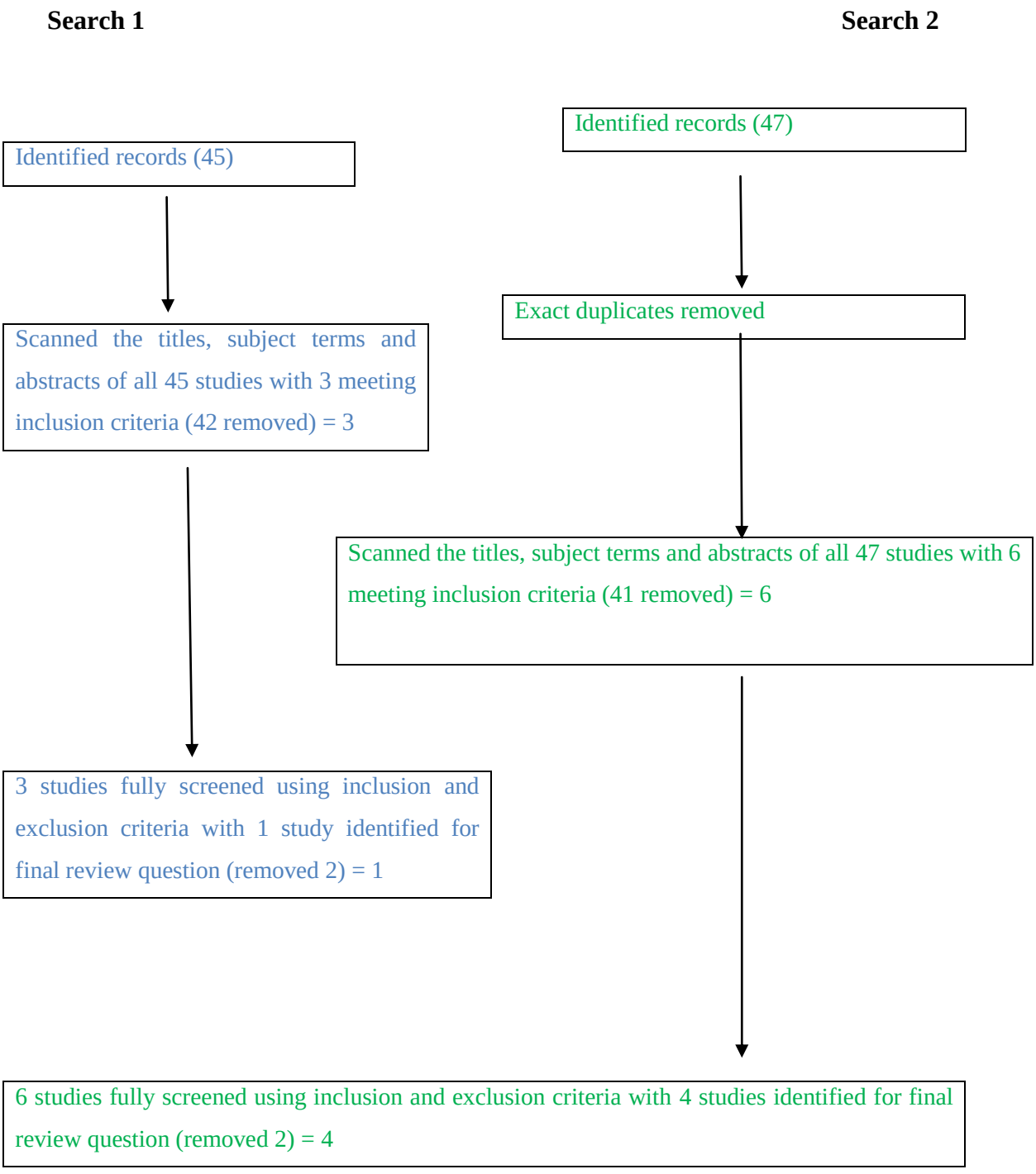

Figure 2.2. Literature searches one and two for phase one of systematic review

Search 3

Identified records (2)

Scanned the title, subject terms and abstract of the 2 studies (1 previously found study during search 1) with 0 meeting inclusion criteria

Search 4

Identified records (355)

Scanned the titles, subject terms and abstracts of all 355 studies with 5 meeting inclusion criteria (350 removed) = 5

5 studies fully screened using inclusion and exclusion criteria with 1 study identified for final review question (removed 4) = 1

+ Greig, MacKay, & Ginter (2019)

Figure 2.3. Literature searches three and four for phase one of systematic review

Table 2.3

References of Identified Studies for Phase One of Systematic Review

Atkinson, C., Corban, I., & Templeton, J. (2011). Educational psychologists' use of therapeutic interventions: issues arising from two exploratory case studies. *British Journal of Learning Support, 26*(4), 160-167.

Atkinson, C., Squires, G., Bragg, J., Muscutt, J., & Wasilewski, D. (2014). Facilitators and barriers to the provision of therapeutic interventions by school psychologists. *School Psychology International, 35*(4), 384-397.

Atkinson, C., Squires, G., Bragg, J., Wasilewski, D., & Muscutt, J. (2013). Effective delivery of therapeutic interventions: findings from four site visits. *Educational Psychology in Practice, 29*(1), 54-68.

Greig, A., MacKay, T., & Ginter, L. (2019). Supporting the mental health of children and young people: a survey of Scottish educational psychology services. *Educational Psychology in Practice,* 1-14. https://doi.org/10.1080/02667363.2019.1573720.

Hoyne, N. & Cunningham, Y. (2018). Enablers and barriers to Educational Psychologists' use of therapeutic interventions in an Irish context. *Educational Psychology in Practice, 35*(1), 1-16.

Squires, G. & Dunsmuir, S. (2011). Embedding Cognitive Behavioural Therapy training in practice: facilitators and barriers for trainee educational psychologists (TEPs). *Educational Psychology in Practice, 27*(2), 117-132.

Suldo, S. M., Freidrich, A., & Michalowski, J. (2010). Personal and systems-level factors that limit and facilitate school psychologists' involvement in school-based mental health services. *Psychology in the Schools, 47*(4), 354–373.

2.6 Critical Appraisal of Studies for Quality and Relevance

2.6.1 Gough's (2007) Weight of Evidence (WoE) framework. The methodological and conceptual quality, along with the relevance of each of the six studies was appraised using the Gough (2007) Weight of Evidence (WoE) framework. WoE comprises four separate judgements of quality labelled A-D. An overview of each of the quality judgements is provided in Table 2.4. Outcomes from WoE A, WoE B and WoE C are averaged to calculate an overall WoE – termed WoE D.

Table 2.4

Weight of Evidence (WoE) Framework for Critical Appraisal of Studies (Gough, 2007)

Weight of evidence A	**Weight of evidence B**	**Weight of evidence C**	**Weight of evidence D**
Quality of execution of the study in relation to quality standards for studies of that type. Specific focus on design, participants & analysis. (Methodological Quality)	Appropriateness of research design for addressing Review Question (Methodological Relevance)	Appropriateness of focus of study to Review Question (Topic Relevance)	Considering A, B & C to rate the overall degree to which the study contributes in answering the Review Question (Overall weight of evidence)

2.6.2 Weight of Evidence (WoE) features. The three WoE quality features including WoE A, WoE B and WoE C were individually considered. Furthermore, each quality feature was assigned a High (3), Medium (2) or Low (1) rating in accordance with meeting specified criteria. WoE A considered the three separate features of design, participants and analysis. WoE B relates specifically to the study's design as discussed in WoE A. WoE C considers the focus of the study's evidence in answering the review question. The WoE A, WoE B and WoE C quality features were not applicable to the Greig et al. (2019) study. WoE A features are first described and assigned to the identified studies. WoE C will then be considered according to each study. Quality criteria in judging WoE A with assigned ratings to the identified studies may be seen in Tables 2.5 and 2.6 below.

Table 2.5

Summary of Quality Criteria in Judgement of Weight of Evidence (WoE) A for Phase One of Systematic Review

Design	*Participants*	*Analysis*
High = mixed-methods design. **Medium** = qualitative design. **Low** = Mixed-methods design with secondary qualitative focus.	**High** = qualified EPs/SPs trained in implementing therapeutic intervention/ possessed additional therapeutic skills attained from other training opportunities. **Medium** = TEPs trained in implementing therapeutic intervention. **Low** = untrained EPs /SPs or TEPs in delivering therapeutic intervention.	**High** = reference to all three aspects for qualitative data analysis: systematic organisation of data, credibility measures/trustworthiness & connections made with related research. **Medium** = reference to two of above identified aspects. **Low** = reference to one of above identified aspects. **High** = reference to all three aspects of mixed-methods data analysis: matching purpose & research questions to an appropriate research method, integration of findings from mixed-method designs/explaining potentially conflicting findings from using different methodologies & consideration of quality criteria from both the qualitative and quantitative components of the given study. **Medium** = reference to two of above identified aspects. **Low** = reference to one of above identified aspects.

Table 2.6

Assigned Ratings in Accordance with Quality Criteria for Weight of Evidence (*WoE) A: Phase One Studies of Systematic Review*

Studies	**Design**	**Participants**	**Analysis**
Atkinson, Corban, & Templeton (2011)	2	*3*	*3*
Atkinson, Squires, Bragg, Muscutt, & Wasilewski (2014)	*3*	*3*	*1*
Atkinson, Squires, Bragg, Wasilewski, & Muscutt (2013)	*2*	*3*	*3*
Hoyne & Cunningham (2018)	*2*	*3*	*2*
Squires & Dunsmuir (2011)	*2*	*2*	*2*
Suldo, Freidrich, & Michalowski (2010)	*2*	*3*	*3*

2.6.3 Design. In terms of design, a high (3) rating was assigned to studies utilizing a purely mixed-method design type and a medium (2) rating to studies employing a purely qualitative design type. A low (1) rating was assigned to mixed-method studies where a qualitative design type was a secondary feature yet where the given design was deemed to add value to the study context and related findings. Quantitative design types were not considered in this phase of the review as the focus was on the experiences of psychologists, including facilitators and barriers to their therapeutic practice. Seeking to obtain an exploratory analysis of the area, quantitative design types may fail to add participant meaning and clarification on the given findings.

Information regarding research design was limited across all six studies in phase one. Of the six identified studies, five employed a purely qualitative design type, thus

receiving a medium rating (Atkinson et al., 2011; Atkinson et al., 2013; Hoyne & Cunningham, 2018; Squires & Dunsmuir, 2011 & Suldo et al., 2010). The Atkinson et al. (2014) study utilized a mixed-methods design and therefore received a high rating.

All of the qualitative studies used a combination of focus groups and interviews, focus groups solely or semi-structured interviews solely in order to gather data. The Atkinson et al. (2011) and Atkinson et al. (2013) studies employed a series of focus groups, semi-structured and structured interviews with a variety of participant types including Principal Educational Psychologists (PEPs) and EPs. On the contrary, the Squires and Dunsmuir (2011) and the Suldo et al. (2010) studies ran a series of focus groups solely with TEPs and SPs, while the Hoyne and Cunningham (2018) study consisted of semi-structured interviews conducted solely with EPs.

The Atkinson et al. (2011) study was composed of two case studies. Case study one explored the therapeutic role of the EP within a multi-agency context. A combination of focus groups and semi-structured interviews were conducted with trainee and qualified EPs as well as Clinical Psychologists (CPs). Case study two was conducted in a different EPS setting and sought to develop the ideas identified in case study one (Atkinson et al., 2011). The qualitative structure of case study two consisted of an initial interview with the PEP regarding general therapeutic intervention practice in an EPS, and a questionnaire delivered to all EPs in relation to the specific therapeutic interventions employed in the service. Individual semi-structured interviews were conducted with EPs found to have provided contrasting responses during their completion of questionnaires (Atkinson et al., 2011). The Atkinson et al. (2013) study consisted of a combination of focus groups, semi-structured and structured interviews and was conducted with PEPs, EPs, multi-agency partners, service commissioners and stakeholders regarding the effective delivery of therapeutic intervention in the service. Information gathered included the specific types of intervention practiced by EPs within the service. An analysis of service documentation, including anonymised case reports, was also conducted in this study and an inspection of service training.

In the Hoyne and Cunningham (2018) study, semi-structured interviews were conducted with EPs working in one of the regions of the National Educational Psychological Service (NEPS). The purpose of the study was to explore the EP's range

and format of therapeutic intervention delivery as well as the main facilitators and barriers to their therapeutic provision. The Squires and Dunsmuir (2011) and the Suldo et al. (2010) studies ran a series of focus groups solely with TEPs and SPs concerning their delivery of therapeutic intervention within their respective work settings. While the Squires and Dunsmuir (2011) study focused on the TEP's use of CBT on an individual basis with children in school settings, the Suldo et al. (2010) study focused on SPs' delivery of mental health interventions and services to students in schools.

Quantitative and qualitative data were collected simultaneously in the Atkinson et al. (2014) mixed-methods study. A questionnaire was used which consisted of statements to be ranked by participants regarding the key facilitators and barriers to their delivery of therapeutic interventions. Additionally, participants provided qualitative feedback as part of the questionnaire relating to their individualised use of therapeutic intervention and to therapeutic delivery in general within their service context (Atkinson et al., 2014).

2.6.4 Participants. The participants feature assigned a high (3) rating for studies which included qualified EPs/SPs who were trained in the implementation of therapeutic intervention or who possessed additional therapeutic skills attained from other training opportunities. A medium (2) rating was given to studies which included TEPs trained or skilled in the use of therapeutic interventions and a low (1) rating was awarded to studies including EPs/SPs or TEPs with no known training in the delivery of therapeutic interventions or where it was unclear if they had received training. With the exception of the Squires and Dunsmuir (2011) study which received a medium rating for its use of trained TEPs, the remaining studies received a high rating for the participants feature. Of note is that the Atkinson et al. (2011) study received a high rating as it made reference to both TEPs and EPs trained in different therapeutic approaches. The sampling method used to recruit participants along with the rationale for the chosen method is also an important consideration in the participants feature. A purposive sampling method was employed in all six studies identified for this review. EPs/SPs and TEPs were generally recruited to explore their use of therapeutic intervention practice. The studies chosen for this review were primarily conducted in the UK with the Atkinson et al. (2013) and Atkinson et al. (2014) studies conducted across England, Scotland, Wales and Northern Ireland. One study was conducted in the

USA (Suldo et al., 2010) and one in Ireland (Hoyne & Cunningham, 2018). Gender percentages and participant ages were reported in the Suldo et al. (2010) study with a 74% female sample and a mean age of 41.92 years. Gender percentages were also reported in the Hoyne and Cunningham (2018) study with 92% females and 8% males participating in the study.

The Greig et al. (2019) study provided participant information. Principal psychologists of 32 Scottish EPSs were sent a survey requesting information on their practice of supporting the mental health needs of children and young people along with the related facilitators and barriers to their therapeutic practice. Surveys questions which were situated around a number of key themes concerning the EP's therapeutic practice, were completed anonymously and for coding purposes, on return, were given an identification number. Twenty-one returned surveys from 19 authorities (59%) and the inclusion of two additional surveys brought the total return to 23 surveys. Twelve EPs including one regional director, two senior psychologists and nine main grade psychologists participated in individual semi-structured interviews in the Hoyne and Cunningham (2018) study. With the assistance of the regional director, the EPs were emailed and encouraged to participate in the research. Using a voluntary active consent procedure, EPs emailed the researcher stating their interest in partaking in the research.

The Atkinson et al. (2011), Atkinson et al. (2013) and Atkinson et al. (2014) studies consisted of either EPs or TEPs working within a Local Authority (LA) psychology service in the UK and using therapeutic intervention. The Atkinson et al. (2011) study recruited 17 TEPs undertaking a three-year doctorate training programme, two assistant EPs, six qualified EPs and 12 CPs in case study one. There were at least seven psychologists in case study two, all of whom were working within an LA EPS and using therapeutic interventions as part of service work and in schools. TEPs were contacted by email while assistant and practitioner psychologists were invited to a training day (Atkinson et al., 2011). The Atkinson et al. (2013) study consisted of a follow-on study to a national survey of EPs who had agreed to researchers contacting them in relation to how they use therapeutic interventions in their LA psychological service. This study was specifically interested in the service organisation and types of therapeutic intervention employed. Nine services met the established criteria to partake in the Atkinson et al. (2013) study (i.e. a shared view among EPs in the service that the service could ensure effective practice in relation to the delivery of therapeutic

interventions, a commitment from the services PEP to participating in the research & an ability to form two focus groups for the research, one consisting of EPs & the other of stakeholders & commissioners of therapeutic services). Four service sites (49% of 455 participants) agreed to participate in the research (Atkinson et al., 2013). 455 self-selecting participants replied to an online survey in the Atkinson et al. (2014) study which invited all EPs working in LA psychology services across the UK and Northern Ireland and who were using therapeutic interventions.

The Squires and Dunsmuir (2011) and Suldo et al. (2010) studies differed to the other studies as they contained a specific focus on the use of therapeutic intervention being utilized by TEPs/SPs, in accordance with their work setting and years of professional experience. The Squires and Dunsmuir (2011) study recruited 24 trained TEPs in the use of CBT from two course centres. The TEPs had subsequently implemented a six-session individualised CBT intervention with one student in a school setting. Thirty-nine SPs working within two school psychology districts were recruited in the Suldo et al. (2010) study. Various inclusion criteria to differentiate between the two school psychology districts were used, including diversity in student population and geographical area (Suldo et al., 2010). District supervisors of the psychological services recruited psychologists through email and staff meetings with 25 (27%) SPs from district A and 14 (70%) from district B agreeing to participate in the study (Suldo et al., 2010). Participants were assigned to one of three groups in accordance with their level of professional work experience (Suldo et al., 2010).

2.6.5 Analysis. The analysis feature was divided between mixed-method and qualitative study designs. A rigorous judgement of quality when conducting mixed-methods research was applied to the data analysis component of mixed-method studies. This assessment considered three quality criteria as extracted from Mertens (2015): (1) whether the researcher matched the research purpose and research questions to an appropriate research method, (2) how the researcher integrated findings from mixed-method approaches, explaining potentially conflicting findings from using different methodologies and (3) the extent to which the researcher considered quality criteria from both the qualitative and quantitative components of the study. A high (3) rating was assigned to studies which met all three quality criteria for mixed-methods data analysis, a medium (2) rating to studies meeting two of the three criteria and a low (1) rating to studies which met only one criterion. The Atkinson et al. (2014) study was

assigned a low rating. The study merely integrated the findings from the mixed methodologies employed, with no explanation provided in relation to the manner in which the findings were integrated. Furthermore, no information was provided on the manner in which the methods were matched to the research purpose and research question or the consideration of quality criteria for both the qualitative and quantitative components of the studies.

The analysis feature for qualitative studies was equally divided into three quality criteria based on quality indicators for data analysis in qualitative research by Brantlinger, Jimenez, Klingner, Pugach and Richardson (2005). Specifically the following were considered as part of each qualitative study: (1) a systematic organisation of the data, (2) documentation of credibility measures or trustworthiness and (3) connections made with related research. Similarly, a high (3) rating was assigned to studies which met all three criteria of this data analysis feature, a medium (2) rating to studies meeting two of three criteria and a low (1) rating to studies which met only one criterion. Many of the qualitative studies received a high rating for analysis, meaning that all three quality criteria for data analysis were adhered to. The Squires and Dunsmuir (2011) and Hoyne and Cunningham (2018) studies received a medium rating concerning qualitative data analysis. Squires and Dunsmuir (2011) failed to include any previous research regarding the TEPs and their therapeutic intervention use while Hoyne and Cunningham (2018) failed to mention any measures used in triangulating the qualitative findings.

The five qualitative studies employed a thematic analysis in an interpretation of the gathered data (Atkinson et al., 2011; Atkinson et al., 2013; Hoyne & Cunningham, 2018; Squires & Dunsmuir, 2011 & Suldo et al., 2010). A thematic analysis was used to analyse the data from the focus groups and interviews in case study one and two in the Atkinson et al. (2011) study. A triangulation of the data from the completed semi-structured interviews and questionnaires in the second case study was also improved by gaining individual EP responses. In the Atkinson et al. (2013) study, reliability of data interpretation was ensured by having the data independently coded by two separate researchers who then met to agree on interpretation of the coding. The given interpretations were equally sent to PEPs in the services in an attempt to identify potential inaccuracies. Findings were also triangulated between all four site visits (Atkinson et al., 2013). A thematic analysis was used to analyse the data in the Hoyne

and Cunningham (2018) study through the completion of Braun and Clarke's (2006) six- stage process. A familiarity with the data led to the creation of codes and themes where data extracts were selected in supporting the generated analysis. The software programme NVivo was employed to organise the coding process (Hoyne & Cunningham, 2018).

In the Squires and Dunsmuir (2011) and Suldo et al. (2010) studies, a variant of a thematic analysis was employed. In the Squires and Dunsmuir (2011) study, initial codes allocated from focus group responses, in the identification of themes, in turn facilitated the creation of a conceptual network. Recoding took place in order to improve the interpretative process along with member checking by TEPs. Furthermore, an interpretation comparison between the two course centres assisted in establishing similarities and differences in the findings (Squires & Dunsmuir, 2011). Suldo et al. (2010) generated codes and themes from focus group responses using a collective case study framework, where an investigative perspective was employed to create codes and categories (Suldo et al., 2010). Trustworthiness of the data analysis was obtained through a comparison of coding results and discussion between researchers until 100% agreement was reached (Suldo et al., 2010).

The Atkinson et al. (2014) study employed a Principal Components Analysis (PCA) in an attempt to interpret ranked questionnaire responses where questionnaire items were compiled into three separate components. Such findings were then triangulated using qualitative responses from the questionnaire, providing a thorough insight into the main facilitators and barriers to the EP's provision of therapeutic interventions (Atkinson et al., 2014).

2.6.6 WoE C. In this review phase, WoE C considered the general focus of each of the six studies. A high (3) rating was applied to studies identifying and exploring the key facilitators and barriers to the EP's/SP's or TEP's use of therapeutic practice, a medium (2) rating where the study focused on the general themes or difficulties arising from the EP's/SP's or TEP's use of therapeutic practice and a low (1) rating to studies merely examining the EP's/SP's or TEP's experiences of implementing therapeutic interventions. Ratings for judging WoE C are provided in Table 2.7. A breakdown of the overall WoE ratings for the identified studies in phase one follows in Table 2.8

while an overall summary of the identified studies in phase one may be seen in Table 2.9.

Table 2.7

An Explanation of the Weight of Evidence (WoE) C Ratings as Part of Gough's (2007) WoE Framework for Phase One of Systematic Review

Rating 1	**Rating 2**	**Rating 3**
Identification and exploration of the key facilitators and barriers as part of the EP's/SP's or TEP's use of therapeutic practice	A focus on the general themes or difficulties arising from the EP's/SP's or TEP's use of therapeutic practice	A mere examination of the EP's/SP's or TEP's experiences of implementing therapeutic interventions

Table 2.8

Overall Weight of Evidence (WoE) Ratings for Identified Studies in Phase One of Systematic Review

Studies	**WoE A**	**WoE B**	**WoE C**	**WoE D**
Atkinson, Corban, & Templeton (2011)	2.7	2	2	2.2
Atkinson, Squires, Bragg, Muscutt, & Wasilewski (2014)	2.3	3	3	2.8
Atkinson, Squires, Bragg, Wasilewski, & Muscutt (2013)	2.7	2	2	2.2
Hoyne & Cunningham (2018)	2.3	2	3	2.4
Squires & Dunsmuir (2011)	2	2	2	2.0
Suldo, Friedrich, & Michalowski (2010)	2.7	2	3	2.6

Table 2.9

Summary of Identified Studies in Phase One of Systematic Review

Author/Year	Design	Participants	Sample Size	Analysis
Atkinson, Corban, & Templeton (2011)	Qualitative: Focus groups, semi-structured interviews & questionnaires	EPs & TEPs	44 approx.	Thematic analysis
Atkinson, Squires, Bragg, Muscutt, & Wasilewski (2014)	Mixed Methods: Survey Questionnaire	EPs	455	Principal Components Analysis (PCA) triangulated using qualitative survey responses
Atkinson, Squires, Bragg, Wasilewski & Muscutt (2013)	Qualitative: Focus groups, semi-structured & structured interviews, analysis of service documentation	EPs	223	Thematic analysis
Hoyne & Cunningham (2018)	Qualitative (Semi-structured interviews)	EPs	12	Thematic Analysis
Squires & Dunsmuir (2011)	Qualitative (Focus groups)	TEPs	24	Conceptual framework leading to a thematic analysis
Suldo, Friedrich, & Michalowski (2010)	Qualitative (focus groups)	SPs	39	Collective case study leading to a thematic analysis

2.7 Findings

2.7.1 Facilitators and barriers to the use of therapeutic intervention.

Facilitators and barriers to the EP's use of therapeutic interventions with children and

young people was the overall theme that emerged in relation to the review question: "*What is the EP's use of therapeutic intervention?*" in phase one of this review. Furthermore, a number of sub-themes were found in relation to this overall theme: Support and Supervision, Training and an Opportunity to Practice and Role Ambiguity. Three of the six studies make explicit reference to the main facilitators and barriers impacting upon the EP's delivery of therapeutic intervention practice (Atkinson et al., 2014; Hoyne & Cunningham, 2018 & Suldo et al., 2010). The remaining studies refer to factors which may be interpreted as facilitators and barriers to the EP's therapeutic practice.

2.7.2 Support and supervision. Support and supervision was a prevalent sub-theme to emerge in the literature. More specifically, peer support and good quality supervision were viewed as integral to the successful delivery of therapeutic intervention for EPs/SPs and TEPs (Atkinson et al., 2014; Squires & Dunsmuir, 2011). The EP's engagement in peer support as a means of developing their therapeutic skill was strongly supported across studies. EPs in the Hoyne and Cunningham (2018) study welcomed peer group supervision as well as informal support from colleagues in the development of their therapeutic knowledge and skills. All four sites in the Atkinson et al. (2013) study acknowledge that peer support fulfils a facilitative function of supervision for the EP's therapeutic practice. Peer supervision was equally noted as a successful solution to the TEP's difficulty in accessing more formal supervision in university in the Squires and Dunsmuir (2011) study. Collaborative working with peers, planning and research are some of the many opportunities by which an EP may avail of peer support (Atkinson et al., 2014). Equally, supervision has a role to play in supporting the development of the EP's therapeutic practice.

The role played by a specialist practitioner (Atkinson et al., 2011) or an experienced supervisor (Squires & Dunsmuir, 2011) in support of the EP's therapeutic practice was identified across studies. Examples of such support were provided in the literature and specifically in relation to the EP's skill and ethical development in their therapeutic work with young people. Formal supervision with a specialist practitioner, for example, was seen as facilitating the EP's individual skills in therapeutic practice (Atkinson et al., 2011). Experienced supervisors were associated with the teaching of safe and ethical practice, in relation to the ethical dilemmas that may present for TEPs in their work with children and young people (Squires & Dunsmuir, 2011). While peer

support and supervision appear to facilitate the EP's delivery of therapeutic interventions, notable barriers with supervision were equally highlighted in the literature.

The main barriers identified regarding supervision related to particular supervision modalities and the frequency by which supervision is accessed by EPs. Difficulties with commonly used forms of supervision were highlighted. Formal supervision, for example, sometimes assisted in the identification of problem-related factors and solutions (Squires & Dunsmuir, 2011). For others, such supervision was perceived as overly structured and rigid (*ibid*). Perhaps this impacted on the TEP's ability to express difficulties encountered when working therapeutically, with related implications for the TEP's confidence when delivering therapeutic intervention to children and young people. In addition, Atkinson et al. (2013) states that specialist supervision may not be suitably tailored to the EP's work with children and young people, given the diverse needs of different client groups. Difficulty accessing frequent supervision was also a noted barrier across studies. Some EPs in the Hoyne and Cunningham (2018) study expressed their desire for increased access to individual supervision. Atkinson et al. (2011) stated that supervision access significantly impacts upon the EP's development of therapeutic practice. Overall, the significance of accessing frequent peer support as well as specific types of supervision, tailored towards the EP's therapeutic skill development, poses important implications for the EP. Training is equally an important determinant in the development of the EP's therapeutic skill and knowledge.

2.7.3 Training and opportunity to practice. Training and an opportunity to practice was another identified theme in relation to the psychologist's practice of therapeutic intervention, which again may be divided into the facilitators and barriers. Training barriers, with implications for the EP's practice of therapeutic intervention, was a point which was particularly well highlighted across the identified studies. Atkinson et al. (2013) positively viewed the theme of training and an opportunity to practice as facilitative to the EP's provision of therapeutic intervention. According to the authors of this study, training was regularly delivered to EPs at a whole-service level, where skills learned through training led to the effective development and delivery of therapeutic interventions. Not only was whole-service training a cost-effective way for EPs to access CPD opportunities, it also meant that colleagues could

support each other in the development and refinement of key therapeutic skills (Atkinson et al., 2013). Equally, the majority of services in the Greig et al. (2019) study referred to themselves as well equipped with the knowledge and skills to deliver mental health services to children and young people, based on their initial training and particularly due to their access of CPD support. Although access to CPD on less prevalent therapeutic techniques can often be difficult to source, on-going access to CPD including personal elective CPD and attendance at regional and national training events was noted as an enabler of therapeutic practice in the Hoyne and Cunningham (2018) study.

The quality of training received by EPs has implications for their delivery of therapeutic work and related confidence in this area. Many of the EPs in the Atkinson et al. (2014) study reported additional training to be inadequate and a lack thereof to be a significant barrier to the development of their higher-order skills in relation to the delivery of therapeutic practice. Hoyne and Cunningham (2018) also commented on the inadequacy of the EP's initial training in preparing them for therapeutic practice, where CPD access was deemed imperative in this regard. This strengthens the findings of Suldo et al. (2010) which suggest limited training in psychotherapeutic interventions is associated with a limited provision of appropriate theoretical content relevant to delivering school-based mental health services in schools, as well as limited applied experiences in the area. Implications for the psychologist's confidence in their delivery of such intervention were also noted (Suldo et al., 2010). This finding relates to the concept of self-efficacy and the extent to which the EP believes they possess an ability to engage in therapeutic practice with children and young people. However, it appears unclear from the literature whether the provision of quality training in its own right is sufficient for EPs/SPs and TEPs to deliver therapeutic intervention.

The speed at which training is delivered may also compromise the EP's therapeutic development. TEPs in the Squires and Dunsmuir (2011) study reported that the fast pace in which training was delivered left many of them with insufficient time to develop relevant skills for therapeutic practice and to integrate new understandings with previous learning. Once again, the impact upon the TEP's confidence regarding their related ability to undertake CBT work was equally highlighted (Squires & Dunsmuir, 2011). The fast pace of training delivery may be partly attributable to time pressures

placed on training programmes, similar to those placed on EPs to deliver therapeutic intervention.

Many of the studies report on the time pressures placed upon EPs, along with a lack of opportunity to practice therapeutic intervention, due to the prioritisation of SEN statutory work demands over therapeutic practice (Atkinson et al., 2011). Time constraints was a frequently cited barrier to the EP's service provision and their capacity to deliver mental health supports in the Greig et al. (2019) study. With a need to provide value for time and money, given the high caseloads of EPs, Hoyne and Cunningham (2018) comment that individual therapeutic intervention is generally short-term due to its intensive nature and time involved. The limited opportunity to apply clinical interventions in practice had implications for the practitioner's confidence to provide such services (Suldo et al., 2010), which again relates to the EP's sense of self-efficacy, regarding their use of therapeutic intervention. Even where EPs received adequate and sufficient training, they reported difficulties sourcing opportunities to practice therapeutic intervention (Atkinson et al., 2014). Nonetheless, some EPs noted that an interest in the area of therapy often led to personalised attempts to prioritise the use of therapeutic intervention with children and young people. Completing therapy work during the EP's personal time was one example of this in the literature (Atkinson et al., 2014). Equally, some TEPs believe that the opportunity to practice key skills during a piece of discrete casework leads to the further development of important therapeutic skills (Squires & Dunsmuir, 2011). Overall, a lack of opportunity to practice therapeutic intervention relates to another important factor, role ambiguity.

2.7.4 Role ambiguity. Role ambiguity in relation to the EP/SP and their use of therapeutic intervention was a significant theme to emerge in the literature. The Atkinson et al. (2011), Atkinson et al. (2014), Hoyne and Cunningham (2018) and Suldo et al. (2010) studies all referred to the confusion regarding the role of the EP in therapeutic practice. These studies share the sentiment that there exists a lack of awareness by other professionals that EPs/SPs hold the capacity to deliver therapeutic interventions. Many examples of this were highlighted across the identified studies. While health professionals fail to acknowledge the role played by EPs as therapeutic providers, some schools prioritised the competing demands of statutory assessment work for EPs over therapeutic intervention work with children (Atkinson et al., 2014). In one specific example, SPs report working with teachers unsupportive of their use of

counselling with students, as the teachers lacked the awareness of the SP's ability to provide such intervention (Suldo et al., 2010). Interestingly, EPs in the Hoyne and Cunningham (2018) study expressed their own lack of clarity concerning their role in therapeutic practice in line with the given service policy.

The traditional role of the EP as concerned with SEN assessment work appeared to be the prime reason driving this widely-held perception (Atkinson et al., 2011; Hoyne & Cunningham, 2018). At the same time, many schools highly value the EP's direct work with children and young people and indirect work through consultation for example (Atkinson et al., 2014), as well as the expertise offered by EPs in the area of mental health intervention (Greig et al., 2019). In essence, the theme of role ambiguity relates to the EP's lack of opportunity to practice therapeutically. Onward referral to the Child and Adolescent Mental Health Services (CAMHS) is likely to reflect this lack of capacity in the EPS (*ibid*). More importantly, such referral serves as a recognition of the distinctive skills and knowledge that CAMHS bring to their delivery of mental health interventions (*ibid*). The main conclusion here is that many professionals are unaware that EPs/SPs hold the capacity to undertake therapeutic work which relates to the widely held perception that such work is generally within the remit of other service providers (Atkinson et al., 2011). Implications for the EP's self-efficacy in relation to their ability to use therapeutic intervention is an important consideration.

2.8 Conclusions of Phase One

Phase one of this systematic review produced an exploration into the experiences of EPs/SPs and TEPs and their use of therapeutic interventions. Three main themes were identified: Support and Supervision, Training and Opportunity to Practice and Role Ambiguity in accordance with the broader theme of facilitators and barriers to the EP's use of therapeutic interventions with children and young people. Notably "Support and Supervision" was the only identified theme that generally equated with positive experiences for EPs. Peer support and good quality supervision was viewed as integral to the successful delivery of therapeutic interventions for EPs. Difficulties with supervision formats and fluency issues in the delivery of supervision were also acknowledged in the identified studies.

With regard to the theme "Training and Opportunity to Practice", many of the featured studies in this review remarked that the time pressures placed upon EPs, coupled with a lack of opportunity to practice therapeutic intervention, is due to the statutory assessment work demands placed upon EPs. Generally, the quality and pace of training received by EPs was negatively viewed across studies. The theme of "Role Ambiguity" referred to two associated issues. Firstly EPs and SPs report that their traditional role of undertaking educational assessments leads schools to prioritise such competing work demands over the EP's/SP's delivery of therapeutic practice. Secondly, EPs and SPs comment on the lack of awareness among schools and health-related professionals in relation to their capacity to undertake therapeutic interventions.

2.8.1 Limitations. Study limitations must be considered when drawing conclusions from the main findings. The Atkinson et al. (2011), Hoyne and Cunningham (2018), Squires and Dunsmuir (2011) and Suldo et al. (2010) studies all consisted of small sample sizes, questioning the external validity and generalisation of each of the study's findings. The Atkinson et al. (2011) study equally outlines the difficulties associated with small-scale research studies conducted in a single local authority. The researcher conducting both case studies, was working as part of the EPS at the time when the studies were undertaken. Suldo et al. (2010) furthermore considers the role that qualitative research plays in the social desirability and subjectivity of participant responses. Social desirability effects may present an inaccurate reflection of the SP's actual practice of therapeutic intervention and their related views on the given topic.

2.9 Phase Two Literature Search

Various themes emerged in the findings as a result of review phase one regarding the EP's use of therapeutic intervention. These included the themes of "Support and Supervision" and "Training and Opportunity to Practice". Another emerging theme was "Role Ambiguity" which highlighted the lack of awareness among professionals into the EP's capability to deliver therapeutic intervention. This finding furthermore questions the EP's own personal perception of therapeutic intervention and their perceived ability to deliver such work. In turn, this led the researcher to a second review question: "*What are the EP's perceptions of therapeutic intervention and how do these perceptions impact upon their delivery of such work*?". To explore this

question, it was decided to investigate if there were factors which may impact upon the EP's perception or interpretation of therapeutic intervention. Personal as well as professional factors, including professional graduate training, were considered in this phase of the review. Such factors may influence the manner in which the EP perceives or interprets therapeutic intervention with related implications for their delivery of such work.

Two school psychology review studies were included in this second review phase, despite the identification of significant limitations. In such cases, the limitations are noted, while the aspects of the review which were of value are explained, thus justifying the inclusion of the two review studies. In accordance with Gough's (2007) WoE framework, both studies failed to adhere to any of three quality features concerning WoE A and WoE B. The decision was made to retain the studies, given the paucity of research in the area of professional training for psychologists and their related delivery of therapeutic intervention. In addition, valuable contextual information was provided by the two review studies. Additionally, one study which was identified during phase one of the review, was also found during review phase two (Suldo et al., 2010). The decision was made to retain this study in review phase two as it met all the inclusion criteria as set by the researcher. Equally, it was the only study to provide an insight into the impact of personal factors upon the psychologist's interpretation and related delivery of therapeutic intervention in schools.

2.9.1 Search terms and criteria for inclusion. Similar to phase one of the review, a comprehensive literature search was undertaken related to review question two. Using the five main databases, Academic Search Complete (ASC), Education Full Text, ERIC, PsycARTICLES and PsycINFO, five separate searches consisting of different combinations of search terms were completed between July 2018 and April 2019. The search terms used across the separate searches may be seen in Table 2.10.

Table 2.10

Search Terms Employed for Phase Two of Systematic Review

Search Terms	**Databases**	**Total**
School psychologists AND therapeutic interventions AND perceptions	ERIC (1) PsycINFO (1)	*2*
School psychologists AND mental health AND personal factors	ASC (1) PsychINFO (4)	*4*
School psychologists AND mental health AND Graduate training	PsychINFO (40) ASC (12) PsychARTICLES (3)	*55*
Educational psychologists AND mental health	PsycINFO (1450) ASC (355) PsycARTICLES (86)	*1891*

Criteria for inclusion were similar to that employed for review phase one. It included a study published in a peer reviewed journal, written in the English language without restrictions on the country in which research was conducted and EPs/SPs or TEPs working within a SPS/EPS or school setting and using therapeutic intervention(s). There were no restrictions applied on deign type which included mixed-methods, qualitative or quantitative design types. Studies were included if they provided a thorough investigation including an exploratory analysis into the impact of personal or professional training factors on the psychologist's interpretation and related delivery of therapeutic intervention. Any study published between January 2010 and April 2019 was included. Exclusion criteria consisted of the opposite to the aforementioned criteria. Inclusion and exclusion criteria may be seen in Table 2.11.

Table 2.11

Inclusion and Exclusion Criteria for Phase Two of Systematic Review

	Inclusion criteria	**Exclusion criteria**	**Rationale**
Publication type	Study in a peer reviewed journal.	Study not in a peer reviewed journal.	Peer reviewed studies ensure an independent assessment for quality purposes.
Language /Context	Study written in English language. No restrictions on the country in which research has taken place.	Study not written in the English language.	Reviewer does not have the resources including funding to access other languages. Limited research conducted to date on the given area of study in Ireland and the UK.
Participants	1. EPs /SPs/TEPs. 2. Working in SPS/EPS/school setting. 3. Using therapeutic interventions.	1. Clinical /counselling psychologists. 2. Working in another therapeutic context.	This review is examining the experiences of EPs/SPs/TEPs and their implementation of therapeutic intervention in the mentioned settings.
Study design/Type	Mixed-methods/Qualitative/Quantitative design types.	N/A	There are no restrictions on the design type given the limited amount of research conducted in this area.
Analysis	A thorough investigation including an exploratory analysis into the impact of personal or professional training factors on the psychologist's interpretation and delivery of therapeutic intervention.	The study does not include any investigation into the frequency/effectiveness of using a therapeutic intervention.	This review intends to gain a thorough insight into the impact of personal or professional training factors on the psychologist's interpretation and related delivery of therapeutic intervention.
Date	Research published between January 2010 and April 2019.	Research published prior to January 2010	Research was beginning to emerge in the UK and Internationally regarding the EPs' therapeutic intervention use.

The given inclusion criteria were selected for reasons similar to those stated in review question one. This review was specifically focused on personal factors and the professional training that EPs/SPs or TEPs received in implementing therapeutic intervention(s). The impact of such factors on the psychologist's interpretation and related delivery of therapeutic intervention was considered. There were no restrictions placed on the design type given the limited amount of research conducted in this area.

2.9.2 Results. Study titles, subject terms and abstracts were initially scanned and considered against inclusion criteria. The first two searches considered the terms SP, therapeutic intervention or mental health and perceptions or personal factors. The terms SP or EP and mental health were considered in searches three and four as well as graduate training in search three. Duplicates studies were removed by screening article titles. This was the case in searches two and three.

The first search initially produced two studies. Neither study met all of the inclusion criteria when the titles and abstracts were initially scanned. Four results were initially produced in the second search. Two of the four studies met inclusion criteria after the titles and abstracts were screened against the inclusion and exclusion criteria. One study was retained after a full text screening in accordance with the inclusion and exclusion criteria. Search two identified the lone study: Suldo, Friedrich, and Michalowski (2010).

Fifty-five results were initially found during search three. Four studies met inclusion criteria based on an initial screening of the study title and abstract. The four studies were fully scanned using the inclusion and exclusion criteria and a further two studies were removed. The focus was more upon the psychologist's use of therapeutic intervention which was the aim of review phase one. A focus on the psychologist's professional training in therapeutic intervention was the aim of review phase two. Search three identified two studies: Shernoff, Bearman, and Kratochwill (2017) and Hicks, Shahidullah, Carlson, and Palejwala (2014).

The fourth search yielded 1891 results initially with the first one hundred studies considered. With a limited timeframe and in drawing comparisons with search three

which consisted of 55 results, the first 100 studies were deemed an appropriate number to analyse because when scanning further studies titles, the same titles arose repeatedly. Three studies met inclusion criteria based on an initial screening of the title and abstracts. A further two studies were subsequently removed after a full text screening against inclusion and exclusion criteria. One of the studies primarily focused on the psychologist's use of therapeutic intervention while the other study considered the supports required by the psychologist to effectively implement therapeutic intervention. The fourth search identified one study: Perfect and Morris (2011). The overall number of selected studies in total for phase two was four which included one study obtained during review phase one: Suldo et al. (2010). This literature search may be seen in a flow chart format in Figures 2.4 and 2.5. The identified studies are fully referenced in Table 2.12 below.

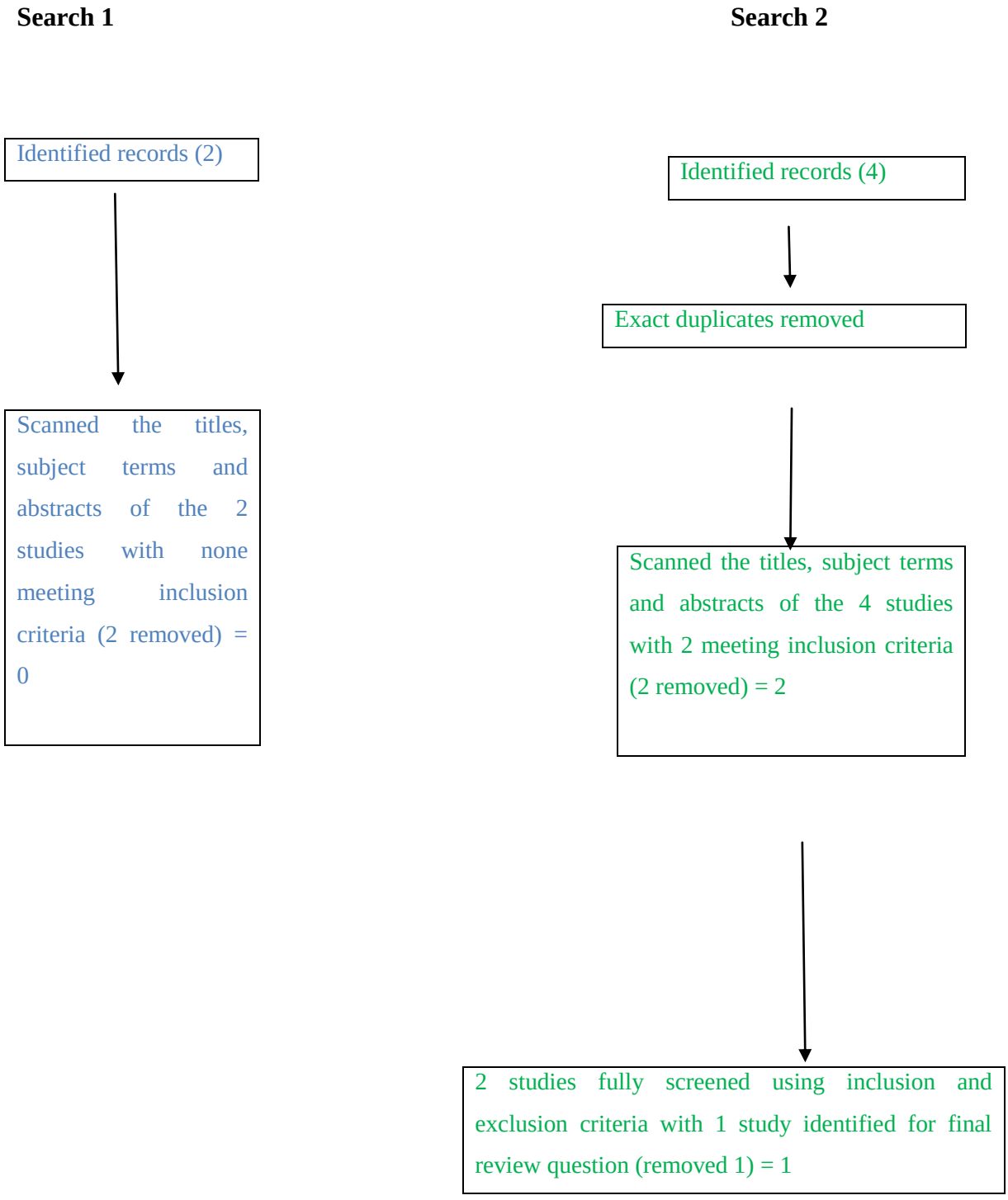

Figure 2.4. Literature searches one and two for phase two of systematic review

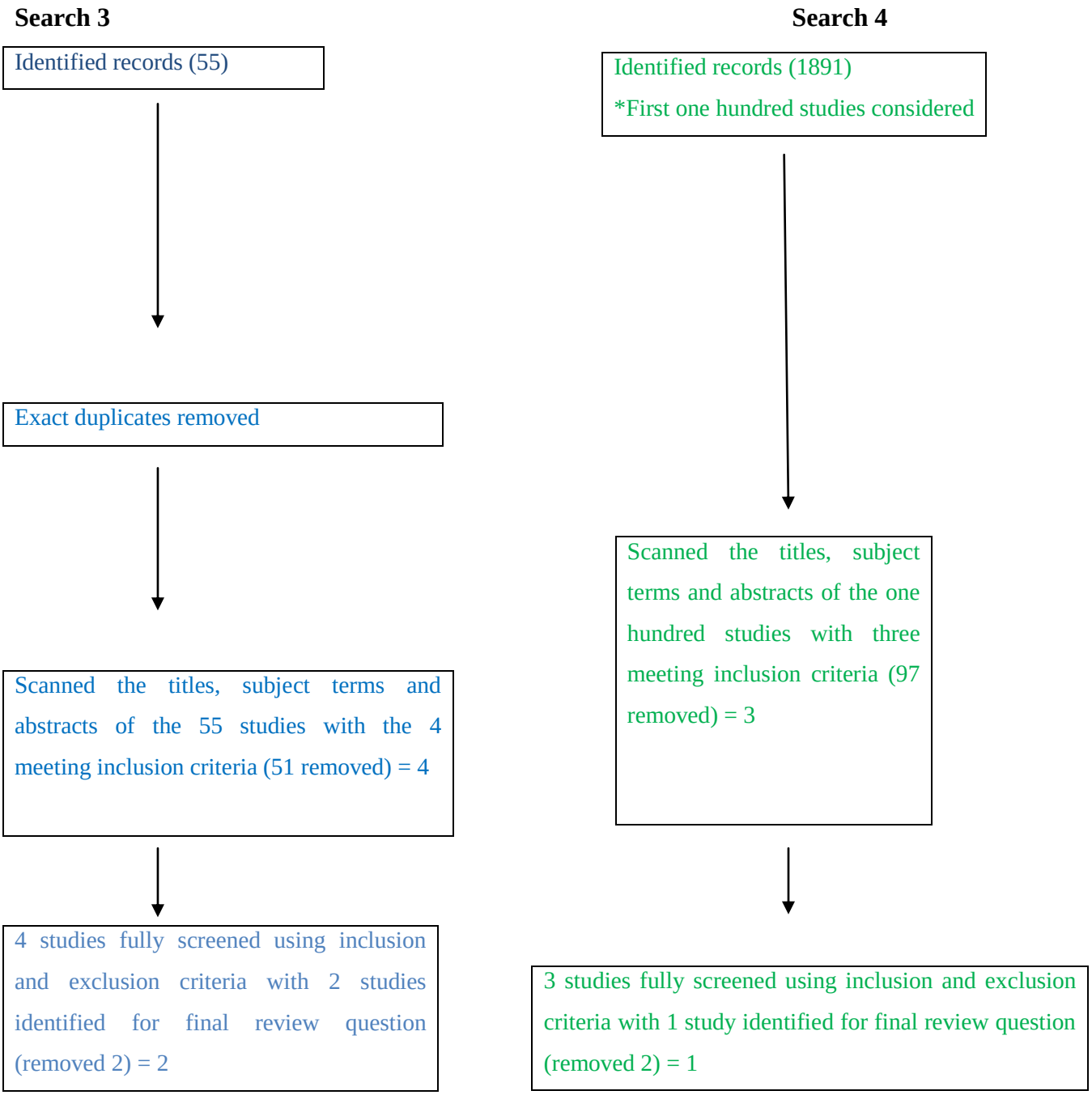

Figure 2.5. Literature searches three and four for phase two of systematic review

Table 2.12

References of Identified Studies for Phase Two of Systematic Review

Hicks, T.B., Shahidullah, J.D., Carlson, J.S., & Palejwala, M.H. (2014). Nationally Certified School Psychologists' Use and Reported Barriers to Using Evidence-Based Interventions in Schools: The Influence of Graduate Program Training and Education. *School Psychology Quarterly, 29*(4), 469-487.

Perfect, M.M. & Morris, R.J. (2011).Delivering school-based mental health services by school psychologists: Education, training and ethical issues. *Psychology in the Schools, 48*(10),1049-1063.

Shernoff, E.S., Bearman, S.K., & Kratochwill, T.R. (2017). Training the Next Generation of School Psychologists to Deliver Evidence- Based Mental Health Practices: Current Challenges and Future Directions. *School Psychology Review, 46*(2), 219-232.

Suldo, S. M., Freidrich, A., & Michalowski, J. (2010). Personal and systems-level factors that limit and facilitate school psychologists' involvement in school-based mental health services. *Psychology in the Schools, 47*(4), 354–373.

2.10 Critical Appraisal of Studies for Quality and Relevance

2.10.1 Gough's (2007) Weight of Evidence (WoE) framework. The three WoE quality features including WoE A, WoE B and WoE C were individually considered. Furthermore, each quality feature was assigned a High (3), Medium (2) or Low (1) rating in accordance with meeting specified criteria. WoE A considered the features of design, participants and analysis. WoE B relates specifically to the study's design as discussed in WoE A. WoE C considers the focus of the study's evidence in answering the review question. The WoE A, WoE B and WoE C quality features were not applicable to the two school psychology review studies. WoE A features are first described and assigned to the identified studies. WoE C will then be considered according to each study. Quality criteria in judging WoE A with assigned ratings to the identified studies may be seen in Tables 2.13 and 2.14 below.

Table 2.13

Summary of Quality Criteria in Judgement of Weight of Evidence (WoE)A for Phase Two of Systematic Review

Design	*Participants*	*Analysis*
High = mixed-methods design. **Medium**= qualitative design. **Low** = quantitative design.	**High** = qualified EPs/SPs trained in implementing therapeutic intervention/ possessed additional therapeutic skills attained from other training opportunities **Medium** = TEPs trained in implementing therapeutic intervention. **Low**= untrained EPs SPs or TEPs in delivering therapeutic intervention.	**High**= reference to all three aspects for either qualitative or mixed methods data analysis. **Medium**= reference to two/three of identified aspects. **Low** = reference to one/three of identified aspects. **High**= reference to all three aspects of quantitative data analysis: impact of sample size on an interpretation of the findings, the randomisation of participants to study conditions and the overall generalisation of the study findings. **Medium**= reference to two/three of above identified aspects. **Low**=reference to one/three of above identified aspects.

Table 2.14

Assigned Ratings in Accordance with Quality Criteria for Weight of Evidence (WoE A): Phase Two Studies of Systematic Review

Studies	**Design**	**Participants**	**Analysis**
Hicks, Shahidullah, Carlson, & Palejwala (2014)	*1*	*3*	*1*
Suldo, Freidrich, & Michalowski (2010)	*2*	*3*	*3*

2.10.2 Design. In terms of Design, a high (3) rating was assigned to studies using mixed-method designs, a medium (2) rating to studies consisting purely of a qualitative design and a low (1) rating to studies employing a quantitative design type. Quantitative design types were considered and included in the second review phase due to the fact that a paucity of research has been conducted on this specific area and hence the inclusion of any study with valuable information was required. Quantitative studies were assigned a low rating as the focus of this review phase was to produce an exploratory analysis regarding the impact of personal and professional factors on the psychologist's interpretation and related delivery of therapeutic intervention. As such, quantitative design types may fail to add participant meaning and clarification on the given findings.

The two research studies differed significantly in their design type, adding difficulty when attempting to draw any meaningful comparisons. As was the case in review phase one, limited information was provided in the two studies, concerning the specific design which was utilized. The Suldo et al. (2010) study was the only study to use a qualitative approach (i.e. focus groups) and hence received a medium rating for design, which was the highest of the two studies for this quality feature. This study was interested in the SP's delivery of mental health services for students in schools. The

Hicks et al. (2014) study employed a modified Tailored Design Method (TDM), in obtaining survey information from SPs. This study received a low rating for its use of a quantitative design type. A 41-item survey tool, based on previously designed survey instruments considered the SP's training in, use of and barriers to the implementation of behavioural Evidence-Based Interventions (EBIs) in addressing child mental health (Hicks et al., 2014).

2.10.3 Participants. The participant's feature consisted of a high, medium and a low rating, applying the same criteria and ratings as per the first review phase: a high (3) rating for studies which included qualified EPs/SPs who were trained in the implementation of therapeutic intervention or who possessed additional therapeutic skills attained from other training opportunities, a medium (2) rating was given to studies which included TEPs trained or skilled in the use of therapeutic interventions and a low (1) rating was awarded to studies including EPs/SPs or TEPs with no known training in the delivery of therapeutic interventions or where it was unclear if they had received training. Thirty-nine SPs in the USA participated in the Suldo et al. (2010) study which received a high rating for its inclusion of trained SPs in the use of therapeutic intervention. Using purposive sampling, SPs were recruited by district supervisors through email and staff meetings. The aim of the study was to explore the differences in mental health provision, in accordance with the type of work district in which they worked. The SPs were working across two school districts. Various inclusion criteria were employed to differentiate the psychologists from the districts including diversity in student population and geographical area. The SPs were assigned to groups in accordance with their level of professional work experience. This study also reported on gender percentages and participant ages (74% female sample, mean age of 41.92 years).

A large sample of 548 Nationally Certified School Psychologists (NCSPs) was randomly selected from a USA national database in the Hicks et al. (2014) study. Of this, 404 SPs completed the required survey. Nonetheless, varying forms of missing data required the completion of a cut-score percentage of survey items, in determining whether data could be used. This left 392 NCSPs with usable responses (72% usable response rate). NCSPs were recruited according to their credentials, which required them to have demonstrated training and competencies consistent with national training

standards (Hicks et al., 2014). 97% of participants studied their highest degree in the area of school psychology with 14% at Doctorate level, 62% at specialist level and 21% at Masters level. This survey specifically explored the NCSP's training procedures, including whether differences in training existed between different school psychology graduate programmes and whether satisfaction with the training received reflected the SP's familiarity and use of EBIs. The Hicks et al. (2014) study was also assigned a high rating given its inclusion of trained SPs in the area of therapeutic intervention.

2.10.4 Analysis. The same quality criteria for data analysis when conducting qualitative and mixed-methods research was applied in review phase two as was applied in review phase one. Equally similar ratings were applied here as those in review phase one. For quantitative studies, a number of quality indicators in relation to data analysis were considered, as extracted from Mertens (2015) including (1) the impact of sample size on an interpretation of the findings, (2) the randomisation of participants to study conditions and (3) the overall generalisation of the study findings. Studies considering all three criteria received a high (3) rating, a medium (2) rating to studies considering two of the three mentioned criteria and a low (1) rating to any study adhering to one criterion.

A variant of a thematic analysis was employed in the Suldo et al. (2010) study. Using a collective case study framework, members of a research team who assisted with data collection employed an investigative perspective to generate codes and categories arising from the completion of 11 focus groups with the 39 SPs. A codebook was used to organise participant responses into discrete categories. Each transcript was analysed, with codes applied by two researchers or three researchers in cases where a difference of opinion between researchers occurred. Equally, trustworthiness of the data analysis was obtained through a comparison of coding results and discussion between researchers until 100% agreement was reached (Suldo et al., 2010). This study received a high rating as all quality criteria for data analysis in qualitative research were adhered to including connections made with related research in the area.

A range of non-parametric tests including chi-square and Mann Whitney U-tests was conducted in the Hicks et al. (2014) study. This was to analyse group differences between doctoral and non-doctoral psychologists as well as between accredited and non-accredited programmes on individual survey items and composite variables.

Regarding the quality criteria for data analysis in quantitative research, this study was assigned a low rating. The study met the quality indicator of randomisation where SPs were randomly selected from a national database. However, the fact that SPs were randomly selected from a national sample of NCSPs also means that the findings may not accurately reflect the training and practice of SPs who do not hold the NCSP credential. This was a noted limitation in the study. Generalisation implications associated with the self-report nature of surveys was also noted by the authors (Hicks et al., 2014). Equally, this study used a large sample size (n=392). However, the impact of such a sample size, including the ease with which statistical significance is reached, with little relevance for the practical significance of the study, was not considered by the authors of this study.

2.10.5 WoE C. For the second review question, WoE C once again considered the general focus of each of the four studies. A high (3) rating was applied to studies exploring the impact of personal or professional graduate training factors on the psychologist's interpretation and delivery of therapeutic intervention with appropriate solutions suggested for any issues raised, a medium (2) rating where the study generally focused on the impact of such factors on the psychologist's interpretation and delivery of therapeutic intervention and a low (1) rating to studies merely examining these personal and or professional factors without reference to the impact of such factors on the psychologist's interpretation and delivery of therapeutic intervention.

Of note is that none of the four selected studies for this review phase met criteria in order to receive a high rating. Of the four identified studies in review phase two, the Suldo et al. (2010) study was found to have the highest overall average of 2.2, regarding quality and relevance, in comparison to the Atkinson et al. (2014) study in phase one, which produced the highest overall average of 2.8. Ratings for judging WoE C are provided in Table 2.15. A breakdown of the overall WoE ratings for the identified studies in phase two follows in Table 2.16 while an overall summary of the identified studies in phase two may be seen in Table 2.17.

Table 2.15

An Explanation of the Weight of Evidence (WoE) C Ratings as part of Gough's (2007) WoE Framework for Phase Two of Systematic Review

Rating 1	**Rating 2**	**Rating 3**
Exploration of the impact of personal factors or professional graduate training on the psychologist's interpretation and delivery of therapeutic intervention with appropriate solutions suggested for any issues raised	A general focus on the impact of such factors on the psychologist's interpretation and delivery of therapeutic intervention	A mere examination of the personal or professional training factors without reference to the impact of such factors on the psychologist's interpretation and delivery of therapeutic intervention

Table 2.16

Overall Weight Of Evidence (WoE) Ratings for Identified Studies in Phase Two of Systematic Review

Studies	***WoE A***	***WoE B***	***WoE C***	***WoE D***
Hicks, Shahidullah, Carlson, & Palejwala (2014)	*1.7*	*1*	*2*	*1.6*
Suldo, Freidrich, & Michalowski (2010)	*2.7*	*2*	*2*	*2.2*

Table 2.17

Summary of Identified Studies in Phase Two of Systematic Review

Author/ Year	**Design**	**Participants**	**Sample Size**	**Analysis**
Hicks, Shahidullah, Carlson, & Palejwala (2014)	Quantitative: Tailored Design Method (TDM)	SPs	392	Non-parametric tests (chi-square & Mann Whitney U tests) used to differentiate doctorate & non-doctorate students/accredited versus non-accredited programmes.
Suldo, Friedrich, & Michalowski (2010)	Qualitative (focus groups)	SPs	39	Collective case study leading to a thematic analysis

2.11 Findings

The theme *Professional Graduate Training* emerged from the findings of the second review phase. This theme explored the impact of professional factors on the psychologist's interpretation and delivery of therapeutic intervention. The Suldo et al. (2010) study was the only study which referred to the concept of personal factors. Although the findings from one study does not constitute a theme, this study addressed the impact of *Personal Characteristics* on the psychologist's interpretation and related delivery of therapeutic intervention.

2.11.1 Professional graduate training. This theme was negatively viewed across the literature, with suggestions for improvements in the area. Firstly, therapeutic practice, including the role of post-graduate training, in support of the psychologist's therapeutic skill development was highlighted in studies. Secondly, changes to current training practices were discussed, which bear important implications for the psychologist's perception of therapeutic intervention and related use of it. Thirdly, the influence of training accreditation status and the level of training received by psychologists were found to be important determinants in their perceptions of training adequacy, familiarity with and use of therapeutic interventions.

The provision of practice-based experiences for trainee psychologists, in the implementation of therapeutic intervention, and under the supervision of an experienced SP, was a key recommendation in the Perfect and Morris (2011) and Shernoff et al. (2017) review studies as well as the Hicks et al. (2014) research study. The role of internship training in the delivery of effective therapeutic intervention, including evidence based mental health practices (EBMHPs), has furthermore been emphasised by international practice standards (APA, 2015; NASP, 2010; Shernoff et al., 2017). The importance of post-graduate training in the development of the SP's therapeutic knowledge and skill-base to deliver comprehensive mental health services in schools was highlighted in the Perfect and Morris (2011) study. Both continuing education courses and workshops are means by which SPs can develop competence in the delivery of mental health services in schools (NASP, 2010; Perfect & Morris, 2011; Wneck, Klein, & Bracken, 2008). Activities such as experiential learning and practice

(Armistead, 2008; Perfect & Morris, 2011) and supervision (Armistead, 2008; Crespi & Dube, 2005; Perfect & Morris, 2011) of newly acquired skills (Perfect & Morris, 2011) are examples of this.

The Shernoff et al. (2017) study outlines some notable barriers associated with the current training of SPs in using EBMHPs. This has important implications for the psychologist's perception and use of therapeutic intervention. Examples include the requirement that qualified SPs possess an expertise across a variety of evidence-based mental health interventions and the implications of conducting individualised intervention on the SP's time. Firstly, many EBMHPs address very specific child behaviour concerns. Related to this, is the burden placed on training programmes to develop a trainee's expertise across a range of evidence-based interventions which share many common elements. The importance of addressing a broad range of children's mental health concerns through the integration of common practice elements into the curricula (Shernoff et al., 2017) was recommended. Secondly, the emphasis on direct service delivery involving lengthy, intensive therapeutic interventions has implications for the scope of general service delivery as provided by the SP (Shernoff et al., 2017). Broadening the focus of service delivery beyond direct therapeutic intervention has important implications for SP training and the SP's related perceptions of therapeutic practice. Consideration of the SP's role in therapeutic practice through various means including consultation was suggested. Indirect consultation with key agents of change (i.e. parents & teachers) should contain a support focus including psycho-education and skills in helping such stakeholders assist students in making change. Equally, SPs may assist parents and teachers assess and change their own behaviour through the use of therapeutic interventions such as Motivational Interviewing (MI) (Shernoff et al., 2017). Serving as a universal intervention with teachers, consultation is designed to promote the mental health needs of all students while preventing the emergence of related difficulties. Equally, consultation with schools and families regarding students at risk of mental health difficulty significantly reduces the number of referrals for more intensive services. SP training may assist students disseminate EBMHPs through the means of consultation, by developing their knowledge and skills in the area of consultation protocol and in the main integrated elements of consultation intervention (e.g. use of effective instruction, rewards) (Shernoff et al., 2017).

Graduate training accreditation status impacts on the SP's perceptions of current training adequacy (Hicks et al., 2014). An investigation into the NCSP's training, familiarity with and use of behavioural EBI's in the treatment of child behaviour concerns, including that of children's mental health, was the focus of the Hicks et al. (2014) study. While 71% of SPs rated their training in the area as inadequate, with no identifiable differences found between doctorate and non-doctorate students, those attending accredited training programmes were more likely to rate the training they received as adequate (Hicks et al., 2014). This finding indicates that a training programme's accreditation status plays an important role on the trainee psychologist's rating of a programme.

The level of graduate training undertaken by SPs was found to influence the SP's degree of familiarity with and use of interventions. Overall a low proportion of NCSPs reported a thorough familiarity with, and use of, the listed and proven EBIs in this study. Nonetheless, doctorate students in comparison to non-doctorate students reported a higher familiarity with and use of the behavioural EBIs. This highlights the significance of undertaking a doctorate programme. It suggests that the extensive training nature of doctorate degree programmes provides students with the opportunity to develop a thorough knowledge of EBIs through a blend of theory and practice (Hicks et al., 2014). Overall, findings highlighted the fact that despite a lack of familiarity with, or use of specific behavioural EBIs, SPs may be engaging in evidence-based practices relating to mental health (Hicks et al., 2014).

2.11.2 Personal characteristics. The concept of *personal characteristics* was positively and negatively highlighted in the Suldo et al. (2010) study. Internal factors such as "personal characteristics" were found to be a stronger facilitator of the SP's provision of mental health services in schools than system-level factors. The findings suggest that a personal desire for therapeutic work, a personal preference to work in the area of therapeutic intervention and specific personal traits represent key facilitators to the SP's practice of therapeutic intervention. Firstly, the ability to set personal boundaries from the client, preventing the SP from becoming too attached to the client or frustrated by a lack of intervention progress was one listed personal trait. Secondly, the SP's ability to remain objective towards the client, despite other stakeholder's involvement with or attitudes towards the client, was another personal trait. Thirdly, personal experience as a parent greatly assisted practitioners in dealing with identifiable

student difficulties (Suldo et al., 2010). Equally, the SP's preference to be involved in direct intervention with students in schools, including the provision of individual and group counselling, was also a powerful facilitator for therapeutic intervention (Suldo et al., 2010). Such personal characteristics have important implications for the SP's positive perceptions of therapeutic intervention and related delivery of work. Nonetheless, a number of personal barriers to the SP's perception and related delivery of therapeutic intervention were highlighted by the authors. A personal preference to complete traditional assessment over therapeutic intervention for the reasons of professional experience in the area and ease of use was noted. Equally some SPs possessed a general sense of apathy towards the delivery of mental health interventions in schools due to role strain and burnout (Suldo et al., 2010).

2.12 Conclusions of Phase Two

Phase two identified the theme of *professional graduate training* and the concept of *personal characteristics*. This was in relation to the impact of professional training or personal factors on the psychologist's perceptions of and related delivery of therapeutic intervention. With regard to professional graduate training, the literature recommends the provision of practice-based experiences for trainee psychologists, in their implementation of therapeutic intervention, and under the supervision of an experienced SP. Broadening the focus of service delivery beyond direct therapeutic intervention has important implications for SP training and their related perceptions of the area. Consultation with schools and families regarding students at risk of mental health difficulty significantly reduces the number of referrals for more intensive services. This is of particular interest in the Irish context with a new policy emphasis on student well-being at post-primary and primary levels (NEPS et al., 2013; NEPS et al., 2015). Furthermore, one study highlighted the impact of graduate training accreditation status on the NCSP's perceptions of current training adequacy. Level of training was also thought to influence the NCSP's familiarity with and use of therapeutic interventions.

Internal factors such as "personal characteristics" were found to be a stronger facilitator of the SP's provision of mental health services in schools than system-level factors. A personal desire, a personal preference to use therapeutic intervention and specific personal traits represent key facilitators for the SP's therapeutic practice with

positive implications for the SP's perception of therapeutic practice. Noted personal barriers to the SP's implementation of mental health assessment and intervention in schools included a feeling of burnout, leading to a sense of apathy towards one's job and personal preferences for conducting traditional assessment activities. These barriers may play an important role in the SP's perceptions of therapeutic work. Implications for the SP's sense of self-efficacy and the degree to which they believe they possess an ability to engage in therapeutic practice is an important consideration here.

2.12.1 Limitations. The inclusion of two school psychology reviews, with the absence of the quality features including design, participants and analysis, poses significant limitations to the second review phase. The noted limitations associated with the Suldo et al. (2010) study were alluded to during phase one of the review. These include a small sample size, as well as the effects of social desirability and subjectivity in participant responses, when conducting qualitative research, all of which limit a study's generalisation of the findings. While the Hicks et al. (2014) study used a large sample size consisting of randomly selected SPs from a NCSP's panel, a number of limitations were noted with the study. A lack of consideration for the training and practice of SPs who do not hold a NCSP training credential was noted as was the self-report nature of the surveys used. Difficulty in determining the practical significance of the study given the large sample size of 392 participants was another limitation.

2.13 Rationale for the Present Research

A number of gaps were identified in the literature concerning the EP's interpretation and use of therapeutic intervention. Firstly, the researcher endeavoured to investigate the psychologist's "values" and "beliefs", regarding therapeutic intervention practice. The impact of specific personal characteristics upon the psychologist's interpretation and delivery of therapeutic intervention was a minor yet important finding in the literature. A personal desire for therapeutic practice, a personal preference to use therapeutic intervention and specific personal traits were all regarded as important in the delivery of mental health services in schools (Suldo et al., 2010) with positive implications for the SP's perception of therapeutic practice. However, the factor of "personal interest in therapeutic intervention" failed to emerge as a significant facilitator

to the EP's use of therapeutic intervention in the Atkinson et al. (2014) mixed-methods study. The EP's personal values and beliefs surrounding therapeutic intervention, and the usefulness of engaging in such work, constituted a major gap in the literature.

Secondly, the impact of professional training on the EP's perception and delivery of therapeutic intervention was established in this review. Graduate training accreditation status was found to influence the NCSP's perceptions of current training adequacy in therapeutic intervention (Hicks et al., 2014). Many SPs are now considered to be engaging in evidence-based practices relating to mental health despite low familiarity levels (Hicks et al., 2014). Professional training is a factor which deserves additional research, with regard to its impact on the EP's perceptions of therapeutic intervention and their ability to use it.

Thirdly, the concepts of "self efficacy" as well as "self determination" with regard to the EP's perceived ability to use therapeutic intervention are important considerations, given the psychologist's role serving the mental health needs of children and young people. This systematic review found that other professionals often lacked awareness that EPs/SPs hold the capacity to deliver therapeutic interventions with the perception that EPs are concerned solely with SEN assessment work (Atkinson et al., 2011; Atkinson et al., 2014; Suldo et al., 2010) while therapeutic work is within the remit of other service providers (Atkinson et al., 2011). The restriction of the EP's role to assessment activities may have implications for their competence and related confidence in other practice areas including therapeutic intervention. In the Suldo et al. (2010) study, the limited opportunity to apply clinical interventions in practice had implications for the practitioner's confidence to provide such services. This finding relates to the EP's sense of self-efficacy, regarding their use of therapeutic intervention, with important implications for their self-determination to use it. In their mixed-methods questionnaire, examining facilitators and barriers to therapeutic intervention practice, Atkinson and colleagues (2014) found that the factor of "autonomy" did not emerge as a significant facilitator in relation to the EP's use of therapeutic intervention. Service ethos and policy plays an important role in determining the EP's practice of therapeutic intervention. The role of service ethos and policy on the EP's perceived ability to use therapeutic intervention was a gap in the literature.

Fourthly, research into the main facilitators and barriers to the EP's use of therapeutic intervention were well highlighted in this review. A number of interesting

themes were revealed, including the importance of support and supervision for EPs in their use of therapeutic intervention as well as training and an opportunity to practice in the area. However, research in this area was mostly limited to a UK context with only one Irish study found, thus highlighting the need for national research on the area.

2.14 Research Questions

The following are the research questions to emerge in relation to the identified gaps in the literature:

1. How is interpretation of therapeutic intervention influenced by personal beliefs and training?
2. Does service policy and ethos impact on an EP's ability to use therapeutic intervention(s)?
3. What enables/supports or hinders the use of therapeutic intervention in Irish school psychology services?

2.15 Chapter Summary

This chapter commenced with a discussion of key terms and concepts pertaining to this research. A systematic approach when reviewing the literature produced a thorough yet concise overview pertaining to the area of interest. Studies were critiqued both conceptually and methodologically and findings were synthesised across the studies. The review consisted of two phases, each relating to a specific review question. Finally, a rationale for conducting this research was presented with the related research questions which emerged from gaps in the literature.

Chapter Three Methodology

3.1 Chapter Overview

This mixed-methods research is underpinned by the pragmatic paradigm. Using a questionnaire, with open and closed-ended questions, a sample of Irish educational psychologists (EPs) was recruited to explore their use of therapeutic intervention with children and young people. This sample comprised 32 EPs from three Irish school psychological services (SPSs). One large and two equally sized, smaller services were recruited for this research. Comparisons were drawn between the largest and the two smaller services.

This chapter presents the philosophical underpinnings of the research and their influences on the research approach. The research procedure including details of the piloting and administration of questionnaires, the sampling procedure and the strategies for data analysis are outlined. Researcher positionality and ethical considerations are subsequently presented.

3.2 Philosophical Underpinnings and Research Approach

Paradigms are opposing worldviews or belief systems that reflect and guide a researcher's decisions (Tashakkori & Teddlie, 1998). Research often holds multiple purposes and related research questions which do not sit wholly within a quantitative or qualitative approach. A pragmatic approach was used in this study. Epistemologically, the pragmatic paradigm enables the researcher "to study what interests you and is of value to you, study it in the different ways that you deem appropriate, and utilize the results in ways that can bring about positive consequences within your value system" (*ibid,* p.30). From an ontological perspective, the researcher believes that there is a single worldview and all individuals possess their own unique interpretation of the world (Mertens, 2015). The pragmatic paradigm was chosen to provide the researcher with the flexibility to answer a number of key research questions. Therefore, this study used a combination of qualitative and quantitative research methods, through a questionnaire that included open and closed-ended questions.

The mixed-methods approach is well positioned within the pragmatic orientation where methods are selected based on the overall purpose of the research and are matched to answer specific research questions (Mertens, 2015). According to Tashakkori and Creswell (2007), mixed-methods research is "research in which the investigator collects and analyses data, integrates the findings, and draws inferences using both qualitative and quantitative approaches or methods in a single study or program of inquiry" (p.4). Specifically, a pragmatic parallel mixed-methods approach was used in this study where both qualitative and quantitative data were collected simultaneously and analysed. This allowed inferences to be drawn from the findings of both data sets (Mertens, 2015), thus enabling the researcher to answer the research questions.

The advantages of combining both qualitative and quantitative data in mixed-methods research are widely outlined. Notably, agreement exists that mixing different methodologies can strengthen a study (Greene & Caracelli, 1997), neutralising the limitations associated with certain methods (Jick, 1979). Tashakkori and Teddlie (2003) claim a mixed-methods design is superior to a mono-methods design where through divergent findings, for example, mixed-methods research provides the researcher with an opportunity for the expression of different viewpoints.

Issues pertaining to the use of mixed-methods research include the degree of priority given to both qualitative and quantitative research during the data collection stage as well as the integration of both methods at a defined stage of inquiry in the research process (Greene, Caracelli, & Graham, 1989). Qualitative and quantitative data were given equal priority during the data collection phase in this piece of research. Deciding on the stage of integration depends on the research purpose and the ease of integration for the researcher (Creswell, Plano Clark, Gutmann, & Hanson, 2003). Integration may occur at many stages including within research questions, during data collection, data analysis or interpretation of the data (*ibid*). Integration occurred during the data collection stage in this study prior to data analysis. It was in line with the overall research purpose of producing a mixture of qualitative and quantitative data to answer key research questions relating to the EP's use of therapeutic intervention.

In terms of the quantitative element of the design, questions were posed regarding the most pertinent factors, including facilitators and barriers, to the EP's use of therapeutic intervention. EPs were requested to rank order key facilitators and

barriers to their use of therapeutic intervention with children and young people. Other question types included categorical questions such as participant gender as well as multiple-type questions where EPs selected preferences (e.g. what therapeutic intervention(s) have you used during the last 2 years?). The quantitative data did not require a large amount of interpretation on the part of the researcher. Closed questions easily enabled comparisons to be drawn across groups in a sample (Oppenheim, 1992). The use of a quantitative approach alone however may fail to derive a detailed analysis of the main themes surrounding the given area of interest.

A qualitative approach facilitated the use of two open-ended questions in the questionnaire. Open-ended questions were employed to explore the individual subjective experience of EPs regarding their interpretation and use of therapeutic intervention which could not be measured quantitatively. Firstly, the impact of personal beliefs about therapeutic intervention and original psychological training on the EP's interpretation of therapeutic intervention were explored. Secondly, the impact of service policy and ethos on the EP's ability to use therapeutic intervention was examined. Open-ended questions are often very useful in exploratory research (Cohen, Manion, & Morrison, 2007). However, the use of a qualitative approach alone may fail to explore the most relevant factors impacting upon the EP's capacity to deliver therapeutic intervention.

Overall, a quantitative approach fails to yield rich information regarding the key themes in the area. Equally, a qualitative approach fails to produce pertinent information which may be used to draw correlations with the open-ended questions during the analysis phase of the study. Hence the use of a mixed-methods approach enabled the researcher to develop a thorough interpretation regarding the given area of interest.

3.3 Researcher Positionality

Positionality reflects both the individual's world-view and the position that they choose to take for the purpose of completing the piece of research (Foote & Bartell, 2011; Savin-Baden & Howell-Major, 2013). Reflexivity calls on researchers to reveal themselves in the research in an effort to understand their personal influence on the research (Cohen, Manion, & Morrison, 2011). The researcher must self-assess their own views and positions on the area of study and the manner in which these may influence the research process including interpretation of the research findings (Greenbank, 2003).

My professional work experiences impact on my research positionality. Professionally, I completed a placement with the National Educational Psychological Service (NEPS) as part of the three-year professional training Doctorate in Educational and Child Psychology (DECPsy). My training in NEPS afforded me the opportunity to undertake direct intervention work with students in primary schools within a mental health sphere. According to the national *Accreditation criteria for professional doctoral training in educational psychology in Ireland* (PSI, 2017), "engagement in counselling and therapeutic interventions and in preventative interventions aimed at promoting resilience and well-being" is one area that TEPs must seek professional supervised experience.

My professional role involved the assessment and diagnosis or articulation of the student's individual needs. It also involved direct intervention work with the student for a period of time in line with their identified needs and the implementation of established pre- / post-intervention measures in evaluating the student's progress. Consequently, I have developed my own personal beliefs around this work which guide my interpretation of mental health intervention and the manner in which I work with schools and students alike. My experience of providing Cognitive Behavioural Therapy (CBT) as part of individual therapeutic work in the primary school setting has impacted on my beliefs. While I believe therapeutic intervention offers a space for clients to discuss their experience, it also needs to be time-bound with a skills emphasis for the client (Stallard, 2002). I also believe that intervention should be collaborative with a non-hierarchical focus, to enhance client engagement and their related motivation to change (*ibid*). However, given my limited experience in the area of therapeutic intervention to date, I am aware that my beliefs will be shaped through further experience. I expect a lot of factors will influence this piece of research regarding the EP's interpretation of therapeutic intervention, including their area of original training and related theoretical orientations, their own personal beliefs on therapeutic intervention, service ethos regarding the use of therapeutic intervention and their experiences of delivering and perhaps receiving therapeutic intervention.

Equally, I work as a substitute primary school teacher in mainstream schools in my spare time which also influences my research positionality. Conversations with teachers and students highlight the rise in mental health issues among school-going children in recent years in Ireland, emphasising the importance of targeted assessment and support for such difficulties. Up until recently, the old model of resource allocation

to schools prioritised professional assessments associated with a diagnosis of disability (DES, 2017), to the expense of other areas within an EP's expertise (Rumble & Thomas, 2017).

My professional work experiences impact on my positionality and I, consequently, consider myself an 'intersection' researcher where I am simultaneously both an insider and an outsider. This insider/outsider dichotomy may be seen in different ways. I consider myself an "insider" due to my placement work experiences in the area of mental health intervention for children and young people. This has raised my awareness into the rationale for such intervention and what makes it successful for clients who avail of it. I also consider myself an "outsider" to the given area of study as I am not a fully qualified EP implementing mental health interventions with children and young people on an on-going basis. While abiding by ethical practices in my implementation and evaluation of evidence-based therapeutic intervention under the supervision of a senior psychologist, I did not possess the experience of holding full responsibility for this role. Hence, I may have very different perceptions and views of the EP's therapeutic role to that of a qualified EP. The advantage of this standpoint is that it offers me greater objectivity with regard to the research findings. I am also an insider as a substitute teacher. Conversations with staff and students have made me familiar with the prevalence and types of mental health difficulties among children and young people, which require therapeutic intervention.

3.4 Data Collection

3.4.1 Questionnaire. A questionnaire (please see Appendix A) consisting of open and closed-ended questions was used to explore and compare the use of therapeutic intervention by EPs across three SPSs in Ireland. Questionnaires are a widely used source of data collection (Wilson & McLean, 1994). Advantages of questionnaires include their convenience of use where they can be administered and completed by a large sample of participants while yielding a good deal of data (Mertens, 2015). Regarding data analysis, questionnaires are relatively easy to analyse, providing an array of structured data including numerical data (Wilson & McLean, 1994). Highly structured, closed questions generate frequencies of response amenable to statistical analysis (Cohen et al., 2007). In this piece of research, the use of a questionnaire allowed for a statistical analysis to be conducted. Types of therapeutic intervention used

by EPs were compared with the stakeholders (i.e. individuals that therapeutic intervention is used with) and manners in which one could use them (i.e. ways in which therapeutic intervention is used). Equally, the most and least significant facilitators and barriers to an EP's delivery of therapeutic intervention were generated through statistical analysis.

The questionnaire used for this study was devised and adapted from the work of Cathy Atkinson, a research and practice-based EP in the UK. Atkinson and colleagues have published many studies exploring identified facilitators and barriers to the provision of therapeutic intervention by EPs (Atkinson et al., 2011; Atkinson et al., 2013; Atkinson et al., 2014). In one such study, Atkinson used a questionnaire consisting of open and closed-ended questions to explore the main themes and factors in relation to therapeutic practice by EPs (Atkinson et al., 2014). As a beginning researcher, it was decided to use and adapt a structured questionnaire to facilitate the collection of high-quality findings and in doing so, avoid the collection of any unambiguous information from EPs. It also allowed comparisons to be made between the Atkinson study and the present study.

A number of adaptations were made to the questionnaire used by Atkinson et al. (2014) in order to contextualise it for the Irish context. This was based on the researcher's own professional training experiences as a trainee educational psychologist (TEP) and her reading around the topic. Demographic information was sought including gender, age and workplace of participants in order to draw comparisons across the three services. Rather than country of training, the researcher investigated the domain of original psychological training which can vary significantly for Irish EPs. Instead of investigating the number of psychologists or vacancies available in the service, the researcher investigated the EP's level of professional experience in years. The percentage of time Irish EPs engaged in different traditional activities, including intervention, was also sought to explore potential correlations between the EP's general use of intervention and their delivery of therapeutic intervention specifically. EPs were equally asked to comment on whether they used therapeutic intervention as part of their role over the last two years. Types of therapeutic intervention included in the questionnaire were based on the researcher's experience of working across different service settings and those that arose most commonly in the literature. Equally, it was based on information gathered from the services participating in this research. Prior to data collection, all three service directors were telephoned and information was sought

concerning the therapeutic interventions used by EPs. All therapeutic interventions utilized by the EPs working in the three SPSs were included in the questionnaire. The format of delivering therapeutic intervention and the types of stakeholders it is used with varied to Atkinson's questionnaire in order to reflect the Irish context also. Facilitators and barriers were largely the same as that of Atkinson et al. (2014). The researcher however was also interested in the influence of personal beliefs about therapeutic intervention or original psychological training as a barrier to the EP's use of therapeutic intervention. This area emerged as a literature gap. Finally, the qualitative questions differed completely. Atkinson et al. (2014) was interested in gathering further information with regard to the psychologists' and services' use of therapeutic intervention. Considering therapeutic intervention is a relatively new departure for Irish EPs, it was decided to eliminate such questions. Instead, the researcher was more interested in the role of personal beliefs or original psychological training on the EP's interpretation of therapeutic intervention. It was important to explore such personal and professional influences on the EP's interpretation of therapeutic intervention. The role of service culture on the EP's ability to use therapeutic intervention was also explored. The concepts of self-efficacy and self-determination are associated with increased confidence in the workplace and a greater willingness to try new activities. Self-efficacy is a construct concerned with the degree to which individuals believe they hold the ability to perform behaviours associated with positive outcomes which is also thought to be predictive of human motivation and behaviour (Bandura, 1982; Bandura, 1986). Equally, Self-Determination Theory (SDT) holds the assumption that all individuals possess an innate tendency to develop a more evolved sense of self (Deci & Ryan, 2002).

3.4.2 Sample questionnaire items and response options. A number of variables of interest were measured in this research including the EP's general use of therapeutic intervention, the main facilitators and barriers to the EP's use of therapeutic intervention, the impact of personal beliefs on the EP's interpretation of therapeutic intervention, the impact of professional training on the EP's interpretation of therapeutic intervention and the impact of service culture or ethos on the EP's ability to use therapeutic intervention.

For variable one, "the EP's general use of therapeutic intervention" the following is a sample item and response option: **What therapeutic intervention(s)**

have you used during the last 2 years? (Tick all boxes which are applicable) (see overleaf).

Cognitive Behavioural Therapy (CBT) ☐	Systematic Psychotherapy ☐
Personal Construct Psychology (PCP) ☐	Family Therapy ☐
Motivational Interviewing (MI) ☐	Narrative Therapy ☐
Solution Focused Brief Therapy (SFBT) ☐	Therapeutic Stories ☐
Video Interactive Guidance (VIG) ☐	Other ☐ (Please specify): _____ _____

For variable two, "the main facilitators and barriers to the EP's use of therapeutic intervention", participants were presented with the following question: **Facilitators to the delivery of therapeutic intervention(s).**

The following factors have been identified as facilitating the use of therapeutic intervention and are based on a systematic review of the literature and the researcher's own professional work experience.

Please rank these statements in order, starting with 1 for the statement you think is most important, through to 8 for the statement you think is least important. If you

think there are other important enabling factors which have been overlooked, please include them in the blank grid at the bottom and rank them accordingly.

Access to training	
Continuing Professional Development (CPD)	
Supervision (e.g. specialist, informal supervision)	
Collaborative working with peers	
School and other key stakeholders value for the role of therapeutic intervention input from educational psychologists	
Service ethos regarding the value of delivering therapeutic interventions	
Personal interest	
Autonomy	

Facilitators largely reflected those of Atkinson et al. (2014). For the purpose of retaining the EP's motivation while completing the questionnaire, the researcher used eight facilitating factors rather than Atkinson's use of ten. The factor continuing professional development (CPD) was regarded a facilitating factor. It was included to reflect the Irish context and the importance of accessing CPD in support of the EP's use of therapeutic intervention.

Participants were also provided with the following barriers to the delivery of therapeutic intervention (s): **Barriers to the delivery of therapeutic intervention (s).**

The following factors have been identified as barriers to the use of therapeutic intervention and are based on a systematic review of the literature and the researcher's own professional work experience.

Please rank these statements in order, starting with 1 for the statement you think represents the greatest barrier, through to 8, for the statement you think represents the least significant barrier. If you think there are other important factors which have been overlooked, please include them in the blank grid at the bottom and rank them accordingly.

Lack of training	
Lack of opportunity to practice	
Access to supervision	
Other priorities identified by schools and other key stakeholders	
Stakeholders failing to identify educational psychologists as therapeutic providers	
Service role and ethos	
Service capacity and time allocation demands	
Personal belief (s) about therapeutic intervention or original psychological training	

Once again, eight barriers were used instead of the ten barriers cited by Atkinson et al. (2014). Similarly, the barriers largely mirrored that of Atkinson except for the inclusion of the factor "personal beliefs about therapeutic intervention or original psychological training" on the EP's ability to deliver therapeutic intervention. This factor was included to investigate the potential influence of personal or professional factors on the EP's interpretation of and related use of therapeutic intervention. This area emerged as a gap in the systematic review. This variable was related to another research question which explored variables three and four.

In relation to variables three and four "the impact of personal beliefs on the EP's interpretation of therapeutic intervention" and "the impact of professional training on the EP's interpretation of therapeutic intervention", EPs were asked the following open-ended question: **In what way does your personal belief (s) about therapeutic intervention or your original psychological training impact upon your interpretation of therapeutic intervention?**

These variables emerged as a gap in the literature and were included to investigate the personal and professional influences on the EP's interpretation of and related use of therapeutic intervention.

In exploring variable five "the impact of service culture or ethos on the EP's ability to use therapeutic intervention", the following open-ended question was asked of EPs, **What way does service policy and ethos impact upon your ability to use**

therapeutic intervention(s)? This variable again emerged as a significant gap in the literature.

3.4.3 Scoring methods. A chi-square test was conducted to draw comparisons regarding the EP's general use of therapeutic intervention including types of therapeutic intervention(s) used, the stakeholders with which they are used and the manner in which they are used. A thematic analysis which involved the thorough reading of participant data, application of codes and creation of key themes was used to explore the open-ended questions. Based on the thematic analysis, comparisons were drawn between the three services, acknowledging differences in service contexts and numbers. A cluster analysis was employed to explore the most and least significant facilitators & barriers in relation to the EP's use of therapeutic intervention. Acknowledging differences across service contexts, frequency means were generated according to the service type, thus enabling the researcher to draw comparisons regarding key facilitators and barriers to the EP's use of therapeutic intervention.

3.4.4 Quality assurance measures prior to data collection: reliability of the questionnaire. The use of an adapted questionnaire based on a recently published study (Atkinson et al., 2014), assisted in ensuring the questionnaire's reliability. As mentioned, Atkinson and colleagues have published a number of studies exploring the identified facilitators and barriers to the provision of therapeutic intervention by EPs (Atkinson et al., 2011; Atkinson et al., 2013; Atkinson et al., 2014). In addition, the anonymous completion of the questionnaire encouraged honesty in responses and helped in ensuring the reliability of the questionnaire (Cohen et al., 2007).

3.4.5 Pilot study. External validation of the questionnaire was undertaken prior to conducting the pilot study based on the recommendation of a research review panel meeting midway through the research process. A senior EP working in one of the selected services for the research, and who was known to the researcher, agreed to read through the questionnaire, providing some minor recommendations concerning the phrasing and structure of questions. Such recommendations were incorporated by the researcher prior to the piloting of the questionnaire.

The questionnaire was first piloted with five EPs working in one particular region in the largest of the three services. Twenty EPs working in this region were initially invited to partake in the pilot study with five completing the questionnaire. This region was selected for convenience reasons as the researcher was on placement in the region at the time. The pilot study consisted of the questionnaire (please see Appendix A), an information sheet (please see Appendix B) and a consent form (please see Appendix C). The questionnaire and consent forms were posted to EPs at their workplace for their completion. Permission to do this was sought and received through email contact with the EPs prior to postage. EPs were emailed the information sheet through their work email address with prior permission to do this from the director of the service. At their own convenience, EPs completed a hard copy of the questionnaire, returning the questionnaire and a consent form, by means of a stamped addressed envelope to the researcher at her place of work.

The purpose of the pilot study was to ensure clarity of questionnaire items and instructions and any commonly misunderstood or non-completed response items (Cohen et al., 2007). No issues emerged with the completion of the questionnaire at this stage, meaning the data generated during the pilot study could be used for subsequent analysis and interpretation.

3.4.6 Administration of questionnaire to educational psychologists for the research study. In order to clarify service policy on whether the researcher could directly contact EPs to participate in the research, an email was sent to the director of the three services. Subsequently, with consent to email EPs using their work email address, the researcher emailed EPs working across the three SPSs inviting them to participate in the research with the information sheet attached.

EPs interested in the research and who responded to the email were sent a hard copy of the questionnaire and a consent form along with a stamped addressed envelope for ease of return. The questionnaire consisted of three sections: respondent information, therapeutic intervention and qualitative information. In order to draw comparisons across services and EPs' responses, the EP's place of work was established prior to their completion of the questionnaire: "*Before commencing the questionnaire, please tick the relevant box in relation to your place of work*". A summary report of the research findings was made available to all EPs on request.

3.5 Sample

3.5.1 Sampling procedure and sample size. In this study, a purposive non-probability sampling method was used to recruit all EPs working across three SPSs in Ireland and using therapeutic intervention. As such, all EPs working in the three services (n=216) were contacted through their professional work email and invited to participate in the research. A possible sampling bias should be considered here where EPs with a particular interest in therapeutic intervention currently or historically were more likely to put themselves forward for this research.

According to Cohen et al. (2007), a minimum sample size of 30 participants or more is regarded as best practice if the researcher wishes to conduct statistical analyses on generated data. Additional considerations informing sample size include the number of variables the researcher seeks to control during data analysis. A minimum of 30 cases per variable is required and although not preferable, the same 30 cases may be used across variables *(ibid).* Five variables of interest were inherent in the questionnaire used as part of this study, including the EP's general use of therapeutic intervention, facilitators and barriers to their use of therapeutic intervention, the impact of the EP's personal beliefs about therapeutic intervention on interpretation of therapeutic intervention, the impact of the EP's professional training on interpretation of therapeutic intervention and the role of service culture or ethos on the EP's use of therapeutic intervention. Such a small sample size of 32 EPs limits the integrity of the study. Implications for the generalisation of the findings to Irish EPs who use therapeutic intervention is an important consideration.

3.5.2 Services. Service one provides a psychological service nationwide across eight regions. At the time of recruitment for this research, the service employed 202 psychologists nationally who primarily have trained in educational psychology and a number with training in the area of child and developmental psychology or clinical psychology. CPD training entails up-skilling in areas of relevance to their work including well-being and trauma.

Service two provides psychological support to schools in Dublin city and parts of north and south county Dublin. This service includes seven counselling psychologists working in a variety of educational contexts, under clinical supervision. CPD training

entails up-skilling in relevant areas to their work including marginalised groups, trauma and nurture groups.

Service three provides psychological support to schools in the greater Dublin county. This service includes seven psychologists with backgrounds in counselling and educational psychology. CPD training covers a broad range of areas influenced by on-going supervision and psychologists' experiences and includes Cognitive Behavioural Therapy (CBT) used as part of an eclectic approach.

Table 3.1

Services

	Location	**Number of Psychologists**	**Area of Original Training**
Service 1	Nationwide-8 regions	202	Educational Psychology/Child Psychology/Developmental Psychology/Clinical Psychology
Service 2	Dublin City/part of North & South County Dublin	7	Counselling Psychology
Service 3	Dublin County	7	Counselling Psychology/Educational Psychology

3.5.3 Participant responses. A total of 32 hard-copy questionnaires were completed and received by the researcher between the months of September and November 2018. This number represented a return rate of 15% from the original sample of 216 EPs invited to partake in the study and 84% of the EPs who indicated through email their interest in partaking in the study. Of the 32 returned questionnaires, all EPs identified their place of work, gender, area of original training and the percentage of

time engaged in different work activities. Nine EPs failed to provide their age in years while one participant failed to identity their years of professional experience as an EP. Seventeen questionnaires contained fully completed sections one to three. Across the three services, fifteen returned questionnaires were incomplete in certain sections. By examining the spread of participant responses in more detail, it became apparent that items within certain sections were sometimes not completed by EPs. A certain proportion of returned questionnaires included an incomplete section three. For example, three EPs failed to complete or fully complete the open-ended questions in section three. Equally, four EPs failed to provide sufficient information regarding the key facilitators and barriers to their use of therapeutic intervention. For example, two EPs identified facilitators but failed to identify barriers, one EP identified barriers but not facilitators, while another EP failed to identify either facilitators or barriers to their use of therapeutic intervention.

3.5.4 Characteristics of sample. The respondents comprised of eight (25%) male EPs and 24 (75%) female EPs. Of these, 25 (78%) worked in the largest service, three (9%) in the first small service and four (13%) in the second small service. Twenty-three EPs provided information concerning their age. Of these, the EPs' age ranged from 30 to 58 years with a mean age of 44.65 (Standard Deviation of 8.45). All EPs reported their area of original training with an overlap across domains found for a number of EPs. Twenty-four (75%) trained in the area of educational psychology, two (6%) in child psychology, five (16%) in counselling psychology, one in developmental and educational psychology (3%), one (3%) in clinical psychology and two (6%) in areas other than those previously mentioned. One EP trained in the areas of psychology and primary teaching while another EP trained solely in the area of primary teaching. Information regarding years of professional experience was obtained from 31 EPs. Two (7%) EPs worked in the role less than two years, five (16%) 2-5years, six (19%) 5-10 years, seven (23%) 10-15 years and 11 (35%) with greater than 15 years' experience. Twenty-five (78%) EPs noted using therapeutic intervention within the last two years as part of their role while seven (22%) EPs did not use it.

3.6 Approach to Data Analysis

3.6.1 Descriptive statistics. Using the Statistical Package for Social Sciences (SPSS), descriptive statistics (e.g. frequencies, mean (*M*) & standard deviation (*SD*)) were first used in analysing data arising from the EP's completion of section one of the questionnaire including participant gender, age, place of work, area of original training, years of professional service and percentage of time spent undertaking therapeutic intervention among other traditional work activities. Question four in section two of the questionnaire explored whether the EP used therapeutic intervention as part of their role during the last two years. This was also analysed using SPSS.

3.6.2 Chi-square test. A chi-square test was conducted regarding questions five to seven of the questionnaire. It investigated potential correlations between the types of therapeutic intervention used by EPs, the individual stakeholders that EPs utilize intervention with and the formats in which therapeutic intervention is used by EPs. Using nominal data, a chi-square test is a non-parametric statistical test measuring the difference between a statistically generated expected result and an observed result to investigate if there is a statistically significant difference between them (Cohen et al., 2007).

3.6.3 Thematic analysis. A thematic analysis was employed to analyse participant responses from open-ended questions. A thematic analysis follows six key phases (Braun & Clarke, 2006; Willig & Stainton-Rogers, 2017). It begins with a familiarity of the data through reading and noting of initial ideas, followed by the systematic generation of codes, the generation of themes from codes using relevant data, reviewing themes in relation to the originally generated codes and data set, engaging in ongoing analysis to refine themes with clear definitions and the production of the final report (Braun & Clarke, 2006). A thematic analysis is characterised as iterative and recursive whereby the researcher moves between phases in order to complete the process (Willig & Stainton-Rogers, 2017).

In this piece of research, the data was analysed through the use of codes which led to the identification of over-arching or main themes. Coding is a systematic and thorough way of attaching meaning to items of interest and relevance with the data set (Willig & Stainton-Rogers, 2017). Codes were generated according to shared similarities across participant responses in the data sets. Through an inductive and

deductive process, codes were generated based on frequency and relevance to the area of interest. With the aim of reducing researcher bias, the researcher kept a reflective diary throughout the coding process which considered expected as well as emerging codes. On occasion, the issue of re-coding required supervisor support. However, there were very few issues that arose. The full coding process was discussed with the researcher's supervisor at the end which again reduced researcher bias. The coding process leading to the creation of the four themes in relation to research questions one and two, is illustrated in Tables 3.1, 3.2 and 3.3. An example of a participant's response which led to the creation of a sample code is provided in Appendix H.

Table 3.2

Coding Process for Data Relating to the Impact of Personal Beliefs about Therapeutic Intervention on the EP's Interpretation of Therapeutic Intervention

Codes assigned	**Theme**
EP beliefs on therapeutic intervention	**Theme 1: Value of Therapeutic intervention**
Beliefs steer value of therapeutic intervention	
Emphasis on therapeutic intervention in original training	
Training instilled value of therapeutic intervention	
Role of practice on therapeutic intervention interpretation	
Training and practice mismatch	
Value of therapeutic intervention	

Table 3.3

Coding Process for Data Relating to the Impact of Original Psychological Training on the EP's Interpretation of Therapeutic Intervention

Codes assigned	**Theme**
Level of training programme	**Theme 2: Confidence in interpretation and use of therapeutic intervention**
Quality of training programme	
Training impact on interpretation and related confidence to use therapeutic intervention	
Consideration of therapeutic intervention within EP role	
Working within one's domain of experience and competence	
Personal requirements to engage in therapeutic intervention	
Professional requirements to engage in therapeutic intervention	

Table 3.4

Coding Process for Data Relating to the Impact of Service Policy and Ethos on the EP's Ability to Use Therapeutic Intervention

Codes assigned	**Theme**
Role of fear, uncertainty in therapeutic practice	**Theme 3: Autonomy in using therapeutic intervention**
Impact on confidence and engagement in therapeutic intervention	
Importance of support from service policy/ethos	
Facilitative versus unhelpful service support	
Personal value of therapeutic intervention in guiding personal autonomy	
Assessment model dictates value in schools	
Service policy dictates value in service	
EP holds personal value of therapeutic work	
Impact of support models on development of therapeutic skills	
Impact on confidence to use therapeutic intervention	**Theme 4: Support in using therapeutic intervention**
Time and demands impacts capacity to deliver therapeutic intervention	
Solutions for time and demands	
Importance of resources to deliver therapeutic intervention	

Themes were then derived from initial codes. A theme represents something important and meaningful in relation to the research question (Braun & Clarke, 2006).

Themes are derived from patterns of the informant's experience, that when pieced together form a coherent picture of the participant's collective experience, appearing meaningless when viewed alone (Aronson, 1995). As an example, theme three and the related sub-themes regarding the impact of service policy and ethos on the EP's ability to use therapeutic intervention is presented in Figure 3.1.

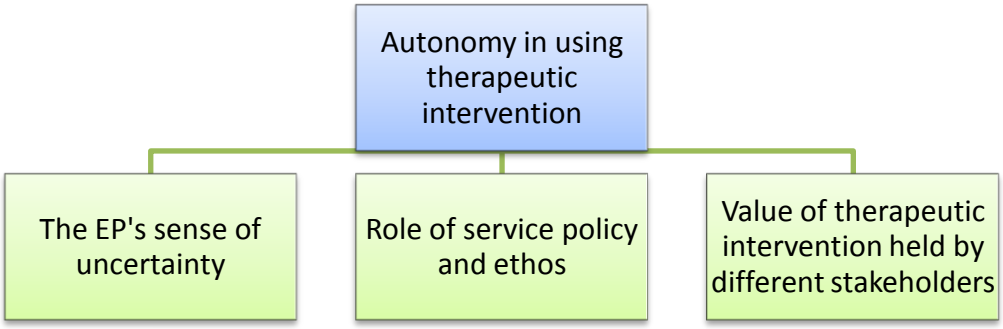

Figure 3.1. Theme three "Autonomy in using therapeutic intervention" and related sub-themes in relation to research question two: Impact of service policy and ethos on an EP's ability to use therapeutic intervention.

Identified difficulties with using a thematic analysis include inconsistency or overlap among themes as well as incoherency between the collected data and the analysis generated (Braun & Clarke, 2006). Maintaining a sense of coherency between the data and the generated themes was foremost in the researcher's mind when writing the thematic analysis. The aim was to write a balanced report consisting of an analysis which related back to the original research questions. The inclusion of pertinent data extracts in illustrating key themes was important in this regard (Braun & Clarke, 2006). Advantages of using a thematic analysis are many. Its independence from any particular theoretical orientation and the associated epistemological and ontological viewpoints highlight the flexibility of using a thematic analysis within most theoretical frameworks (Willig & Stainton-Rogers, 2017). Other advantages include its ease of use and accessibility (*ibid*), the generation of key themes, a rich description within the data set as well as the identification of similarities and differences across the data (Braun &

Clarke, 2006). In this piece of research, the generation of key themes produced a thorough description regarding the influence of personal beliefs and the EP's psychological training on their related interpretation of therapeutic intervention. The themes also reflected in a good deal of detail the influence of service context on the EP's ability to use therapeutic intervention. Given the small sample size, general comparisons were drawn across the three services.

3.6.4 Cluster analysis. Quantitative responses arising from questions eight and nine related to research question three: facilitators and barriers to the EP's use of therapeutic intervention. The most and least important factors in the delivery of therapeutic intervention by the EP were analysed using a cluster analysis. EPs were specifically asked to rank order eight facilitators and eight barriers. Equally there was an option of including and ranking personally-identified facilitators and barriers by the EPs themselves. A factor analysis is an empirical method of reducing a number of variables by grouping those that correlate highly together (Mertens, 2015). Similar to this is a cluster analysis which assists the researcher in identifying homogeneous groups in a sample (Cohen et al., 2007), through producing a small number of clusters (participants) with similar responses across items on a variable. A cluster analysis was conducted to provide a meaningful overview of the data (Field, 2000). While subjective in its interpretation, participants were clustered into conceptually meaningful groups based on high similarities across responses (*ibid*).

Firstly, median values were obtained regarding the most important facilitators and barriers to the EP's use of therapeutic intervention. Secondly, given the small sample size of 32 EPs, a comparison across services was drawn using a frequency means. Thirdly, a cluster analysis enabled the formation of a number of different EP clusters regarding the key facilitators and barriers to their use of therapeutic intervention.

3.6.5 Limitations. Disproportionality in service size between the identified services is a notable limitation in this research. EPs from two equally sized, small services and a large service were explored and compared in this research in relation to their use of therapeutic intervention. Such a limitation has implications for the generalisability of the findings to the general cohort of Irish EPs using therapeutic intervention. Nonetheless, the inclusion of such service sizes enables the researcher to draw comparisons between large and smaller services with regard to the given area of

study and in doing so, creates a more accurate national picture. As stated, a small sample size also makes the generalisability of the findings to the greater cohort of EPs using therapeutic intervention, furthermore difficult. Twelve percent of EPs from the largest service in comparison to 43% from the first small service and 57% from the second small service participated in the research. In comparison, 455 EPs participated in the Atkinson et al. (2014) large scale mixed-methods survey. A sampling bias must also be considered where EPs with a particular interest in therapeutic intervention were more likely to put themselves forward for this research.

The self-report nature of the questionnaire brings with it the possibility of social desirability in the EPs' qualitative responses as well as subjectivity from participants and researchers alike. Suldo et al. (2010) states that social desirability is an inherent issue in qualitative research. More specifically, there may be a gap between the SP's presented view of therapeutic practice and their actual use of therapeutic intervention (*ibid*). Equally, information gathered is based on the participant's subjective experience of the area while analysis is based on the researcher's subjective interpretation of participant responses (*ibid).* In relation to data collection, a number of questionnaires were viewed by some EPs in one of the services at the pre-pilot stage. An error on the part of the researcher led to a copy of the intended questionnaire being emailed to all services in advance of the pilot stage. This error also has implications for the validity of findings and related generalisability. Regarding data analysis, while the use of a reflective diary and supervisor support assisted in deriving a thorough coding process when completing the thematic analysis, the use of a second independent rater when coding could have enhanced the objectivity, and hence, quality of the research.

3.7. Ethical Considerations and Steps Taken to Minimise Participant Risk

Ethical approval from Mary Immaculate College (MIC) Limerick was received on the 10 April 2018. Ethical approval was also sought from one of three selected services and received on 29 June 2018. The other two services did not require ethical approval as they were satisfied with that obtained from MIC Limerick. The following describes the ethical issues which were considered as part of the research and the manner in which they were addressed.

3.7.1 Information sheet. Participants were informed of the nature and purpose of the research. Risks and benefits associated with participation in this piece of research were outlined. Piloting of the questionnaire allowed the researcher to give an estimated timeframe for its completion (15-20 minutes) on the information sheet. Participants were further assured of their anonymity regarding research dissemination. Please see Appendix B for a copy of the information sheet.

3.7.2 Informed consent. All participants were fully informed of the research, its purpose and anticipated benefits. Participants were asked to read and complete the consent form (please see Appendix C). Completed consent forms were sought from each participant when returning the questionnaire.

3.7.3 Risk assessment. In the interest of participant sensitivity, participants were notified before completing the questionnaire that "please note if there is a question which you do not feel comfortable in answering, feel free to continue on to the next question". Participants could also decide to withdraw from the study at any stage and this was respected. Nobody was coerced to participate in the research as this would have infringed upon the rights of the participant to self-determination, privacy and dignity (Cohen et al., 2011). In the interest of fairness, the rights of the participants were respected at all times in this research.

3.7.4 Participant confidentiality. On completion of the questionnaire, participants had the option of supplying their personal information (including the participant's first name & email address) for the purposes of clarification and expansion on the research findings. In such instances, all personal information collected was coded with a number before storing and analysis of the data. All collected data was stored on an encrypted file on a password protected laptop. This process was explained to participants in the information sheet.

3.7.5 Remuneration. Participants were not remunerated for agreeing to take part in the research.

3.7.6 Data storage. Participant consent forms were stored in a locked cabinet. Questionnaire responses were first stored in a locked cabinet before being saved on an encrypted file on a password protected laptop. In accordance with the Data Protection Acts (1988; 2003), data will not be stored any longer than is necessary for the purpose of this research. Research records will be retained for the duration of the study plus three years (MIC, 2017). Research findings will be stored and retained indefinitely.

3.7.7 Access to the stored research data. The researcher, research supervisor and research co-ordinator maintained access to the collected data over the research process. In the event that assistance with data analysis was required from an external source, all personal data was coded and therefore anonymised.

3.8 Chapter Summary

This chapter began by outlining the philosophical underpinnings of the research paradigm pragmatism including its epistemology and ontology before explaining how mixed-methods research fits within this paradigm. A description of the type of mixed-methods research employed in this study was provided along with the strengths and areas of difficulty associated with using mixed-methods research. Data collection procedures were described including the quality assurance measures applied, the nature of the adapted questionnaire used in this study, the piloting study conducted including the external validation received and the overall administration and receipt of completed questionnaires by EPs.

Sample details included the sample size and sampling procedure used in this study with related issues. General sample characteristics were provided. Following this, strategies employed in the analysis of the collected data was described followed by the limitations inherent with the completion of this study. The concept of researcher positionality when undertaking research was explained before outlining the impact of the researcher's professional experience on their interpretation of the use of therapeutic intervention. The researcher's role as an "insider" and "outsider" to this research was explained. Finally, the manner in which ethical considerations were addressed in this study was explained which included information from the information sheet and consent form provided to EPs prior to their completion of the research.

Chapter Four Results

4.1 Chapter Overview

This piece of research sought to examine and compare the experiences of Irish educational psychologists (EPs) regarding their use of therapeutic intervention with children and young people. EPs were recruited across one large and two small, yet similarly sized, services. An analysis of the qualitative and quantitative findings arising from the EP's completion of questionnaires is presented in this chapter. As stated in Chapter Three, 32 EPs participated in the research with seven participants from the two small services and 25 from the largest service. The research centred around the following questions:

1. How is interpretation of therapeutic intervention influenced by personal beliefs and training?
2. Does service policy impact on an EP's ability to use therapeutic intervention(s)?
3. What enables/supports or hinders the use of therapeutic intervention in Irish school psychology services?

This section commences with the commonly used therapeutic interventions across services. It then examines the percentage of time EPs engaged in different work activities including intervention work. Findings from a series of chi-square tests are then provided. Chi-square tests were conducted to determine the association between the types of therapeutic intervention employed by EPs as well as the stakeholders and manners in which therapeutic intervention was employed. A thematic analysis of the qualitative findings in relation to research questions one and two is then presented. Finally, the findings from a cluster analysis are provided regarding research question three: the facilitators and barriers considered by EPs to be of most and least significance in their use of therapeutic intervention.

4.2 Commonly Used Therapeutic Interventions across Services

Cognitive Behavioural Therapy (CBT) and Solution Focused Brief Therapy (SFBT) appeared to be the most commonly delivered therapeutic interventions across services. This may be because access to continuing professional development (CPD) training, for example, *Friends for Life (FFL)*, assists EPs in increasing their knowledge and confidence to use these interventions in therapeutic practice with students. Personal Construct Psychology (PCP) was also used by a number of EPs in service one, the largest service. Given the fact that EPs in this service work solely with school-going children, they may be interested in using interventions which enable them to determine how children and young people interpret the world in which they live and themselves in that world (Beaver, 2011). Systemic psychotherapy was specifically used by EPs in service two which solely consists of trained counselling psychologists. These EPs possess the expertise to use systemic psychotherapy given their psychological training background. Motivational Interviewing (MI) was also a commonly used intervention in services one and three. The MI intervention is useful for EPs to assist school staff and students develop confidence and commitment to making behavioural changes in overcoming student areas of difficulty.

4.3 Inferential Statistics

In this section, the percentage of time EPs engaged in different work activities, including intervention work, is explored and analysed.

4.3.1 Percentage of time EPs engaged in different work activities. Information was provided by all 32 EPs regarding the percentage of time they engaged in different work activities, as can be seen in Table 4.1. On average, EPs spend the majority of their time undertaking assessment work (34%), followed closely by consultation work (27%). EPs spend 12% of their time on training and 2% engaged in research activities. Eight EPs reported spending time working in areas "other" than those listed on the questionnaire, including management, policy and supervision of other EPs.

Of interest is the fact that the standard deviation (*SD*) statistic is larger than the mean (*M*) statistic for a number of work activities, including intervention, research and other activities. This suggests a degree of variance across particular roles undertaken by

the EP. Therefore, while EPs may have engaged in broadly similar areas of work, these main roles may have varied greatly depending on the individual. Investigating intervention a little further, including the EP's use of therapeutic intervention, the results revealed that EPs were engaged in the area on average about 15% of the time, but this ranged from 0-70%. Individual frequencies were also generated for intervention. Findings revealed that 22% (seven) of EPs did not engage in intervention work, 13% (four) completed such work 10% of the time, 3% (one) undertook intervention work 40% of the time, and 6% (two) worked in the area 70% of the time. Overall, the results conclude that a certain percentage of EPs were not engaged in intervention work, and a low percentage of them completed a large amount of intervention work.

Table 4.1

Percentage of Time EPs Engaged in Different Work Activities as Part of their Role

	Minimum	Maximum	Mean	Standard Deviation
Assessment	0	75	34.00	22.38
Intervention	0	70	14.94	17.51
Consultation	0	70	27.19	16.70
Training	0	25	12.41	7.31
Research	0	25	2.08	4.69
Other	0	80	7.72	19.10

4.4 Chi-Square Tests for Independence

A series of chi-square tests were run to explore the association between the various types of therapeutic intervention used by EPs, the stakeholders they are used with, along with the manners in which they are used. Data relating to these three variables was yielded from questions five, six and seven on the questionnaire. A full summary of this information is provided in Table 4.2. Firstly, each type of therapeutic intervention was compared to the various stakeholders (i.e. individuals that therapeutic intervention is used with), and manners in which one could use it (i.e. ways in which therapeutic intervention is used). In this instance, a total of 10 chi-square tests were run, given that there were 10 types of therapeutic interventions listed on the questionnaire. Secondly, each stakeholder (i.e. individual that therapeutic intervention is used with) was compared to the various manners in which a given therapeutic intervention may be

used. In this instance, a total of 10 chi-square tests were run, given that there were 10 stakeholder types listed on the questionnaire.

Of note, is that the therapeutic intervention Video Interactive Guidance (VIG) was the only therapeutic intervention not used by any of the 32 EPs. The other therapeutic interventions were reportedly used with various stakeholders and in a variety of manners. The Yates continuity correction was used in reporting the chi-square statistic. Significant associations are presented.

CBT was commonly used with secondary-school students and staff through individualised and systemic-work. MI was generally used with secondary-school students through client-centred consultation and systemic-work with school staff. SFBT was most often used with Youthreach students on an individualised manner and Systemic psychotherapy was generally used in Youthreach centres with students. Therapeutic support was frequently delivered to primary-school students through individualised work or assessment, to secondary-school students through individualised work or client-centred consultation with school staff, to parents through assessment and to school staff through assessment and systemic-work. Additionally, EPs in the largest service referred to their use of *FFL, Incredible Years (IY)* and *Positive Psychology* while EPs in the smaller services mentioned their use of *Acceptance and Commitment Therapy (ACT)* and *Human Rogerian therapy*.

Table 4.2

Types of Therapeutic Intervention, Stakeholders and Manners in which EPs use Therapeutic Intervention

Types of Therapeutic Intervention used by EPs	
Cognitive Behavioural Therapy (CBT)	Systemic Psychotherapy
Personal Construct Psychology (PCP)	Family Therapy
Motivational Interviewing (MI)	Narrative Therapy
Solution Focused Brief Therapy (SFBT)	Therapeutic Stories
Video Interactive Guidance (VIG)	Other (please specify)
Stakeholders that EPs use Therapeutic Intervention with	
Children/young people attending primary school	Young people attending adult education centres
Children/young people attending secondary school	Parents
Children/young people attending a special school	School Staff
Young people attending Youthreach centres	Other key stakeholders
Young people attending college of further education	Other education providers
Manners in which Therapeutic Intervention is used by EPs	
Individual therapeutic work	Client-centred consultation
Group work	Systemic-work (e.g. in-service training & supervision of key stakeholders)
As part of assessment work	Other (please specify)

4.4.1 Cognitive Behavioural Therapy (CBT). Twenty-two EPs reported using the CBT intervention. Fourteen (64%) used it with secondary-school students and with school staff. Seventeen (77%) used it in an individualised manner and 14 (64%) in a systemic-work (e.g. in-service training & supervision of key stakeholders) manner.

Table 4.3

EP's Use of Cognitive Behavioural Therapy (CBT) with Secondary-School Students and Staff in an Individualised and Systemic-Work Manner

	Yes	**No**
Secondary-school students	14	8
School staff	14	8
Individualised manner	17	5
Systemic-work manner	14	8

A chi-square test for independence indicated a significant association between the use of CBT and secondary-school students, X^2 (1, n=32) = 5.94, p= .02, Cramer's V = .49. A significant association was also found between the use of CBT and school staff, X^2 (1, n=32) =5.94, p=.02, Cramer's V = .49. Equally, a significant association was established between the use of CBT and working in an individualised manner, X^2 (1, n=32) = 7.13, p= .01, Cramer's V = .54, as well as when working in a systemic manner, X^2 (1, n=32) =8.88, p= .00, Cramer's V = .59. This indicates that CBT is frequently used with secondary-school students, typically through direct individualised work. It also suggests that staff in secondary schools are trained and supported in their implementation of the CBT approach. *FFL*, for example, is a universal, CBT-based programme employed in primary and secondary schools. It focuses on helping children reduce their feelings of anxiety while promoting their emotional resilience (Barrett, 2012). In secondary schools, EPs train teachers on the *My FRIENDS youth* programme for students aged 12-16 years and support them in their delivery of it.

4.4.2 Motivational Interviewing (MI). MI is a treatment approach developed by Miller and Rollnick (2002), to assist individuals increase their intrinsic motivation to make behavioural changes, through exploring and resolving their ambivalence towards change (Lundahl & Burke, 2009). It consists of various techniques, including open-ended questioning, reflection, and the use of affirmations (Miller & Rollnick, 2002). Nine EPs reported using the MI intervention. Eight of these nine EPs (89%) used it with

secondary-school students, six (67%) in a client-centred consultation manner and seven (78%) in a systemic-work manner.

Table 4.4

EP's Use of Motivational Interviewing (MI) with Secondary-School Students in a Client-Centred Consultation and Systemic-Work Manner

	Yes	**No**
Secondary-school students	8	1
Client-centred consultation	6	3
Systemic-work manner	7	2

A chi-square test for independence indicated a significant association between the use of MI and secondary-school students, X^2 (1, n=32) = 6.68, p= .01, Cramer's V = .53. Regarding the manner in which MI is used, a significant association was found between MI and working in a client-centred consultation, X^2 (1, n=32) = 3.97, p= .05, Cramer's V = .43, as well as when working in a systemic-work manner, X^2 (1, n=32) = 4.13, p= .04, Cramer's V = .43. The results show that MI is commonly used by EPs when working with secondary-school students. They employ the approach by consulting with various stakeholders, including secondary-school teachers, around student areas of difficulty and areas in need of change. EPs possibly use the MI approach to assist teachers assess and make behavioural changes in their own management of student difficulties while training teachers on aspects of the MI approach and through supervision, supporting them in their implementation of it with students.

4.4.3 Solution Focused Brief Therapy (SFBT). SFBT is a goal focused therapeutic approach, where clients devise personal goals by constructing solutions to problems, rather than analysing problems (Roden, Bannink, Maaskant, & Curfs, 2009). SFBT consists of a range of important strategies including goal-setting, the use of scaling questions, exploring exceptions to a problem and the provision of compliments (Bannink, 2008a). Seventeen EPs used the SFBT intervention, 11 (65%) with Youthreach students and 14 (82%) in an individualised manner.

Table 4.5

EP's Use of Solution Focused Brief Therapy (SFBT) with Youthreach Students in an Individualised Manner

	Yes	**No**
Youthreach students	11	6
Individualised manner	14	3

A chi-square test for independence indicated a significant association between the use of SFBT and young people attending youth-reach centres, X^2 (1, n=32) = 4.41, p= .04, Cramer's V = .45. A significant association was equally established between the use of SFBT and working in an individualised manner, X^2 (1, n=32) = 6.04, p= .01, Cramer's V = .49. Youthreach programmes are a preventative and intervention measure, designed to retain young people in full-time education until they receive an upper secondary qualification (NEPS, 2017). Thus, it is very appropriate that the SFBT approach would be delivered in an individualised manner, whereby students set personal goals of an educational nature, for example.

4.4.4 Systemic psychotherapy. Three EPs reported using Systemic Psychotherapy. All three EPs used this intervention type with Youthreach students.

Table 4.6

EP's Use of Systemic Psychotherapy with Youthreach Students

	Yes	**No**
Youthreach students	3	0

A chi-square test for independence indicated a significant association between the use of systemic psychotherapy and young people attending Youthreach centres, X^2 (1, n=32) = 9.06, p= .00, Cramer's V=.67. This suggests that EPs most commonly use

systemic psychotherapy when working with students attending Youthreach centres. Often students present with emotional difficulties which require an in-depth exploration in assisting the young person make changes. As such, the specialist skills of a qualified professional in psychotherapy are required (Department of Education & Science, 2007).

4.4.5 Primary-school students. Twelve EPs used therapeutic intervention with primary-school students, 11 (92%) in an individualised manner and eight (67%) as part of an assessment approach.

Table 4.7

EP's Use of Therapeutic Intervention with Primary-School Students in an Individualised and Assessment Manner

	Yes	**No**
Individualised manner	11	1
Assessment	8	4

A chi-square test for independence indicated a significant association between the use of therapeutic intervention with primary-school students, when delivered in an individualised manner, X^2 (1, n=32) = 6.29, p= .01, Cramer's V = .51. Equally, a significant association was also found between the use of therapeutic intervention with primary-school students, when delivered via assessment, X^2 (1, n=32) = 5.12, p= . 02, Cramer's V = .47. This suggests that EPs may use therapeutic intervention when working directly with students in primary schools. Equally, through student interview for example, as part of a single session, EPs may use therapeutic interventions (e.g. PCP) as a means of assessing the student's own view and understanding of their difficulties.

4.4.6 Secondary-school students. Fifteen EPs used therapeutic intervention with secondary-school students, 14 (93%) in an individualised manner and nine (60%) in a client-centred consultation manner.

Table 4.8

EP's Use of Therapeutic Intervention with Secondary-School Students in an Individualised and Client-Centred Consultation Manner

	Yes	**No**
Individualised manner	14	1
Client-centred consultation	9	6

A significant association was found between the use of therapeutic intervention with secondary-school students, when delivered in an individualised manner, X^2 (1, n=32) = 10.98, p=.00, Cramer's V = .65. A significant association was also found between the use of therapeutic intervention with secondary-school students, when delivered through client-centred consultation, X^2 (1, n=32) = 6.22, p= .01, Cramer's V = .51. This indicates that EPs commonly deliver therapeutic intervention to secondary school students through direct intervention. Therapeutic intervention may also be used by EPs when consulting with secondary school teachers around student areas of difficulty.

4.4.7 Parents. Eight EPs used therapeutic intervention with parents and six (75%) in an assessment manner.

Table 4.9

EP's Use of Therapeutic Intervention with Parents in an Assessment Manner

	Yes	**No**
Assessment	6	2

A chi-square test for independence indicated a significant association between the use of therapeutic intervention with parents and via an assessment approach, X^2 (1,

n=32) = 4.44, p= .04, Cramer's V = .45. This suggests that EPs may use an assessment approach (e.g. parent interview) in providing parents with the education and skills to support student change. EPs may also use relevant therapeutic interventions (e.g. motivational interviewing) to assist parents assess and change their own behaviour in the management of student difficulties.

4.4.8 School staff. Fifteen EPs reported using therapeutic intervention with school staff, nine (60%) in an assessment manner and 11 (73%) in a systemic-work manner.

Table 4.10

EP's Use of Therapeutic Intervention with School Staff in an Assessment and Systemic-Work Manner

	Yes	**No**
Assessment	9	6
Systemic-work manner	11	4

A significant association was established between the use of therapeutic intervention with school staff in an assessment manner, X^2 (1, n=32) = 4.43, p= . 04, Cramer's V = .44. A significant association was equally found between the use of therapeutic intervention with school staff and in a systemic-work manner, X^2 (1, n=32) =7.91, p= .01, Cramer's V = .56. This indicates that EPs may employ an assessment approach (e.g. teacher interview) in providing teachers with strategies and skills to promote student change and in the prevention of further related difficulties. EPs may also use relevant therapeutic interventions e.g. (motivational interviewing) in helping teachers assess and make behavioural changes in their management of student difficulties. EPs may also train school staff in given therapeutic interventions and support their implementation of these interventions with students, through activities such as supervision.

4.4.9 Additional information. In addition to the above mentioned and listed therapeutic interventions as provided to EPs on the questionnaire, five EPs reported using other types of therapeutic intervention. This highlights the individualised nature

of therapeutic intervention provision. It also shows the EP's freedom in being able to use different types of therapeutic approaches. Three EPs in the largest service referred to their use of *FFL*, *IY*, and *Positive Psychology* while two EPs in the smaller services mentioned their use of *ACT* and *Human Rogerian therapy*. *FFL* (run with primary and secondary school students) and *IY* (run with primary-school students) are two mainstream intervention programmes run specifically by the largest service of the three services. *FFL* is a whole-class, preventative programme with a CBT basis. In secondary-school settings, *FFL* has been found to reduce student anxiety while improving self-confidence, equipping students with coping skills and providing them with a sense of school connectedness (NBSS, 2013). It is not clear whether those EPs that indicated their use of CBT were in fact referring to the *FFL* programme. *IY* is based on behavioural psychology, where it teaches children (0-12 years) core skills and strategies which promote social and emotional competence, while reducing and preventing emotional and behavioural difficulties (McGilloway et al., 2012). EPs train and support teachers in their delivery of the *FFL* programme to students in primary and secondary schools. EPs train primary school teachers and parents on the *IY* programme, at primary level only.

In conclusion, this section examined the significant findings from a series of chi-square tests, which were conducted to determine the association between the types of therapeutic intervention employed by EPs as well as the stakeholders and manners in which therapeutic intervention is employed.

4.5 Qualitative Findings: Thematic Analysis

A thematic analysis was employed in relation to research questions one and two: *How is interpretation of therapeutic intervention influenced by personal beliefs and training*? *Does service policy impact on an EP's ability to use therapeutic intervention(s)*? The EP's perceptions of therapeutic intervention and ability to use it yielded four key themes.

Codes and themes were generated according to the specific research questions. The EP's *value of therapeutic intervention* and their *confidence in interpretation and use of therapeutic intervention* emerged as key themes in relation to the EP's perceptions of therapeutic intervention. The importance of *autonomy in using*

therapeutic intervention and *support in using therapeutic intervention* were identified themes in relation to the impact of service policy on an EP's ability to use therapeutic intervention. The researcher endeavoured to provide a rich description and analysis of the entire data set, given the paucity of research in this area, and particularly within the Irish context. A full account of each theme and associated sub-themes is now presented. Quotations are used to support the analysis and to provide an authentic voice to the results. Codes (e.g. EP1) are included in making reference to the particular EP who provided the information, for contextualisation. Comparisons are made between the two smaller services and the largest service.

4.5.1 Theme 1: Value of therapeutic intervention. As outlined in Figure 4.1, the EP's value of therapeutic intervention may be further divided into sub-themes: EP's personal perceptions of therapeutic intervention, role of initial training and the EP's practice of therapeutic intervention.

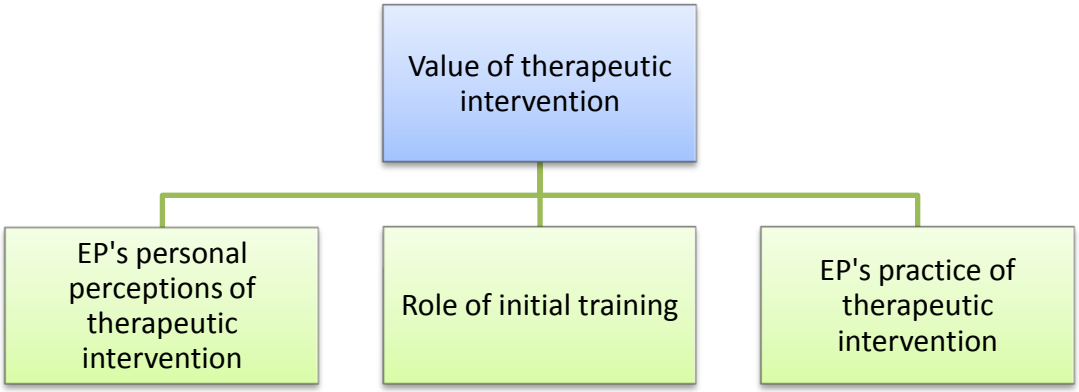

Figure 4.1. Value of therapeutic intervention: Impact of an EP's personal beliefs on interpretation of therapeutic intervention.

EPs across all three services demonstrated a high regard and a clear value of therapeutic work in their responses. EP27, for example, referred to the "*universal need*" for therapeutic work with children and young people. Equally, EP1 highlighted the importance of a "*full range of therapy work"* for some students, according to their status on a "*hierarchy or continuum of needs*". In drawing comparisons across services, EPs in

the largest service portrayed a stronger sense of value of therapeutic work than their counterparts working in the smaller services. Level of experience in the role of EP did not appear to affect the value assigned to therapeutic work by EPs.

4.5.1.1 Subtheme 1: EP's personal perceptions of therapeutic intervention. Personal perceptions of what therapeutic intervention work entailed were clearly articulated by EPs in the largest service. Many interesting examples of the perceptions held by EPs were presented, including those by EPs in the youngest cohort of the 25-35 years range. The notion that therapeutic intervention is "*more than just the delivery of therapy to individuals*" (EP17), portrayed the EP's strong value of therapeutic practice. The view that "*all interactions with different stakeholders, including parents, teachers, children and young people, may facilitate an opportunity for therapeutic work*" (EP15), was one example encapsulating this point. Another EP, EP12, viewed "*psycho-educational input as a form of therapeutic intervention work".* Some EPs described the impact of their personal perceptions as "*steering the value I place on therapeutic support*" (EP5). As an example, EP18 mentioned the importance of *"maintaining unconditional positive regard for the client*", which led them to seek opportunities for "*facilitating client self-empowerment*" during therapeutic work, where possible. This may indicate that there is variation in how therapeutic intervention is perceived by EPs where some see it as highly specialised work while others view it in a more generic manner. Equally, the implications arising from such perceptions were regarded by EPs as often affecting their practice of therapeutic intervention. EP13, for example, spoke of their need for a "*structured, safe space*" to undertake therapeutic work which significantly impacted on their ability to "*undertake various formats of such work in certain schools*" which they visited. Nonetheless, a minority of EPs, including EP11, noted that their *"personal perceptions of therapeutic intervention did not impact upon my value and related interpretation of it*".

4.5.1.2 Subtheme 2: Role of initial training. The role of initial training in the area of therapeutic intervention was described by many EPs as having a major influence on the value they held for such work. All three services emphasised the importance of initial professional training in instilling a value of therapeutic intervention. This point was well encapsulated in the following quote by EP25, that "*original training is critical*

in forming a view of therapeutic intervention". With the exception of EP4, who noted that their particular training course was "*keen to develop skills other than cognitive assessment*" in their trainees, EPs from the smaller services solely provided examples of core values of therapeutic practice, as instilled in them from their initial training. This included the EP's view that therapeutic intervention should be provided as part of a "*holistic service*" (EP1) and that therapeutic intervention forms part of the EP's "*core professional skill-set*" (EP2). The "*sense of value"* of therapeutic work, and at "*different levels including family, group and individual therapy",* that initial professional training afforded EPs working in the smaller services, was highlighted by EP8. These findings indicate the importance of placing a value on the area of therapeutic intervention, during the initial training of EPs. It assists in guiding an EP's positive interpretation of therapeutic work.

4.5.1.3 Subtheme 3: EP's practice of therapeutic intervention.

The influence of an EP's practice of therapeutic intervention equally deserves due consideration, in relation to their value of therapeutic intervention. Practice in the area seemed to be positively received by EPs working in the smaller services, with consequences for their related values of therapeutic practice. EP6 commented that the "*work environment has a major influence on one's therapeutic intervention beliefs*". According to this EP, original training in the area of therapeutic intervention becomes "*less impactful over time".* Nonetheless, there was a negative view of therapeutic practice and the related value of such work by some EPs in the largest service. For example, EP30, referred to the "*widely held view in practice that therapeutic work is undertaken by certain psychologists only",* including *"clinical and counselling psychologists",* whereas their training taught them that such work *"may be undertaken by psychologists from all backgrounds".* Working alongside other psychologists and attending continuing professional development (CPD) events, was regarded by some EPs in this research as a positive factor in increasing the value they placed on therapeutic intervention.

4.5.2 Theme 2: Confidence in interpretation and use of therapeutic intervention. The main sub-themes to emerge in relation to the theme of confidence

were training in therapeutic work, domain of expertise and requirements to practice therapeutic intervention, as can be seen in Figure 4.2.

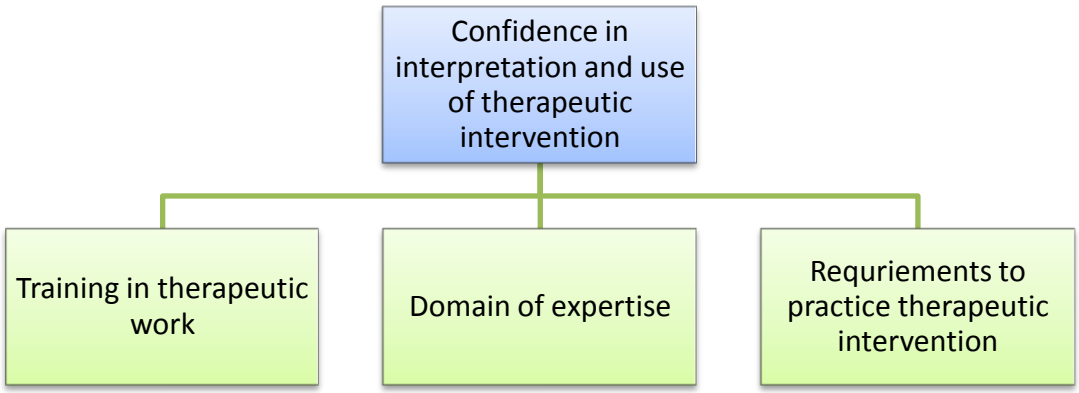

Figure 4.2. Confidence in interpretation and use of therapeutic practice: Impact of an EP's original psychological training on interpretation of therapeutic intervention

Many EPs across services displayed a general confidence around their interpretation of therapeutic intervention, with related implications for their ability to use it. EPs in the largest service generally contended that they should be engaging in more therapeutic work in schools, with a related capacity to do so. For example, EP32 noted that "*EPs are well positioned to deliver therapeutic intervention in schools".* The influence of additional factors deserves consideration too and will be presented within this theme. Such factors were found to impact upon the EP's lack of confidence, regarding their interpretation and use of therapeutic intervention.

4.5.2.1 Subtheme 1: Training in therapeutic work. An underlying thread of under-confidence is noteworthy from some of the EP's responses, in relation to the training they received in therapeutic practice. In highlighting the significance of training on interpretation and use of therapeutic intervention, EP11 stated that "*training is a*

determining factor in an EP's interpretation of therapeutic intervention". EP26 with greater than 15-years' experience in the role of EP, yet with limited therapeutic intervention experience, called for additional training in the area. EP26 suggested that training should be offered "*to diploma level at least*" if expected to engage in therapeutic work with others. Perhaps, this comment reflects the fact that EPs place an importance on receiving certified training in the area. EPs, particularly those in the largest service, generally felt discontent with the level of training received in therapeutic intervention, irrespective of whether they completed a doctorate or a master's degree. While EP23 commented that undertaking a doctorate programme equipped them with the "*understanding and related skills*" required to engage in therapeutic work, this was the case for "*short-term therapeutic intervention work only*". Equally, another EP felt that their completion of a master's programme "*did not quality me in any therapeutic intervention"* (EP27), leaving them with an under-confidence in their interpretation of the area.

Similarly, the quality of therapeutic training received by EPs is important where "*the type of therapeutic training received dictates therapeutic intervention delivery by psychologists*", as suggested by EP14. EPs across all three services reported a lack of confidence in their ability to engage in therapeutic work, based on the type of training received during their initial training. Training was described by EP21 as "*overly theoretical in content"* and "*inadequate"* for their need to engage in therapeutic work. Equally, EP9 "*felt a sense of competence in therapeutic work from an early stage of my initial training"*, yet only with the "*additional support of further training, supervision, access to CPD and collaborative work with others did I feel comfortable with a full sense of competence to engage in therapeutic intervention".*

4.5.2.2 Subtheme 2: Domain of expertise. Differing perceptions of working within one's domain of expertise was another interesting sub-theme, in relation to the EP's sense of confidence in their interpretation and use of therapeutic intervention. This was specifically true of some EPs from the largest service. EPs greatly differed on their individual views, regarding their domain of expertise. Some EPs were very hesitant to consider therapy work as within their area of expertise. It is "*important to remain within your area of expertise*" (EP12), and that EPs "*should work within their expertise, experience, and competence*" (EP26), considering therapy work as more the "*role of other psychologists including counsellors" (*EP26*).* Interestingly, this finding was

moderated by the factor of age where these EPs were found to be in the oldest age category of 56-65 years and with greater than 15-years' experience in the role of EP. Meanwhile, others stated that EPs are "*well-positioned to practice therapeutic work"* (EP32), commenting that they were "*open to learning in the area of therapeutic intervention*" (EP32) and advised that "*further training and up-skilling"* (EP21) should be provided in this area.

Connections between the EP's sense of expertise and the previous sub-theme of training in therapeutic work may be considered here. Original training was largely lacking in equipping EPs with the skills and competence they required, in order to engage in therapeutic work and perhaps, to consider it an area of their expertise. Equally, EPs' perceptions of therapeutic intervention may be important in determining whether they feel such work is within their area of expertise. This was especially the case for EPs in the largest service where EP12, for example, considered "*psycho-educational input as therapeutic*". Original training and personal perceptions of therapeutic intervention are factors which may bear important consequences for whether EPs consider therapeutic work as within their domain of expertise.

4.5.2.3 Subtheme 3: Requirements to practice therapeutic intervention.

A number of requirements to successfully engage in therapeutic work was put forward by some EPs. These may be furthermore divided into personal and professional requirements. From a personal point of view, two EPs mention the importance of "*personal interest*" (EP21), and "*motivation*" (EP20), as determining factors of engagement in therapeutic work. Related to this is the need for EPs to "*regularly practice therapy work under professional supervision",* as was noted by EP22, with limited experience in the area of therapeutic intervention. Many EPs additionally commented on the need for additional training in the area of therapeutic practice as well as "*education and professional experiences*" (EP19), including collaborative work with others.

4.5.3 Theme 3: Autonomy in using therapeutic intervention. An EP's sense of autonomy in using therapeutic intervention was a very evident theme in the qualitative responses. The EP's sense of uncertainty, the role of service policy and ethos

and the value of therapeutic intervention held by different stakeholders were the main identified sub-themes from the theme as outlined in Figure 4.3.

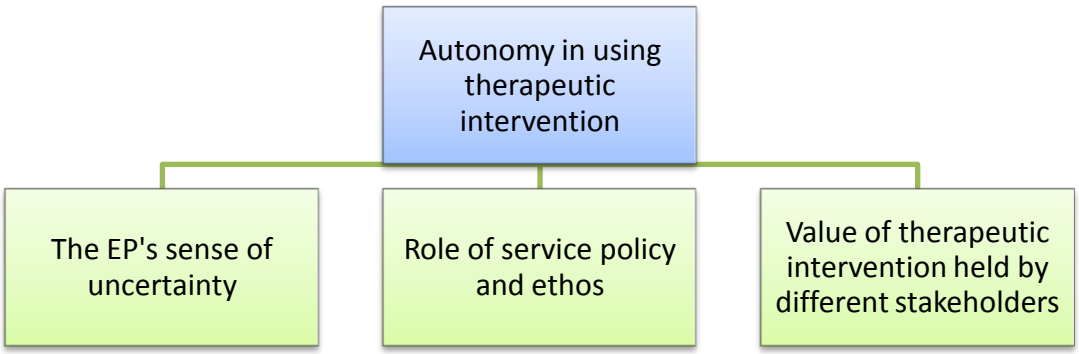

Figure 4.3. Autonomy in using therapeutic intervention: Impact of service policy and ethos on an EP's ability to use therapeutic intervention

The EPs' perceptions of autonomy to engage in therapeutic intervention work greatly differed between the small services and the largest service. Positive perceptions of autonomy were evident in the responses from EPs working in the smaller services. EP1 commented that they possessed "*a lot of autonomy*" in their work and service delivery. Two EPs provided clear examples, regarding the impact of an autonomous role on their use of therapeutic intervention. EP6, for example, stated that being able to "*work across various systems (i.e. students, staff) led to a bottoming up effect where change at higher levels was established when therapeutic intervention was implemented by stakeholders"* other than EPs themselves. EPs in the smaller services described themselves as "*lucky*" (EP 6) and "*fortunate*" (EP 9) to have such autonomy to engage in therapeutic work. By contrast, a lack of autonomy was found in the responses of EPs working in the largest service. Interestingly, feedback from EPs with the greatest level of experience (i.e. working 15-years and more) was very often brief, yet to the point. For example, EP20 simply states that "*demand for assessment in schools pre-dominates*" their work in this service.

4.5.3.1 Subtheme 1: The EP's sense of uncertainty. A feeling of uncertainty, regarding their ability to deliver therapeutic intervention was documented by some EPs in the largest service. Overall, EPs appeared to lack a sense of clarity regarding their role in therapeutic practice. Some EPs described the confusion "*between our role and that of HSE services*" in their delivery of therapeutic intervention (EP24) where it was often regarded as the "*responsibility of HSE services*" (EP10). EP24 referred to the "*uncertainty*" in relation to their skill-set in therapeutic work as greatly impacting on their level of autonomous work undertaken in this area. Equally, uncertainty often led to the feeling of fear for some EPs, regarding their engagement in therapeutic work, with consequences for their confidence in this area. Fear of being "*overwhelmed by demands*" was reported by EP27, as the prime reason that their service failed to offer therapeutic services to children and young people in schools.

4.5.3.2 Subtheme 2: Role of service policy and ethos. A sense of uncertainty, with a related lack of autonomy, appeared to be greatly influenced by the role of service ethos and policy. EPs from all three services agreed that service ethos and policy was a significant factor in determining whether EPs could engage in therapeutic practice. The influence of service ethos was referred to by EPs as a "*huge*" (EP2), "*crucial*" (EP9), and *"significant*" factor (EP10), even a "*100% determinant*" (EP27) of whether EPs may deliver therapeutic intervention as part of their role within their service. Generally, service ethos was viewed positively by EPs in the smaller services, where EP9 commented that it "*facilitated my completion of therapeutic work*", leading them to value the area as a core part of their work. It was clearly evident that service ethos was a determining factor for EPs in the largest service, although a minority of EPs from this service felt that service ethos did not affect their autonomy to engage in therapeutic intervention. Nonetheless, some EPs commented that they could "*only prioritise therapeutic intervention work to the degree that service policy allows*" (EP5). EPs specifically referred to an "*obligation to follow service policy*" (EP29) where the service generally *"didn't encourage or support our interest in the area of therapeutic intervention"* (EP14). On a positive note, EP12 felt that their delivery of therapeutic intervention to other stakeholders, such as teachers, may lead to important benefits in

schools including "*change regarding the manner in which teachers work with children and young people".*

4.5.3.3 Subtheme 3: Value of therapeutic intervention held by different stakeholders.

The above sub-themes of uncertainty and service policy and ethos have led to the importance of value of therapeutic intervention, in guiding the EP's sense of autonomy to use it. As alluded to in theme one, the value of therapeutic intervention was particularly referred to by EPs in the largest service. The value of therapeutic intervention as held by the school, the service and the EP are considered here. EPs complete a large amount of assessment work with children and young people (EP20 & EP25), thus inferring a school's value for such work. EP20 noted that "*demand for assessment pre-dominates in schools*" while EP25 stated that "*resources are a big issue*" where "*schools cannot access support without the relevant assessments*". Nonetheless, EP21 provided an example where therapeutic intervention work in a group format was "*welcomed"* and "*highly valued"* by their catchment of schools. This piece of evidence illustrates the point that interested EPs in the area of therapeutic intervention perhaps need to offer such services in order for it to be valued by stakeholders.

Some EPs in this research referred to the lack of value attached to therapeutic work in their service, as "*it is not seen as a therapeutic service*" (EP28). Hence the service doesn't "*encourage or support*" (EP14) such work as a significant part of the EP's role. Interestingly, EP19 disagreed with the idea that therapeutic intervention work forms part of the EP's role, in accordance with a service model and ethos. This EP furthermore explained that the service "*does not strive to provide support in the area of therapeutic intervention*" and it is "*valued by schools and other stakeholders for the services that it does provide*". The EPs' comments demonstrated an overall value for the area of therapeutic intervention. They felt that they are "*well-positioned*" (EP32) to engage in therapeutic intervention, regarding it as a "*universal need"* (EP27).

4.5.4 Theme 4: Support in using therapeutic intervention. As outlined in Figure 4.4, the main subthemes identified by EPs in relation to the theme of support

were the model of service, time and other demands, and resources for therapeutic intervention. Given the EP's sense of autonomy in relation to the delivery of therapeutic work or lack thereof, the theme of support was an important consideration by EPs in this research. Generally, a lack of support for EPs to engage in the area of therapeutic intervention was outlined. Obstacles to an EP's ability to provide therapeutic services were also identified.

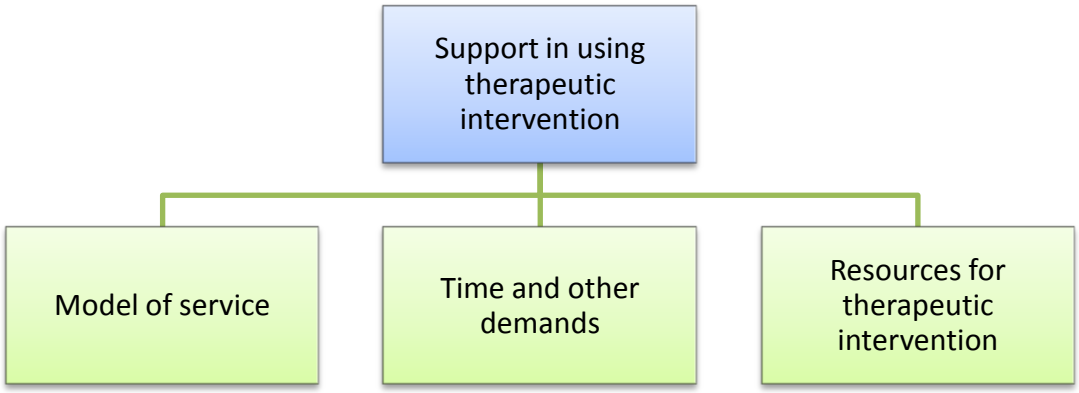

Figure 4.4. Support in using therapeutic intervention: Impact of service policy and ethos on an EP's ability to use therapeutic intervention

4.5.4.1 Subtheme 1: Model of service. EPs from all three services commented on the critical role played by the service model on the degree to which they could provide therapeutic intervention support. Various models of service, and their related implications were presented by EPs across services. One EP explained the role of a consultation or prevention model, whereby EPs may simply provide "*indirect*" (EP16) therapeutic support to stakeholders, such as parents and teachers. With limited opportunities to engage in therapeutic work at an individual level with children and young people, the "*practicality*" (EP1) of engaging in therapeutic work is questioned alongside the "*development and maintenance of related skills*" (EP17) in the area of therapeutic practice. The "*occasional delivery*" (EP17) of individualised therapeutic intervention equally impacts upon the EP's sense of confidence. Similarly, EP3 from one of the smaller services highlighted the continuum of support model, where

psychological support is provided to all students, some students and a few students and where "*limited opportunities to engage in individualised therapeutic work*" therefore exist. EP30 also referred to a model of service whereby "*schools refer students*" to school psychological services (SPSs), for various types of support. Therefore, if schools do not refer students for therapeutic intervention, then EPs are not provided with an opportunity to work in this area. This point points to the assessment model. Demands for cognitive assessments have pre-dominated the work of EPs "*despite attempts to move away"* (EP21) from this model in more recent years, through the implementation of the "*consultation and continuum of support*" type models, according to EP21. Thus, a significant amount of the EP's time has been spent on assessment, rather than the completion of other activities like therapeutic intervention.

4.5.4.2 Subtheme 2: Time and other demands. The high volume of cases in the EP's workload, coupled with the demands to engage in a number of areas of psychological support, significantly limits the opportunity to engage in therapeutic work. This sentiment was shared across services. A high-volume workload was referred to in different ways by EPs including their "*work in a large number of schools*" (EP15), spread across a "*wide geographical location*" (EP4), to their work with a "*large number of students in any given school"* (EP31). According to EP31, the impact of a high workload "*limits an EP's time, opportunity and capacity*" to provide therapeutic support in a "*thorough manner*" and especially of an "*individualised*" nature. The outside influences of service model and the value a service places on therapeutic intervention are equally important when considering the factor of time and other demands. Proposed solutions by EP11 include the need for "*departmental agreement*" that EPs may engage in therapeutic work, despite other service priorities and time demands.

4.5.4.3 Subtheme 3: Resources for therapeutic intervention. Some EPs from the largest of the three services felt strongly that their ability to engage in therapeutic work was determined by support, in the form of resources. There was a feeling across EP responses that they lack the necessary supports to deliver the quality of therapeutic intervention required of them. EP15 personally felt that they "*didn't possess sufficient resources to engage in an individualised CBT- type intervention"* which would typically

consist of six sessions, on average. Once again, this point relates to the previous sub-theme of service model where the "assessment model" has dictated the type of resources used by EPs in schools.

4.6 Facilitators and Barriers to Therapeutic Intervention Use by EPs: Cluster Analysis

A k-means cluster analysis algorithm was conducted in order to cluster the EPs, according to the most important facilitators and barriers to their practice of therapeutic intervention. EPs were requested to rank order (1-8), eight facilitators (factors), and eight barriers (factors), regarding their use of therapeutic intervention. A score of 1 indicated the most important facilitator or barrier to the EP's delivery of therapeutic work with a score of 8 indicating the least important facilitator or barrier. Firstly, median values were obtained, in order to establish the position of facilitators and barriers along a continuum (1-8). A value of four or less was considered a significant facilitator or barrier to the EP's use of therapeutic intervention, given that EPs ranked the factors from one to eight. A value of five or higher was considered a least significant facilitator or barrier. Secondly, frequency means were generated according to the service type. This enabled the researcher to draw comparisons between the largest and smaller services, regarding the key facilitators and barriers to their use of therapeutic intervention. Thirdly, initial and final cluster groupings were generated from conducting the cluster analysis. Two clusters of facilitators and three clusters of barriers were established, in relation to the EP's use of therapeutic intervention.

Five important facilitators (training, CPD, supervision, service ethos & stakeholders' value) and four important barriers (training, service ethos, service capacity & stakeholders' priorities) to therapeutic practice were highlighted by EPs. In drawing similarities across services, it was clear that CPD and supervision were important facilitators to therapeutic practice while practice, supervision, stakeholders failing to identify EPs as therapeutic providers and personal beliefs about therapeutic intervention or original psychological training were somewhat important barriers. A number of systemic and personal facilitators and barriers were identified by EPs regarding therapeutic practice. Systemic facilitators included training, CPD and supervision. Personal facilitators included personal interest, autonomy, collaborative work, stakeholders' value and service ethos. Systemic barriers included training, supervision,

practice and personal beliefs or original psychological training. Personal barriers included stakeholders' priorities, failure to identify EPs as therapeutic providers, service ethos and service capacity.

4.6.1 Median values for facilitators and barriers to the EP's use of therapeutic intervention. A number of important facilitators and barriers were highlighted by EPs, as impacting upon their therapeutic practice. The findings may be seen in Tables 4.11 and 4.12. The eight facilitators provided to EPs were: 1.Access to training, 2.Continuing Professional Development (CPD), 3.Supervision (e.g. specialist, informal supervision), 4.Collaborative working with peers, 5.School and other key stakeholders' value of the role of therapeutic intervention input from educational psychologists, 6.Service ethos regarding the value of delivering therapeutic interventions, 7. Personal interest and 8. Autonomy. The eight barriers provided to EPs were 1. Lack of training, 2. Lack of opportunity to practice, 3. Access to supervision, 4. Other priorities identified by schools and other key stakeholders, 5. Stakeholders failing to identify educational psychologists as therapeutic providers, 6. Service role and ethos, 7. Service capacity and time allocation demands and 8. Personal belief(s) about therapeutic intervention or original psychological training.

Table 4.11

Most and Least Important Facilitators to the EP's Use of Therapeutic Intervention: Median Values

Facilitators	1	2	3	4	5	6	7	8
Median Value	3	3.5	4	5.5	4	3	6	8

Table 4.12

Most and Least Important Barriers to the EP's Use of Therapeutic Intervention: Median Values

Barriers	1	2	3	4	5	6	7	8
Median Values	4	5	6	3	5	3	3	6

EPs regarded training, CPD and supervision as important facilitators to their use of therapeutic intervention. Service ethos and the stakeholders' value for therapeutic input by EPs were equally considered important facilitators by EPs in this piece of research. A mirroring of results was somewhat found in relation to the most important barriers to the EP's practice of therapeutic intervention. Training, service ethos, service capacity and stakeholders' priorities were found to be significant barriers to the EP's use of therapeutic intervention.

4.6.2 Frequency means across services regarding the key facilitators and barriers to the EP's use of therapeutic Intervention. On average, all three services concurred on scoring the facilitators of CPD, supervision, personal interest and autonomy relatively the same. The first two factors of CPD and supervision (average score of 4 each) were considered important facilitators by all three services. The latter two factors of personal interest (average score of 6) and autonomy (average score of 8) were regarded least important facilitators by all three services. Regarding barriers to the EP's use of therapeutic intervention, all three services agreed on their scoring of practice, supervision, failure of stakeholders to identify EPs as therapeutic providers and personal beliefs about therapeutic intervention or original psychological training in the area. All four factors were considered somewhat important barriers to the EP's use of

therapeutic intervention. Practice received an average score of five, supervision a score of six, the failure of stakeholders to identify EPs as therapeutic providers received a score of five and personal beliefs about therapeutic intervention or original psychological training in the area was scored a six.

4.6.3 Cluster Analysis. A k-means cluster analysis algorithm generated initial and final cluster groupings. A number of clusters for the key facilitators and barriers to the EP's use of therapeutic intervention were revealed. More specifically, two clusters of facilitators and three clusters of barriers to the EP's use of therapeutic intervention were established.

4.6.3.1 Facilitators. Two clusters of EPs were identified regarding the key facilitators to their use of therapeutic intervention. These may be seen in Figure 4.5. The facilitators below the line constitute the most important to the EP's therapeutic practice and the facilitators above the line, the least important. The clusters may be furthermore divided between personal facilitators and systemic facilitators. Cluster one (n=4) EPs considered factors somewhat of a personal nature, representing significant personal facilitators to the EP's use of therapeutic intervention. The factors included personal interest, autonomy, collaborative work, the stakeholder's value and service ethos. Cluster two (n=26) EPs considered factors of a systemic nature. Training, CPD and supervision were deemed important systemic facilitators by EPs with regard to their provision of therapeutic work.

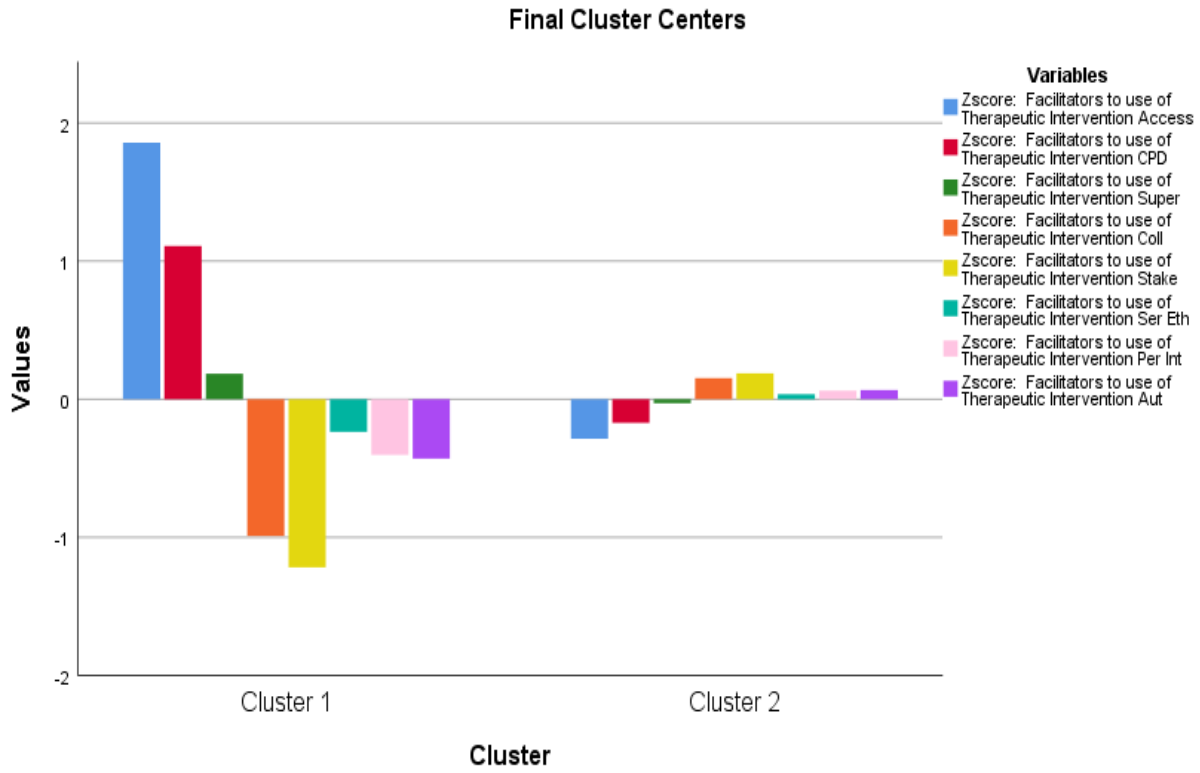

Figure 4.5. Cluster one and two: Personal and systemic facilitators to the EP's use of therapeutic intervention

4.6.3.2. Barriers. Three EP clusters consisting of four factors each were obtained regarding the key barriers to their use of therapeutic intervention. The clusters may be seen in Figure 4.6. Once again, the barriers below the line constitute the most important to the EP's use of therapeutic intervention and those above the line, the least important. A number of barriers were shared across clusters, highlighting the significance of these factors to the EP's therapeutic practice. Cluster one (n=9) and two (n=10) shared the factor of service ethos. According to the median values, service ethos also emerged as an important barrier to therapeutic practice. Cluster one and cluster three (n=9) shared the factor of training. Training also emerged as an important barrier to therapeutic practice according to the median values. Clusters two and three both considered stakeholders' priorities and the failure of stakeholders to identify EPs as therapeutic providers as important barriers. Stakeholders' priorities also emerged as an important barrier to therapeutic practice in accordance with the median values.

In general, cluster one and three were considered the systemic barriers to the EP's use of therapeutic intervention. Both clusters contained at least two factors each

(training, supervision & original psychological training in cluster one; training & practice in cluster three) which are clearly systemic in nature. Training, supervision, original psychological training and practice are factors generally outside of the EP's control, thus making the clusters systemic in nature. Cluster two consisted of barriers more of a personal nature. The stakeholders' priorities, the failure of stakeholders to identify EPs as therapeutic providers, service ethos and service capacity are all factors which may have a personal impact on the EP. Thus, they are considered personal barriers to their use of therapeutic practice.

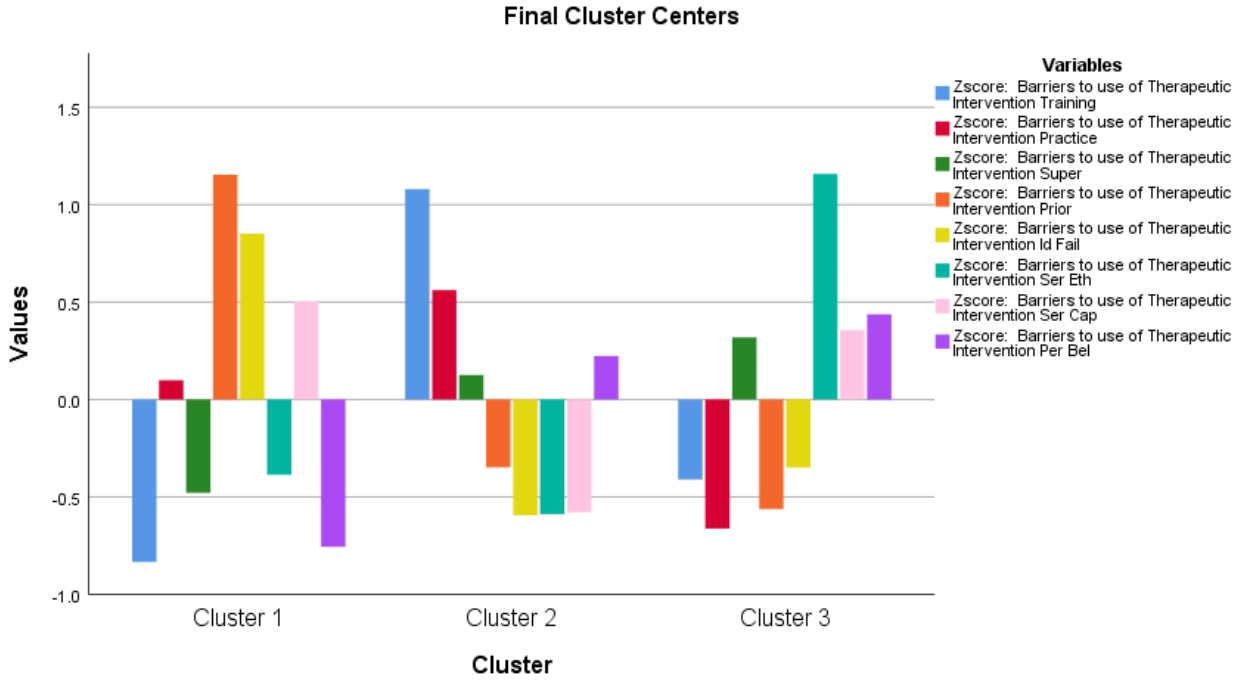

Figure 4.6. Clusters one two and three: personal and systemic barriers to the EP's use of therapeutic intervention

4.7 Chapter Summary

The findings presented in this chapter relate to the experiences of 32 EPs working across a number of SPSs in Ireland. Qualitative and quantitative findings were analysed in an attempt to answer a number of key research questions. The completion of a thematic analysis derived the themes of *value of therapeutic intervention* and *confidence in the interpretation and use of therapeutic intervention* regarding the EP's

perception of therapeutic practice. *Autonomy in using therapeutic intervention* and *support in using therapeutic intervention* were two themes to emerge concerning the EP's ability to use therapeutic intervention. EPs engage in intervention as part of their role, 15% of the time, on average. However, a further 22 % of EPs noted they were not engaging in intervention as part their role. Nonetheless, Irish EPs were found to use a variety of therapeutic interventions, with various stakeholders and in a variety of formats. A number of key facilitators and barriers were established concerning the EP's ability to work in the area of therapeutic intervention. These facilitators and barriers were furthermore divided into those of a systemic and personal nature. An analysis and interpretation of the findings in line with the broader literature base follows in the next chapter.

Chapter Five Discussion

5.1 Chapter Overview

This chapter merges the key findings, as presented in the previous chapter, to discuss the pertinent issues regarding the educational psychologist (EP) and their use of therapeutic intervention with children and young people in the Irish context. Findings are evaluated from a theoretical point of view and in light of previous research in the area. The discussion centres around the research questions in this study:

1. How is interpretation of therapeutic intervention influenced by personal beliefs and training?
2. Does service policy impact on an EP's ability to use therapeutic intervention(s)?
3. What enables/supports or hinders the use of therapeutic intervention in Irish school psychology services?

The chapter commences with a discussion of therapeutic intervention use by EPs in Ireland. This is followed by an evaluation of the findings which emerged from the three research questions.

5.2 The Irish EP's Use of Therapeutic Intervention

In this section, characteristics of the research sample are evaluated. A discussion of the EP's delivery of therapeutic intervention among other work activities follows this. The comprehensive and flexible delivery of therapeutic intervention by Irish EPs is then explored. This section concludes by examining the manner in which training may support EPs who possess a personal interest in the area of therapeutic practice.

5.2.1 Characteristics of the research sample. For the most part, the sample used in this research consisted mostly of female EPs (75%), who were on average 45 years of age, with a training background in the area of educational psychology (75%), working in the largest service (78%) and with greater than 15-years' experience (35%) in the role. This means that the conclusions drawn, and related recommendations made, will bear a great deal of significance for EPs working in the largest service, with an interest in the area of therapeutic intervention.

5.2.2 Delivery of therapeutic intervention among other activities. In the questionnaire as part of this research, EPs were asked to provide a percentage of time

per given area as part of their role, including intervention practice, equating in total to one hundred percent. One point of criticism which must be considered when interpreting the following findings is that it was not completely possible to ascertain whether EPs were referring to general intervention work in their responses, or specifically commenting on their use of therapeutic intervention. Intervention is a broad term, referring to different activities and support provided by EPs at each point of the "continuum of support". It ranges from universal, school-wide support at tier one, to targeted group support for identified student populations at tier two, to support for specific cases (i.e. individualised support) at tier three. Nonetheless, having spent 120 days on placement in one of the services partaking in this research, I understand that all intervention work may be considered "therapeutic" in nature. An example of this is illustrated in my joint facilitation of a social-skills group programme in a primary school setting which was developed for the benefit of enhancing student well-being. Whether this interpretation of intervention is the same across services is unclear.

The finding that 24 (75%) EPs used therapeutic intervention in the last two years denotes an understanding that it is or can be part of the EP's role. In this research, EPs were also requested to provide the percentage of time they engaged in various work activities as part of their role, including assessment, intervention (in general), consultation, training and research work. Interestingly, intervention did not feature very highly. Instead, assessment and consultation work were found to pre-dominate the EP's role. Findings showed that EPs were spending the majority of their time undertaking assessment work (34% on average), although this varied from 0-75%, followed closely by consultation work (27% on average), which varied from 0-70%. EPs delivered interventions almost 15% of their time on average, less than half of the time they were engaged in assessment work. Overall, the findings support the literature in that assessment, consultation and intervention comprise the main role of the SP (Fagan & Sachs-Wise, 1994). In essence, this research shows that little has changed in the priorities of the EP over a period of 25 years. Nonetheless, and as the findings from this research have demonstrated, EPs are engaging in limited amounts of intervention work, including therapeutic work, in comparison to other work activities. According to the literature, EPs in Ireland lack the capacity to undertake individualised intervention of a therapeutic nature due to a lack of time, large caseloads and the intensity that such intervention work requires (Hoyne & Cunningham, 2018). A further 25% (eight) of EPs in this research revealed that they did not engage in intervention work as part of their

role. This raises the issue of whether EPs may be precluded from engaging in intervention, including therapeutic work, due to other work commitments including statutory assessment work (Atkinson et al., 2011).

These results also spark the question regarding the EP's personal interest in therapeutic intervention. In the literature, it was found that a personal desire and a preference to use therapeutic intervention represent important personal facilitators in the SP's provision of therapeutic support (Suldo et al., 2010). Indeed, a level of variance regarding the area of intervention suggested the possibility that some EPs may be engaged in significant amounts of intervention work, and anything up to 70% of their role. However, investigating the statistics further, it was established that a low percentage of EPs engage in large amounts of intervention. For example, 6% (two) of EPs engage in intervention work 70% of their time. It can be concluded from this that, broadly speaking, EPs are engaging in intervention, yet certainly not to the same extent that they engage in other work activities as part of their role. Unfortunately, there is no data in the Irish context to show if this finding represents a change in the role of the Irish EP with regard to their delivery of intervention work.

Of most significance here, is the fact that the main role of the EP has remained relatively unchanged over 25 years, despite an increased interest in other work areas including therapeutic intervention (Mackay, 2007). A rise in the mental health difficulties of school-going children (Kutcher & McLuckie, 2009; Merikangas et al., 2010; Trussell, 2008) and the strong evidence base for psychological therapy work (MacKay, 2007) are reasons for growing demands on therapeutic work internationally. Undoubtedly, the assessment model of work appeared to have a major influence on the role of the EP in schools, a finding echoed consistently throughout this research. However, recently revised models of special education teaching and access to Inclusion Support Assistants (ISAs) for students with additional needs, equates with the potential of increased school psychology time to engage in therapeutic intervention. As part of the new resource model, resources will be provided for students in line with their needs, and without the requirement of a diagnosis of disability (DES, 2017a; DES, 2017b). This includes access to ISA support for students with additional needs. With this, the new school inclusion model recommends that in-school therapy support, including that from EPs, will provide intervention for students with complex educational needs, including those of an emotional and behavioural nature (DES, 2019). Similar to the training and support that EPs provide to teachers and parents through the *Incredible*

Years (*IY*) and *FRIENDS for Life* (*FFL*) programmes, the Irish EP will now be provided with the opportunity to develop their therapeutic role in the school context, and possibly at an individualised level also.

This piece of research was undertaken on the cusp of major policy change in Ireland, with regard to support for children and young people with additional needs. Policy change includes the revised model of special education teaching (DES, 2017a; DES, 2017b) and the school inclusion model (DES, 2019), both which have removed the requirement of a formal diagnosis in order for students to access relevant support. Thus, the findings may be very different in a few years time as these models of practice come into effect in Irish schools and as the demand of assessment work by EPs potentially decreases. Nonetheless, while policy carves out a positive future for EPs with regard to their therapeutic practice, the findings from this research highlight the fact that the current role of EPs in Irish schools remains one that is largely concerned with assessment.

5.2.3 Types of Therapeutic Intervention, Stakeholders and Manners in which EPs Use Therapeutic Intervention. The following refers to the finding from the chi-square analysis. To summarise, Cognitive Behavioural Therapy (CBT) was commonly used with secondary-school students and staff through individualised and systemic-work. Motivational Interviewing (MI) was generally used with secondary-school students through client-centred consultation and systemic-work with school staff. Solution Focused Brief Therapy (SFBT) was most often used with Youthreach students on an individualised manner and Systemic psychotherapy was generally used in Youthreach centres with students. Therapeutic support was frequently delivered to primary-school students through individualised work or assessment, to secondary-school students through individualised work or through client-centred consultation with school staff, to parents through assessment and to school staff through assessment and systemic-work. Additionally, EPs in the largest service referred to their use of *FFL, IY* and *Positive Psychology* while EPs in the smaller services mentioned their use of *Acceptance and Commitment Therapy (ACT)* and *Human Rogerian therapy*.

CBT, MI, SFBT and systemic psychotherapy featured as popularly used therapies by the EPs partaking in this research. This resonates with previous research where CBT (Greig, 2007; Squires, 2010), MI (Atkinson & Woods, 2003) and SFBT (Young & Holdore, 2003) were among commonly used psychotherapeutic approaches

by EPs. CBT is increasingly used in psychological services partly due to its evidence-base, highlighting it effectiveness with children and adolescents (MacKay, 2006). Equally, SFBT can be flexibly used by EPs in psychological services when engaging in therapeutic work (Atkinson et al., 2011). Five EPs equally made reference to their use of additional therapeutic interventions from those listed in the questionnaire. This demonstrates the EP's capacity to use a range of therapies, viewing them as an integral part of their therapeutic work. One such therapy included the *FFL* programme. The *FFL* programme consists of a CBT focus and may be implemented as part of the school's social personal and health education (SPHE) curriculum (Ruttledge et al., 2016). In primary schools, the programme teaches students to identify distress, learn to relax, identify and change unhelpful thoughts, resolve everyday conflicts and extend their personal successes through a range of activities including active role-play and group work (Stallard, Simpson, Anderson, & Goddard, 2008). Overall, while EPs may not be delivering CBT as a therapeutic intervention on its own, their use of it as part of the *FFL* programme represents an important example of therapeutic practice for Irish EPs and one that is endorsed by the given service provider. This experience of therapeutic work also has the potential to build the EP's confidence in the area and perhaps, evoke their interest in further professional development in therapeutic practice.

Interestingly, a number of interventions appear not to be commonly used by EPs in therapeutic practice including Family Therapy, Narrative Therapy and Therapeutic Stories while Video Interactive Guidance (VIG) was not used at all by EPs participating in this research. This may be because these interventions are considered specialist by EPs, requiring such training and which can only be used with specific populations of students on an individual level. While Hoyne and Cunningham (2018) elude to the difficulty in accessing CPD training on less commonly used therapeutic interventions, the authors equally raise the point that individual therapeutic work is generally intensive on the EP's time where a value for time and money in services results in such work being short-term only. Nonetheless mental health difficulties in children and young people fall across a continuum where a tiered approach to therapeutic practice is essential in meeting such needs, including intervention work of an individualised nature.

The comprehensive and flexible delivery of therapeutic support by Irish EPs with various stakeholders, including children and young people, highlights a level of skill and confidence in the area. EPs engaged in therapeutic practice in secondary schools with students and staff, as well as with students in Youthreach centres. They

generally provided therapeutic support through a systemic work and client-centred consultation manner with staff. In primary schools, therapeutic support was delivered through individualised intervention and assessment while in secondary schools it was delivered through a mixture of individualised intervention and client-centred consultation. Overall, these findings are similar to those of EPs working in the Scottish context, where direct work with students and schools and indirect support to parents featured highly as means by which EPs engaged in therapeutic practice (Greig et al., 2019). Equally, these findings agree with other international literature which found that therapeutic approaches are delivered by EPs through a range of activities, including direct therapeutic work with children and young people, group work, assessment, consultation, work through other stakeholders and systemic work (Atkinson et al., 2012).

Assessment and consultation work with students, staff and parents appeared to be a common thread in the findings. While it remains unclear as to the nature of such work, where a follow-up interview with EPs would have assisted in exploring these findings further, it appears that assessment and consultation are tools by which EPs engaged in therapeutic practice. Therapeutic work also involves supporting those who work with children on a daily basis (MacKay & Greig, 2007). A consultation is a forum for change through purposeful conversation (Dickinson, 2000) whereby assessment may be part of the consultation process and consultation is an essential part of assessment (NEPS, 2016). EPs used assessment with parents and school staff as a means of equipping them with skills and strategies in promoting student change. Equally, it is possible that stand-alone assessment and consultation sessions represent a tool for EPs to have an intentional therapeutic interaction with parents or teachers, which is based on the identified needs of the given student (Children Acts Advisory Board, 2009). Similarly, EPs use assessment and consultation sessions with students to determine their own view of their difficulties in need of change. Once again, an intentional interaction with an expectation of achieving a positive outcome for the student is relevant here (Children Acts Advisory Board, 2009). The promotion of student engagement in the process through the development of a therapeutic relationship may be achieved in the EP's use of key therapeutic skills such as empathy (BPS, 2016).

In comparison to a therapeutic intervention which involves a structured piece of intervention work and which is implemented over a number of sessions and evaluated carefully, consultation including client-centred consultation and assessment with key

stakeholders (e.g. parents and teachers) and students represent important therapeutic tools for the EP. In one-off sessions, EPs assist students gain an understanding of their difficulties, support parents and teachers make behavioural changes in promoting student change, equip them with specific skills to support such change where EP interactions may be considered therapeutic in nature with the intention of making a difference. This is an important finding in assisting EPs to challenge the notion that their capacity to deliver therapeutic intervention is underpinned by many factors, and most significantly, the EP's lack of time and that fact that other demands are placed upon them by their service. In the literature, the issue of time constraints was a notable barrier to the EP's provision of therapeutic services (Greig et al., 2019). Indeed, these findings represent a very encouraging finding for EPs who possess a personal interest in therapeutic work, in that such practice is currently being undertaken by Irish EPs. Positive implications for the EP's sense of self-efficacy, regarding their use of therapeutic intervention are pertinent here. Limited therapeutic practice brings important implications for the SP's confidence to provide such services (Suldo et al., 2010). The point here is that therapeutic work may be effectively delivered through a variety of means, suitable to the EP and the given stakeholder. Certainly, this variety of means should be viewed by practitioners as an enabler to their use of therapeutic intervention.

5.2.4 Training as a way of supporting the EP's personal interest in therapeutic practice. A promising finding is that EPs were engaged in training work activities as part of their role, on average 12% of their time and with a range of 0-25%. The level of dissatisfaction regarding the initial training received in the area of therapeutic intervention was well expressed by some EPs in this research. Related implications for the EP's interpretation and use of therapeutic intervention were equally mentioned by EPs. Inadequate training was also reported by Atkinson et al. (2014). It was an interfering factor with the EP's therapeutic skill development (*ibid).* Interestingly, training may be used as an opportunity to update the EP's knowledge and skill in the area of therapeutic intervention, with positive implications for their related practice. In drawing correlations with the literature, whole-service training was cited as a form of continuing professional development (CPD) support with the benefit that colleagues could support each other in their therapeutic skill development (Atkinson et al., 2013). Related to this is the fact that in this research, three EPs with greater than 15-years' experience stated that they spend a percentage of time providing support and supervision to other EPs. The point here is that such support and supervision could

potentially be offered by senior EPs to beginning EPs who possess an interest in the area of therapeutic intervention. Nonetheless, senior EPs will require confidence in therapeutic intervention in order to mentor beginning EPs. In this research, some senior EPs claimed that therapeutic practice was more a role for specialist psychologists such as counsellors.

In conclusion, the finding that 24 (75%) sampled EPs engaged in therapeutic practice over the last two years as part of their role is a misleading one. EPs were found to engage in intervention work almost 15% of the time on average. Instead, assessment and consultation work have pre-dominated the EP's practice, in line with service models of practice. Nonetheless, the recently revised models of special education teaching and additional support for students with a range of difficulties holds great promise regarding the future role of the EP as a therapeutic provider in Irish educational contexts. Encouragingly, CBT, MI, SFBT and systemic psychotherapy were among the most commonly used therapeutic interventions with students, school staff and parents. EPs delivered therapeutic interventions through various means including individualised support, assessment, client-centred consultation and systemic work. While such findings firmly establish the Irish EP's use of therapeutic intervention, a number of important factors serve as significant influences on their ability to work in the area.

5.3 Discussion of Key Findings

The following section refers to the findings from the thematic analysis which yielded four key themes in relation to two open-ended questions**.**

5.3.1 How is interpretation of therapeutic intervention influenced by personal beliefs and training? The EP's *value of therapeutic intervention* and their *personal confidence in interpretation and use of therapeutic intervention* emerged as key themes in relation to the EP's perceptions of therapeutic intervention.

5.3.1.1 Value of therapeutic intervention. This research highlights the EP's high regard for the use of therapeutic intervention, irrespective of their level of professional experience. While participants from all three services value therapeutic intervention, EPs from the largest service demonstrated a particularly high regard for their work in the area. A clear correlation was established between the EP's personal perceptions of therapeutic intervention and the value they placed on such work.

Theoretically the concept of values is imperative here. Values bring important implications for the individual's behaviour as they reflect the individual's perception of what is useful (Schunk, 2012). In essence, the EP's value of therapeutic intervention may be an important determinant for their delivery of it, where their perceptions of the area drive their value for it.

The role of initial training in instilling a sense of value of therapeutic intervention was regarded by EPs across services as a critical factor. Interestingly, only the smaller services reported on their core values of therapeutic intervention, as instilled in them from their original professional training. Perhaps, this finding reflects the fact that EPs in the largest service felt that they received inadequate training in the area. Equally, the influence of the EP's therapeutic practice on their value of work in the area was documented in the research. Practice was positively viewed by EPs working in the smaller services whereas some EPs in the largest service, with the greatest level of experience in the EP role appeared to be least enthusiastic about therapeutic practice. Equally, one EP in the largest service shared an interesting perspective on therapeutic work. More specifically, practice taught them that therapeutic intervention was undertaken by certain psychologists only, such as clinical and counselling psychologists, whereas their original training instilled in them the belief that such work may be undertaken by psychologists from all backgrounds. Consequently, some EPs from the largest service may hold the belief that they cannot practice work of a therapeutic nature, wholly contrasting with their sense of value for the area. Perhaps this perception relates to service ethos. Historically, EPs in the largest service would have worked in the area of social and emotional competence, including mental health, at a broader level whereas the smaller services hold extensive experience of providing assessment and therapeutic intervention for students at all levels of the continuum including through preventative work. Therefore, EPs in the smaller services may be culturally better geared for therapeutic work. This is an important finding as old beliefs arising from an individual's experience, play an important role on their future behaviour (Wubbels, 1992). Interestingly, this EP had trained in the area of educational psychology and reported limited experience in the EP role, inferring that they recently trained in the area. A convincing finding from this is the fact that professional training in educational psychology is now emphasising the role of the EP as a therapeutic provider. Doctoral training in educational psychology in Ireland currently stipulates that trainee educational psychologists (TEPs) engage in supervised, preventative and

therapeutic work with children and young people in support of their well-being (PSI, 2017). On a contradictory note, this EP had engaged in intervention work 15% of their time, including therapeutic practice over the last two years. Similarly, 24 (75%) EPs in this research reported using therapeutic intervention over the last two years. Overall, it can be concluded here that many EPs value therapeutic intervention and are in fact practicing it. At the same time there is the fear that a perceived inability to work in the area may shift their perceptions and value of therapeutic work, leading them to abandon the area. Nonetheless, collaborative work with other psychologists and CPD access were found to be protective factors for many EPs regarding the value that they hold for therapeutic work. This may be because it increases their confidence in the area of therapeutic intervention. Peer support was also viewed as a facilitating form of support in the literature (Atkinson et al., 2013) where collaborative work with peers was suggested as a way of availing of such support (Atkinson et al., 2014). Value of therapeutic intervention failed to emerge as a significant theme in previous research. Thus, this finding enriches the literature with regard to the significance of EPs having a value of therapeutic work, with related implications for their therapeutic service delivery.

5.3.1.2 Confidence in the interpretation and use of therapeutic intervention. EPs across services displayed a general confidence concerning their interpretation and related ability to engage in therapeutic work. At the same time, various factors attributed to a lack of confidence in the area. Training plays a major role in how confident EPs feel to work in the area of therapeutic practice. EPs, particularly those working in the largest service, indicated their dissatisfaction with the quality and level of training provided to them in the area of therapeutic intervention, irrespective of whether they completed a doctorate or master's programme. This finding supports previous research conducted on Irish EPs and their training in the area of therapeutic intervention. The initial training of Irish EPs in therapeutic practice was described as inadequate for their therapeutic needs, where access to CPD support was considered important (Hoyne & Cunningham, 2018). However, in other literature, training accreditation status was found to positively influence the SP's perceptions of training adequacy (Hicks et al., 2014). Equally, doctorate students reported a higher familiarity with and use of intervention in comparison to non-doctorate students (*ibid*). The findings from this research are in direct contrast to this, where the quality and level of professional training received by EPs failed to significantly or positively influence their

sense of confidence regarding their interpretation and use of therapeutic intervention. However, the level of professional training as received by individual EPs in this research was unknown. Nonetheless, one EP reported their training at doctorate level. Certainly, it sparks the question of whether doctorate students possess a higher-level understanding and use of therapeutic intervention, given their skilled ability to learn from academic papers published on the area and given their work in a greater variety of settings where they are more likely exposed to therapeutic intervention in their practice or whether learning arises from the practical implementation of therapeutic intervention, irrespective of the level of professional qualification.

Inadequate training brings important implications for the EP's sense of confidence to work in the area of therapeutic intervention. Self-efficacy is likely to influence the EP's motivation and future practice of therapeutic intervention (Bandura, 1982; Bandura, 1986). Evidently, initial professional training in the area of therapeutic intervention is an important pre-requisite for Irish EPs to develop a confident interpretation of such work, with related implications for their therapy practice. As mentioned, current doctoral level training of EPs in Ireland encompasses supervised professional experience in child psychology settings where TEPs provide therapeutic intervention to children and young people. Training is complimented academically where input and role-play opportunities are provided to students on a variety of therapeutic interventions including CBT, Dialectical Behaviour Therapy (DBT), SFBT, MI, Personal Construct Psychology (PCP), ACT, mindfulness, play therapy and sand therapy. In comparison, doctoral training in clinical and counselling psychology encompasses skills training across a broad range of therapeutic interventions including psychodynamic, humanistic and schema theory as well as counselling psychology and systemic psychotherapy. Equally, trainee psychologists on clinical and counselling psychology programmes are required to undertake personal development work (a minimum of 12 sessions) across the three years of training, in promoting self-reflection as a key part of the psychologist's role. Certainly, a degree of confidence may be found in the fact that future trained Irish EPs will indeed hold a level of skill in offering therapeutic intervention to children and young people. Such experience will equip EPs with the appropriate knowledge and skills in the implementation of therapeutic intervention, transferable to their work in school psychology settings, including schools. Nonetheless, academic input and supervised practice does not sufficiently prepare TEPs for therapeutic practice. As doctorate programmes in educational psychology evolve in

Ireland, child psychology placements will play a major role in informing academic content relevant to practice. Equally, continued access to clinical supervision and opportunities for CPD is required to competently prepare EPs to engage in therapeutic practice. Additionally, therapeutically-minded services where EPs are encouraged and supported to engage in such work is important. According to the findings of this research, the two smaller services in comparison to the largest service felt supported and autonomous in their role as therapeutic providers.

Domain of expertise was another area where some EPs in the largest service were firmly divided in opinion. On one hand, some EPs failed to consider therapy as an area within their remit of expertise, claiming that EPs should endeavour to work within their level of clinical competence and experience. Another set of EPs regarded themselves as well capable of delivering therapeutic intervention, calling on support in the area including the provision of training. Again, these findings add significantly to the literature base, whereby Irish EPs differ in whether they regard therapeutic practice as within their expertise. While uncertainty among EPs regarding their role in therapeutic practice was a gap in the literature, a recent Irish study found that EPs did in fact express their own lack of clarity concerning their role in therapeutic practice in line with the given service policy (Hoyne & Cunningham, 2018). Role ambiguity has emerged as a significant theme in the literature concerning the way other professionals perceive the EP as a therapeutic provider. Previous research concerning the EP's capacity to deliver therapeutic intervention is largely of a negative standing. For example, many health professionals lack awareness into the EP's capacity to deliver therapeutic interventions (Atkinson et al., 2014). Nonetheless, Irish EPs are engaging in therapeutic work. This research evidenced the EP's delivery of various types of therapeutic interventions with different stakeholders and through different means.

In conclusion, a number of professional and personal requirements to successfully engage in therapeutic practice were recommended in this research. Practice under supervision and the completion of additional training was specifically highlighted by EPs. The significance of further training was referenced in the literature also. Post-graduate training was regarded as important in enabling the SP to develop their therapeutic competence (Perfect & Morris, 2011). International findings also note the importance of sufficient academic training in developing the SP's confidence and therapeutic skill development (Suldo et al., 2010), so that they are effective in using

therapeutic intervention appropriately in different formats and with different stakeholders. This research also highlighted the importance of possessing a personal interest in the area of therapeutic intervention. EPs regard it as an important personal factor for engaging in therapeutic work. The findings concur with the literature (Suldo et al., 2010). In extending this sentiment further, personal interest in therapy enabled EPs to prioritise the use of therapeutic intervention with children and young people, through various means including service delivery during the EP's personal time (Atkinson et al., 2014). In previous Irish research, a degree of flexibility provided EPs with the opportunity to prioritise their time and use of therapeutic intervention if they so wished (Hoyne & Cunningham, 2018). From this point of view, the findings suggest that EPs with a personal interest in therapeutic work need to engage in such services in order for the relevant stakeholders to become aware of it, further promoting the EP's work in the area.

5.3.2. Does service policy impact on an EP's ability to use therapeutic intervention(s)? The importance of *autonomy in using therapeutic intervention* and *support in using therapeutic intervention* were identified themes in relation to the impact of service policy on an EP's ability to use therapeutic intervention.

5.3.2. 1 Autonomy in using therapeutic intervention. Autonomy was a theme to emerge regarding the EP's ability to deliver therapeutic intervention. Perceptions in this regard greatly differed between the largest service and the two smaller services, with the former service describing positive examples of autonomy in their therapeutic work. The notable brevity throughout some of the EPs' comments in the largest service worked well in illustrating the lack of autonomy that some EPs experience. EPs in the largest service emphasised their sense of uncertainty regarding their role in therapeutic practice, sometimes viewing it as that of HSE services. Related to this was their fear of related work demands. Internationally, the EP's recognition of the distinctive skills and knowledge that CAMHS brings to therapeutic delivery, a service providing therapeutic support for acute mental health difficulties, has prompted them to make referrals for children and young people (Greig et al., 2019). Nonetheless, findings from a recently published HSE (2017) report describe staffing decreases and the admission of children to acute adult inpatient units as having a detrimental impact on the delivery of effective mental health services for children and young people.

In Ireland, a number of psychology services provide therapeutic intervention to children and young people. Jigsaw, for example provides a national early-intervention service for young people aged 12-25 years presenting with mild-moderate mental health difficulties. Situated in 13 communities, the service is goal and person-focused, offering eight sessions including assessment for a variety of difficulties including anxiety, low mood, anger, stress and isolation. Community psychology, as part of the HSE service, offers therapeutic intervention for children and young people 0-18 years, presenting with a range of mild mental health difficulties including anxiety, relationship difficulties and trauma. The service provides individual and group support for clients as well as parenting interventions in addressing a range of concerns. In the United Kingdom (UK), funding has ensured that schools have greater autonomy to commission therapeutic support to students which best meets their individual needs (BPS, 2016). While some schools employ private counsellors and therapists, others buy in support from direct service providers. Nonetheless, funding difficulties, limited options available to schools alongside a potential lack of expertise in providing such services may lead to poor decisions and outcomes for students (*ibid*). EPs have an early intervention role to play in schools, in the prevention of more acute mental health difficulties, leading to CAMHS referrals. While EPs are believed to be professionals most thoroughly embedded within the education system (MacKay, 2006), they possess experience of systemic work with schools and families and bring an understanding to psychological therapy that human behaviour is complex where the environment plays a role in maintaining difficulties as well as in supporting good mental health. In 2018, the Department of Education and Skills (DES) produced the latest circular in support of student well-being promotion. Building on existing practice in the area, the circular recommends that teachers work alongside external facilitators in achieving a holistic approach to student well-being. In Ireland, the work of school psychology services (SPSs) aligns closely with DES directives in bringing policies into practice. Through collaborative work with schools, EPs are in a prime position to enhance their understanding into the development of emotional and behavioural difficulties within a school context, arguing their place in preventative practice above other types of psychology and indeed other service providers of therapeutic intervention and support (Atkinson et al., 2011).

A potential correlation between the EP's sense of uncertainty and the predominance of assessment work in schools was also indicated in this research. The mediating factor of value of therapeutic intervention as held by different stakeholders is critical here and specifically the value of therapeutic practice as held by schools. While an assessment model of practice may predict the lack of value placed on therapeutic intervention by schools, an example of positive feedback was provided in this research where group therapeutic intervention was well received by schools. This finding was also echoed in the literature where many schools value expertise offered by EPs in the area of mental health intervention (Greig et al., 2019). Once again, this finding highlights that EPs interested in therapeutic practice need to offer such services and in doing so, increase the value placed on it by stakeholders, including schools. With this, schools have an important role to play in the implementation of therapeutic intervention. Through the early recognition of mental health difficulties (Atkinson et al. 2011; DfEE, 2001), teachers are competently placed to respond to such concerns in a sensitive manner, according to circulars *0042/2018* and *0043/2018* (DES, 2018). The "*Guidelines for Mental Health Promotion and Suicide Prevention: Well-being in post primary schools*" (NEPS et al., 2013) and "*Guidelines for Mental Health Promotion: Well-being in primary schools*" (NEPS et al., 2015) equally encourage a whole-school approach to mental health awareness and student well-being, at tier one and two of a staged approach to intervention. Well-being education through the school curriculum comprises one important feature of the health promoting school (HPS), an important element of these guidelines. Such initiatives highlight the role of teachers and schools in the prevention of student mental health difficulties and through a tiered system of support. A tiered-approach also indicates an early intervention role for the EP in therapeutic practice. The EP's provision of training and support to schools in the implementation of early intervention programmes, such as *FFL* and the *Get-Up Stand - Up (GUSU)* programme are deemed preventative, yet therapeutic in nature for the child or young person. The *GUSU* programme is a targeted intervention at tier two, for an identified population of young adolescents deemed to be at risk of social isolation (NEPS, 2017). There is an emphasis on assisting these students to develop social awareness and interpersonal skills in the formation and maintenance of friendships as well as in the development of the student's ability to prevent, manage and resolve interpersonal conflicts (*ibid*).

The role of service ethos was also established as a crucial determinant of the EP's engagement in therapeutic practice by all services in this research. This sub-theme has not emerged as a significant one in the literature to date, highlighting an important gap. Service ethos was a negative theme for some EPs working in the largest service, where EPs felt that the service did not support or encourage their interest in the area of therapeutic practice. In previous Irish literature on SPSs, individualised therapeutic work by EPs was reported as generally short-term only due to its intensive nature (Hoyne & Cunningham, 2018). Interestingly, a model of service closely relates to the ethos that a service holds for different work activities. Various types of service models were referred to by EPs, all of which constitute indirect support to children and young people, with little direct contact in the form of individualised intervention. Again, the factors of service ethos and model of service pose important implications for the EP's self-determination to deliver therapeutic intervention and especially of an individualised nature. Autonomy represents one of three inherent psychological needs in achieving a sense of self-determination (Deci & Ryan, 2000). It is the need to be an initiator over one's behaviour (Porter, 2006). Nonetheless, at a preventative level, EPs in the largest service are trained in the *FFL* and *IY* programmes which consist of group intervention for children and young people in the promotion of their mental health and overall emotional resilience. Equally, on a positive note, the EP's personal value of therapeutic practice stands as a crucial enabler for those working in the largest service. EPs in this research hold a strong value of therapeutic work and believe they are well capable of delivering it, whereas it appears that services do not value the EP's engagement in therapeutic work sometimes. Irrespective of the service's value of therapeutic intervention, they need to provide greater autonomy to EPs to work in the area, increasing the stakeholder's value of it.

5.3.2.2 Support in using therapeutic intervention. Obstacles in providing therapeutic support to children and young people were quite apparent in this research. Model of service is one such obstacle. As discussed previously, model of service did not appear in previous research as a significant theme regarding the EP's ability to use therapeutic intervention. This finding is important, in establishing the impact of service model on the EP's use of therapeutic intervention.

The demands placed upon EPs to engage in other areas of psychological work, which led to a lack of time and opportunity to engage in therapeutic service delivery, was another feature of this research. Similarly, Atkinson et al. (2014) highlighted difficulty in finding opportunities to practice therapeutic intervention while Atkinson et al. (2011) referred to the prioritisation of SEN work demands on EPs. Proposed solutions in the findings of this research include the suggestion that departmental agreement is required for EPs to engage in therapeutic work, despite their obligation to engage in other work, as set out by their service model. Certainly the recently revised model of teaching resources to schools (DES, 2017a; DES, 2017b) and the school inclusion model (DES, 2019) bear important implications for the future role of EPs. A reduction in assessment work alongside the need for increased intervention in schools for students with additional needs supports the view of increased school psychology time to deliver therapeutic intervention. The ability of EPs to work in an individualised manner was also alluded to in this research, highlighting their desire to work directly with children and young people. However, the challenges of providing direct interventions to young people at intensive levels have been noted in the literature, such as a limited scope to deliver therapeutic intervention beyond a minority of students (Shernoff et al., 2017). The authors propose alternatives such as the delivery of therapeutic support in the form of consultation and at different levels, including with parents and school staff. While serving a preventative function (Shernoff et al., 2017), this solution may also satisfy Irish EPs and their need to engage in such work at a meaningful level. According to the findings from this piece of research, EPs engage in consultation practice, on average, 27% of the time. Equally, EPs in this research were found to use client-centred consultation as a means of delivering therapeutic support to secondary-school staff. This certainly supports the potential for Irish EPs to include therapeutic work as part of their consultation role.

The impact of a lack of resources to engage in therapeutic work was highlighted by some EPs in the largest service. The implications of this may be seen in different respects, including one EP's inability to provide an individualised CBT intervention due to the time involved and resources required. CBT, including its use through the *FFL* programme, was a commonly used therapeutic intervention by EPs in this research. It was employed with students and staff in secondary schools and through individualised and systemic work manners. With regard to *FFL*, EPs are trained in the programme and are provided with the necessary physical resources to run the programme. In this

instance, perhaps, a lack of resources may refer to physical space in schools and the time it takes to run CBT as an individualised intervention approach with students. However, the above finding also raises the question of whether EPs in fact regard the *FFL* programme as an example of therapeutic intervention. A follow-up study in the form of an interview with EPs would be interesting in this regard. Undoubtedly, resources are required in order for Irish EPs to engage in therapeutic practice. Resources for therapeutic practice failed to emerge as a significant theme in the literature to date, again highlighting the significance of resources in the EP's practice of therapeutic intervention.

In conclusion, four themes were identified regarding the EP's interpretation of and ability to use therapeutic intervention. These included value placed on therapeutic intervention, confidence in the interpretation and use of therapeutic intervention, autonomy in using therapeutic intervention and support in using therapeutic intervention. In general, EPs from the largest service seemed to possess a stronger personal value of therapeutic practice than those in the smaller services. Nonetheless, for some, a disparity between their original training, which positively outlined their use of therapeutic intervention and their practice of therapeutic intervention, which did not favour their use of such work, bears important implications for their value of therapeutic intervention. A general sense of confidence was notable in the research regarding the EP's interpretation of therapeutic intervention as well as their ability to work in the area. Nevertheless, many obstacles including inadequate training negatively impact on the EP in this regard. Differences of opinion with regard to working within one's domain of expertise were equally highlighted by some EPs working in the largest service. Interestingly, those with the greatest level of EP experience viewed therapy work as within the remit of other psychologists including counsellors. Training implications are evident here.

The role of service ethos regarding the EP's autonomy to use therapeutic intervention was a noteworthy finding in the research. Some EPs working in the largest service and with the greatest level of experience aptly displayed their lack of certainty and related autonomy with regard to therapeutic practice. However, the EP's personal value of therapeutic intervention was found to play an important role here, in a positive sense. A lack of resources to engage in therapeutic work was noted by some EPs in the largest service, concerning the theme of support. The EP's difficulty accessing time to

deliver therapeutic interventions in line with the model of service was also highlighted across all services.

5.3.3 What enables/supports or hinders the use of therapeutic intervention in Irish school psychology services? In this section, the findings from the cluster analysis are examined which relate to the most important facilitators and barriers to the EP's use of therapeutic intervention with children and young people. The division of facilitators and barriers into systemic and personal cluster groupings is also examined, along with service differences.

Important facilitators to the EP's use of therapeutic intervention included training, CPD, supervision, stakeholders' value and service ethos. Important barriers included training, service ethos, service capacity and stakeholders' priorities. This section includes a discussion of such factors where comparisons are drawn with the EPs' qualitative feedback as well as the overall literature base. Of interest is the fact that a number of facilitators and barriers failed to emerge as significant factors to the EP's delivery of therapeutic work, yet constituted sub-themes and main themes as part the EPs' feedback. This observation leads the researcher to conclude that it was important to have provided EPs with an opportunity to write a commentary regarding the given area of interest. Overall, the findings largely support previous research in the area while some findings are notably specific to the Irish context.

5.3.3.1 Facilitators. The important systemic facilitators of training, supervision and CPD support reflect the EPs' comments. Training, supervision and CPD support were portrayed in a positive sense in the literature also. This finding strongly reinforces the importance of systemic support for the EP's therapeutic delivery. Firstly, EPs in this research remarked that additional training and supervision are important professional requirements in increasing their capacity to engage in therapeutic work, with implications for their related confidence in the area. In the literature, peer supervision, for example, was welcomed in the Hoyne and Cunningham (2018) study, where it represented a suitable alternative when more formal supervision was unavailable (Squires & Dunsmuir, 2011). Equally, experienced and specialist supervision was associated with ethical and skill development in relation to the EP's use of therapeutic intervention (Atkinson et al., 2011; Squires & Dunsmuir, 2011). Together these findings suggest that various forms of supervision are required in order for EPs to successfully practice therapeutically. Secondly, access to CPD was found to positively influence the

value that EPs placed on therapeutic work in this research. Whole-service training has been viewed as a cost-effective way for EPs to access such support where peers can support each other (Atkinson et al., 2013). Once again, peer support appears to be a critical form of support in the EP's therapeutic development, perhaps given its accessible nature. In all services, EPs agree that supervision and CPD support represent important systemic facilitators of therapeutic practice. Overall, these finding highlight the potential of systemic influence on the Irish EP's therapeutic skill development.

The role of service ethos was viewed as an important personal facilitator to the EP's therapeutic practice. Facilitative and non-facilitative examples of service ethos were provided by EPs in this regard, depending on the service they worked in. The significance of service ethos was highlighted in the fact that sometimes, it did not support EPs in the largest service to practice therapeutic intervention, but obliged them to follow service procedures. Perhaps, service ethos in the largest services does not hold a high regard for the EP's provision of therapeutic services. In this sense, this finding relates to the literature where a value for time cannot be found in the EP's individualised therapeutic work due to its intensive nature and time involved (Hoyne & Cunningham, 2018). Interestingly, the value of therapeutic intervention work was another important personal facilitator to the EP's work. Value was an emerging theme in the EPs' commentary also where EPs from all three services were found to hold a high regard for therapeutic intervention, thereby valuing such work. By contrast, an assessment model of practice in schools appeared to guide the school's value, regarding the role of the EP. Once again, here we see the impact of the assessment model on the role of the EP and specifically on their inability to use therapeutic intervention in schools. A social-political context has significantly influenced the role of EPs (Fallon et al., 2010; Stobie, 2002) where several survey studies have found that SPs spend the majority of their time working in the area of special education eligibility (Hosp & Reschly, 2002; Jimerson & Oakland, 2007; Lewis et al., 2008). Perceptions of this role have greatly varied where it has been highly valued by professionals including teachers (Passenger, 2013) yet disregarded by EPs themselves, possibly as such work associates the EP as an assessor and as a gatekeeper of resources (*ibid*). Certainly, a follow-up study in Ireland would be an interesting undertaking in a few years, given the introduction of recent policy changes in relation to resource allocation in schools.

Personal interest in therapeutic work was not an important personal facilitator in the EP's use of therapy. However some EPs felt strongly about it in their feedback and

recommended it as a personal requirement to therapeutic delivery. It may be concluded from this that EPs regard personal desire as important when delivering therapeutic intervention, yet possibly fail to see its significance when considering it among a wide range of facilitating factors. Perhaps the act of ranking factors may be prescriptive in nature, precluding EPs from sharing or expanding on personal views. It contradicts previous literature where personal desire was viewed as a major personal facilitator to the SP's delivery of mental health services in schools (Suldo et al., 2010). Thirty-two Irish EPs participated in this research while 39 SPs participated in the Suldo et al. (2010) study in the USA. A similar sample size makes the contrast between the studies all the more interesting. Equally, collaborative work with peers was not an important personal facilitator for the EP's therapeutic provision in this research. This finding contrasts with international research where collaborative work, planning and research are some of the many opportunities by which an EP may avail of peer support (Atkinson et al., 2014), all of which promote the EP's professional confidence. Equally, it contradicts the EPs' feedback which highlighted collaborative work with peers as a way of instilling a value of therapeutic practice.

According to the EP's ranking of important factors, autonomy was not found to be an important personal facilitator to their use of therapeutic intervention, yet it emerged as a theme in the feedback. The EPs' perceptions of autonomy were found to be greatly influenced by service ethos. Notably, autonomy did not emerge as a significant facilitator to the EP's use of therapeutic intervention in the literature either (Atkinson et al. 2014). Certainly EPs regard autonomy as an important facilitator to therapeutic practice. However service ethos determines the extent of the EP's therapeutic role where some EPs may feel that they lack the autonomy and confidence to work in the area. Personal interest and autonomy were not considered important facilitators to the EP's therapeutic practice across any of the services.

5.3.3.2 Barriers. A lack of training was regarded by EPs in this research as an important systemic barrier to their delivery of therapeutic intervention work. The implications of limited training in the area are noted in the literature, correlating with a limited provision of theory relevant to the delivery of therapeutic services in schools and most importantly, limited applied experiences for SPs (Suldo et al., 2010). Service ethos was also found to be an important personal barrier to the EP's therapeutic practice. Equally, service capacity to deliver therapeutic work was identified as an important personal barrier to the EP's use of therapeutic intervention in this research.

This factor stems from the factor of service ethos. Capacity reflects the EPs' comments regarding the impact of time and other demands on their ability to deliver therapeutic intervention. High-volume workloads limited the EP's time and related capacity to engage in therapeutic intervention. Nonetheless, the literature advocates that EPs should be able to prioritise therapy work with children and young people during their own personal time (Atkinson et al., 2014). This point raises several questions including whether EPs are expected to complete therapeutic work outside of work hours and whether such work is permissible under the given service policy. Certainly, such practice may afford EPs the opportunity to extend their professional experience in the delivery of therapeutic services, in turn promoting a greater confidence in the area. Service ethos and service capacity appear to have a very important influence on the EP's sense of confidence in therapeutic practice. An example of this is illustrated in the EPs' feedback where service ethos was directly related to the EP's sense of autonomy, or lack thereof, in their delivery of therapeutic work. Service capacity correlates with another important personal barrier, that other priorities are being identified by key stakeholders for EPs. As evidenced in this research, the assessment model of work predominates in Irish schools. Related to this is the fact that teachers lack the awareness that EPs are therapeutic providers. Implications arising from such views were found in the literature where teachers were unsupportive of the SP's use of counselling with students in schools (Suldo et al., 2010).

A lack of practice and access to supervision were not identified as significant systemic barriers to the EP's delivery of therapeutic work. This sentiment was shared across services. Nonetheless, the regular practice of therapeutic work under supervision was noted in the EPs' feedback, as important professional requirements for engagement in therapeutic work. Difficulties in accessing frequent supervision have also been noted in the Irish literature where Hoyne and Cunningham (2018) call for additional individualised supervision time. Equally, personal beliefs about therapeutic intervention was not regarded as an important systemic barrier to the EP's use of therapeutic intervention. However, the EPs' feedback is illustrative of the clear value that EPs hold for therapy and as being guided by many factors including their own personal perceptions of the area. Perhaps this finding reflects that fact that Irish EPs fail to realise that their own beliefs about therapeutic provision have an impact upon their value for the area and related practice.

In conclusion, distinctive facilitators and barriers of a systemic and personal nature were established regarding the EP's delivery of therapeutic work. Training, CPD and supervision were the identified systemic facilitators. Personal facilitators included the stakeholders' value, service ethos, personal interest, autonomy and collaborative work. Systemic barriers resembled the systemic facilitators including the role of training, supervision and practice as well as original psychological training or personal beliefs about therapeutic intervention. Personal barriers included other stakeholders' priorities, failure to identify EPs as therapeutic providers, service ethos and service capacity. All of these factors appear to have significant implications for the EP's sense of confidence and related self-determination to use therapeutic intervention.

5.4 Chapter Summary

In summary, the research findings have been evaluated in this chapter. General findings regarding the EP's use of therapeutic intervention were analysed. The key themes to emerge concerning the EP's interpretation and ability to use therapeutic intervention were critically examined. Key facilitators and barriers to the EP's delivery of such work, including those of a systemic and personal nature, were equally considered.

Value of therapeutic intervention, including the EP's personal value of such work, appears to represent an important determinant in their therapeutic practice. Equally, a number of major barriers are worthy of consideration. Features of service practice including service ethos and service capacity seem to prevent the EP from providing therapeutic support to the best of their ability. Equally a lack of training poses a significant barrier in this regard. Implications on the EP's confidence and related self-determination to work in the area of therapeutic practice are important considerations.

Chapter Six Conclusion

6.1 Chapter Overview

Positive mental health and well-being are believed to be critical for a young person in living a fulfilled life (NEPS et al., 2015). In Ireland, one in 10 children and adolescents experience mental health difficulties with significant implications for their interpersonal and intrapersonal functioning (HSE, 2012). The role of the educational psychologist (EP) as a provider of therapeutic intervention to children and young people has largely been researched within an international context. Pugh (2010) and Perfect and Morris (2011) call for a re-emphasis on the school psychologist's (SP) role in addressing mental health difficulties in children and young people during the initial professional training of SPs. The therapeutic roles of the EP and the SP are commonly referred to in the literature, depending on the jurisdiction. In Ireland, the term EP is used to refer to professional psychologists primarily working in the education system and school psychology services (SPSs) (Crowley, 2007; Parkinson, 2004; Swan, 2014).

This chapter commences with an overview of the context in which a rationale for exploring the given area was derived. A summary of the main findings follows, where the main contributions arising from the significance of these findings are outlined. The findings relate to the research questions: the EP's interpretation and use of therapeutic intervention in SPSs in Ireland. Implications for policy, training, professional practice and future research are considered. Further implications for the researcher are subsequently examined. Finally, methodological limitations are discussed.

6.2 Context of the Research

During the child guidance movement, EPs were providers of therapeutic intervention for children and young people with emotional and behavioural difficulties (MacKay, 2007). Bound by a social-political context however (Fallon et al., 2010; Stobie, 2002), the role of the SP in the area of special education eligibility (Hosp & Reschly, 2002; Jimerson & Oakland, 2007; Lewis et al., 2008) has led to various perceptions of the EP over the last two decades, including that of a gatekeeper of resources (Passenger, 2013). In Ireland, a high level of assessment work for EPs arose from the publication of *Circular 02/05* (DES, 2005) where students were required to

have a diagnosed learning need prior to accessing additional supports in the educational system. This context has prevented EPs from expanding their role across different domains, including therapeutic work (Farrell et al., 2006).

EPs are believed to be one group of professionals well placed to support the well-being of children and young people (Atkinson et al., 2011). Embedded within the education system and with extensive training in child and adolescent psychology (MacKay, 2006), EPs are scientist-practitioners in their integration of psychological knowledge and practice, and thus, are capable of meeting the mental health difficulties of children and young people (Cameron, 2006; Fallon et al., 2010). Certainly, it is apparent from the literature and from the findings of this research that EPs are providers of therapeutic intervention to different stakeholders, including children and young people and through a variety of formats. With this, the evidence-base for psychological therapy (MacKay, 2007) alongside the increase in mental health difficulties in young children (Kutcher & McLuckie, 2009; Merikangas et al., 2010; Trussell, 2008) has led to a renewed interest in therapeutic work for EPs in recent times. Nonetheless, a sense of ambiguity exists regarding the therapeutic role of the EP. Specifically, health professionals lack the awareness that EPs hold the capacity to undertake therapeutic work (Atkinson et al., 2014), which relates to the widely-held perception in schools that EPs are solely concerned with special educational needs (SEN) assessment work (Atkinson et al., 2011). With recent policy changes regarding students and their access to educational and therapeutic supports in schools, this prompts questions about how the role of the EP in Ireland may develop.

6.3 Summary of Key Findings

This section refers to the findings from the thematic analysis followed by the cluster analysis.

6.3.1 How is interpretation of therapeutic intervention influenced by personal beliefs and training? This open-ended question yielded two key themes: value of therapeutic intervention and confidence in interpretation and use of therapeutic intervention. The view that therapeutic intervention is more than just the delivery of therapy to individuals highlighted the high level of regard that many EPs hold for the area. Although a clear value of therapeutic practice was evident across all three services,

it was particularly obvious in the largest service. Personal perceptions of therapeutic practice were believed to steer the value that EPs placed on therapeutic practice. One example of this was the value of client self-empowerment in therapy, arising from the EP's perception of unconditional positive regard for the client. This highlights that some EPs consider their therapeutic work as highly specialised while others may view it in a more general way. In all three services, original training was regarded as critical in instilling a value of therapeutic intervention as well as a positive interpretation of the area. Nonetheless, it was only the smaller services that provided examples of core values of therapeutic intervention, as instilled in them from their original training. Differing opinions between the largest and smaller services regarding the impact of therapeutic practice on the EP's sense of value for the area were noted in this research. Smaller services viewed practice in a positive sense. Interestingly, a young EP in the largest service viewed their practice in a negative light as it taught them that therapeutic work is provided by certain psychologists, disregarding what they learned in their initial training, that therapeutic intervention can be practiced by all psychologists. This highlights a training-practice disparity to an extent. The significance of this is that while many EPs value and practice therapeutic intervention, their belief regarding their inability to engage in such work, as instilled in them from practice, may shift their values, leading to a lack of practice in the area. Notably, values bear important implications for personal behaviour (Schunk, 2012). Value of therapeutic intervention has not emerged as a key finding in previous research. Therefore, this finding adds significantly to the literature concerning the EP's interpretation of therapeutic practice. EPs across services regard collaborative work with peers and continuing professional development (CPD) support as a means by which they may increase their value of therapeutic practice. It is evident from this research that personal perceptions of therapeutic intervention are an important predictor of the value that EPs hold for such work. Initial training in the area is also important in this regard as is the practice of therapeutic intervention.

Confidence was another theme to emerge concerning the manner in which therapeutic practice is interpreted and used by EPs. EPs appeared generally confident in their overall interpretation and related ability to engage in therapeutic work. The findings of this research suggest that Irish EPs engage in therapeutic practice with a variety of stakeholders and through various manners. Equally, they mention their use of additional interventions, including *FRIENDS for Life (FFL*), highlighting the

individualised nature of therapeutic intervention and the EP's capacity to engage in many types of therapeutic practice. *FFL* is a universal, whole-class programme drawing on cognitive behavioural therapy (CBT) principles in assisting students develop positive thinking and emotional resilience (Barrett, 2012). Nevertheless, some obstacles were found to negatively impact on the EP's sense of confidence in the area of therapeutic practice. Training, for example, played a significant role in determining the EP's confidence in the area. Specifically, the quality of training received by EPs in this research, especially by those in the largest service was reported as inadequate for meeting their practice needs in therapeutic intervention. This finding supports the literature where the inadequateness of additional training in therapeutic intervention was a notable barrier in the EP's development of related skills (Atkinson et al., 2014). Nonetheless, other research supports the notion that the accreditation status of training in mental health intervention positively impacts upon the SP's perceptions of training adequacy, whereby those attending accredited courses were more likely to rate their training as adequate (Hicks et al., 2014). In this sense, this research deviates from this literature. Furthermore, irrespective of whether EPs in this research undertook a doctorate or master's programme, they generally felt a sense of under-confidence in therapeutic practice. Again, this finding contrasts with the literature which found that doctorate in comparison to non-doctorate students reported a higher familiarity with and use of therapeutic intervention in the Hicks et al. (2014) study. Contradictory findings here may be due to the large sample size of 392 SPs in the Hicks et al. (2014) study in comparison to 32 EPs in this research. Although recent, the Hicks study focuses on the United States of America (USA) context where the doctoral training of SPs possibly has been long established. Unfortunately, the level of professional training as received by individual EPs in this research was unknown. Nonetheless, one would imagine that not many possessed training at doctorate level, inferring that many EPs trained in Ireland. The majority (75%) of EPs in this research trained in the area of educational psychology, training which moved to doctorate level in the Republic of Ireland in 2015.

Training and practice under supervision were professional recommendations in this research, supporting the literature where post-graduate training is recommended in the development of the SP's therapeutic competence (Perfect & Morris, 2011). Overall, training in therapeutic intervention poses important implications for the EP's sense of self-efficacy to practice therapeutically. With this, a higher self-efficacy is associated with increased optimism and overall resilience (Pajares & Schunk, 2012), two important

features in sustaining the Irish EP's use of therapeutic intervention. In reinforcing the literature findings where a personal desire and preference for therapeutic work facilitates the SP's practice in the area (Suldo et al., 2010), personal interest in therapeutic work constituted an important personal requirement for therapeutic practice in this research. In conclusion, a number of personal and professional requirements including personal interest and training are necessary in the promotion of the EP's confidence regarding their interpretation and use of therapeutic intervention.

Differing views were forwarded by some EPs in the largest service on whether the provision of therapeutic support constitutes the EP's domain of expertise. This point relates to the theme of role ambiguity, as found in the literature. The statutory role of the EP in the area of SEN assessment work has been displayed in past research (Atkinson et al., 2011) along with the fact that other professionals appear to lack awareness of the EP's capacity to undertake therapeutic work (Atkinson et al., 2014). Interestingly, at the same time, it is a worthy finding that Irish EPs flexibly deliver therapeutic intervention to a range of stakeholders including children and young people.

6.3.2 Does service policy impact on an EP's ability to use therapeutic intervention (s)? This open-ended question yielded two key themes: autonomy in using therapeutic intervention and support in using therapeutic intervention. Autonomy relates to a need to be self-determinant over one's actions and behaviours (Porter, 2006). The significant role of service ethos on the level of autonomy that EPs feel regarding their therapeutic work was described by all services in this research. A lack of autonomy was evident in the responses of many EPs working in the largest service, in direct contrast to those working in the smaller services. EPs in the largest service highlighted a sense of uncertainty regarding their role in therapeutic intervention. This sense of uncertainty related to the importance of value of therapeutic intervention, in guiding the EP's sense of autonomy in the area. Many EPs across services hold a high value of therapeutic intervention and feel well positioned to use it whereas services often do not support such work due to their service ethos. The practice of assessment dominates in schools, thus inferring the school's value of this work. Nonetheless, the recently revised model of special education supports to primary and post-primary schools now enables school staff to deploy resources flexibly, in line with identified student needs and without the requirement for a diagnosis of disability (DES, 2017a; DES, 2017b). This may shift the manner in which schools value other work activities as provided by EPs in the future, including their provision of therapeutic support.

On the same note, it was interesting that group therapeutic intervention was reported to have been positively received in schools by one of the EPs in this research. This highlights that perhaps, EPs need to indicate the possibility of such intervention being used, and in doing this, increasing the value that schools hold for the area of therapeutic practice. A school inclusion model for students with additional care needs, including emotional behavioural difficulties, will be piloted in the 2019/2020 academic year (DES, 2019). Both the revised model of special education and the school inclusion model may lead to a significant reduction in the assessment work completed by Irish EPs, with an increased opportunity for the delivery of therapeutic services in Irish schools. It will be interesting to see how this gap is filled in the EP's role in the future. A follow-up study in this area could yield very enlightening results. Undoubtedly, EPs need to possess a sense of autonomy in their use of therapeutic intervention, guided by a sense of value for the area. Furthermore, this sense of value needs to be shared by all, including the service, the school and the EP.

The support that EPs receive to engage in therapeutic practice is also important. A lack of time to engage in therapeutic practice was reported in this research as well as the influence of service model which relates to the ethos of the service. A lack of time due to competing demands for example, significantly limits the EP's opportunity and capacity to provide therapeutic support. This finding supports the literature where the prioritisation of SEN statutory work demands over therapeutic practice was highlighted (Atkinson et al., 2011). The recommendation from one EP in this research that departmental agreement is required for EPs to engage in therapeutic work, despite an obligation to complete other work demands, is an important consideration here. The consultation and continuum models of support as highlighted in this research constitute indirect therapeutic support to parents and teachers. While the development and maintenance of related skills is questioned due to the lack of individualised support to students, consultation is certainly one way of broadening therapeutic service delivery. Indirect consultation work with parents and teachers has been suggested as an alternative to the provision of direct therapeutic intervention and it serves a preventative function (Shernoff et al., 2017). In stand-alone sessions, parents and teachers are provided with psycho-education and skills in assisting students make changes for themselves. Through the application of general consultation procedures, EPs may also assist parents and teachers assess and change their own behaviour concerning student difficulties, through the use of therapeutic interventions such as Motivational

Interviewing (MI). This is important for Irish EPs with an interest in therapeutic work. Indeed, this research found that EPs engaged in consultation work, including client-centred consultation, on average 27% of their time and anything from 0-70% of the time. Consultation as a means by which EPs can deliver therapeutic support holds important implications for their self-determination in therapeutic practice. Self-Determination Theory (SDT) is a theory of human motivation which emphasises competence as an innate psychological need required for continuous personal growth (Deci & Ryan, 2000). It refers to the individual's sense of effectiveness (Deci & Ryan, 2002) at a task.

The fact that some EPs felt that they lack the necessary resources to effectively deliver CBT-based interventions, raises questions on whether EPs actually perceive *FFL* as a form of therapeutic intervention. EPs in this research also used the CBT intervention with secondary-school students on an individualised basis where they would require various resources including physical space in the school setting, time, et cetera. A follow-up study with the EPs who participated in this research, in the form of an interview of focus group would be useful in clarifying an issue like this. Certainly, resources are necessary for EPs to effectively and competently practice therapeutic intervention.

6.3.3 What enables/supports or hinders the use of therapeutic intervention in Irish school psychology services? The following section relates to the findings from the cluster analysis. Five important facilitators to the EP's use of therapeutic interventions were identified: the systemic factors of access to training, CPD and supervision as well as the personal facilitators of stakeholders' value and service ethos.

Access to training, CPD and supervision supported the literature findings, regarding its importance when providing therapeutic intervention. Training, including CPD support, may be availed of by EPs in many ways. Whole-service training in the form of CPD, for example, represents a positive form of peer support in the development of the EPs' therapeutic skills (Atkinson et al., 2013). Findings also illustrate the importance of formal supervision with a specialist practitioner in facilitating the EP's individual skills in therapeutic practice (Atkinson et al., 2011).

Value of therapeutic intervention was another important personal facilitator to the EP's practice of therapeutic intervention. While EPs themselves were found to hold a high regard for therapeutic intervention with clear values on the area, the same sense

of value was not found in schools. However, as indicated previously, this may have been due to the previous resource model in schools or the fact that schools were unaware of this aspect of the EP's role. Furthermore, service ethos dictated a value of therapeutic practice in the smaller services mostly, another important personal facilitator to the EPs' therapeutic practice. Value of therapeutic intervention and the role of service ethos on the EP's therapeutic practice have not been written about previously in the literature.

Personal interest in therapeutic work and collaborative work with peers were two additional personal facilitators to the EP's use of therapeutic intervention. In this research, personal interest was regarded as a personal requirement in promoting the EP's sense of confidence in therapeutic work, a finding which echoes previous work (Suldo et al., 2010). Equally, collaborative work with peers, planning and research are some of the many opportunities by which an EP may avail of peer support (Atkinson et al., 2014), all of which promote the EP's professional confidence.

Autonomy was another personal facilitator to therapeutic practice. The EP's perceptions of personal autonomy to practice therapeutic intervention were found to be greatly influenced by service ethos. Some EPs in the largest service, for example, felt a strong sense of uncertainty in their given role of therapeutic provider, leading to a lack of autonomy to engage in therapeutic practice. In the literature, it is noted that EPs have made referrals to services such as the Child and Adolescent Mental Health Services (CAMHS), in recognition of their distinctive knowledge and skill-base in the area of mental health intervention (Greig et al., 2019). Importantly, Irish EPs have a critical role to play in the provision of early intervention for children and young people with mild mental health needs, given the challenges in the effective delivery of mental health services. Such challenges include staffing decreases and admission of children to acute adult inpatient units (HSE, 2017).

Important barriers to therapeutic practice included the systemic factor of training as well as the personal factors of service ethos, service capacity and stakeholders' priorities. Insufficient training in therapeutic intervention was evidently noted in the EPs' comments in this research. Similarly, in the literature, training was regarded as a critical requirement for the development of key therapeutic skills, but also for the SP's related confidence (Suldo et al., 2010). Service ethos constituted an important personal

barrier to the EP's sense of autonomy in using therapeutic interventions. It also guides another important personal barrier, service capacity. Service capacity concerns the issue of time and additional demands being placed on EPs, limiting their opportunity to engage in therapeutic work. Comparably, in the literature, time constraints (Greig et al., 2019) have significantly impacted upon the EP's capacity to practice therapeutically. Service capacity furthermore relates to the important personal barrier of other priorities being identified by stakeholders. Such priorities include the high demand for assessment work, as dictated by schools.

Other systemic barriers included a lack of practice and access to supervision. In the literature, EPs reported difficulties sourcing opportunities to practice therapeutic intervention (Atkinson et al., 2014) with implications for the SP's sense of confidence in the area (Suldo et al., 2010). Difficulties in accessing frequent supervision have been noted in the Irish literature where Hoyne and Cunningham (2018) call for additional individualised supervision time. Personal beliefs about therapeutic intervention was not established as an important systemic barrier to the EP's use of therapeutic intervention, despite many EPs valuing the therapeutic aspect of their role. The irony here is that the findings of this research showed that many EPs in the largest service held the belief that they had a reduced capacity to engage in therapeutic work, due to other work commitments and an associated lack of time.

6.4 Implications of the Research for Policy, Training, Professional Practice and Future Research

6.4.1 Service policy. Service policy needs to support the EPs' therapeutic practice, if they are going to feel confident in providing such services. EPs in all three services agreed that service policy and ethos was a significant factor in determining whether they could engage in therapeutic practice. For EPs in the largest service, they believed that service policy somewhat failed to support their therapeutic work, possibly due to other priorities in schools, such as assessment work. At the same time, 24 (75%) EPs reported using therapeutic intervention in the last two years in this research. As highlighted in the literature (Shernoff et al., 2017), consultation practice with its preventative focus, is one way of enabling Irish EPs to broaden their use of therapeutic support beyond direct work with a few students. Currently, EPs employ therapeutic intervention through client-centred consultation in secondary schools with staff, as a

means of discussing student difficulties. EPs in this research were in fact engaged in consultation work 27% of their time, on average. It represented the second most popular work activity for EPs following assessment work. With revised policy changes to accessing educational resources in Irish schools, the focus of the EPs' work may shift from assessment and in the direction of increased therapeutic practice at various levels, with a particular emphasis on preventative work with key stakeholders through tools such as consultation.

6.4.2 Educational policy. The promotion of student well-being constitutes a national educational focus for Irish schools in the imminent future. A shared role for schools and EPs is envisaged in this regard. In 2018, the Department of Education and Skills (DES) published the *circulars 0042/2018* and *0043/2018*, which developed a well-being policy and framework for practice. It requires all primary and secondary schools to have implemented and reviewed a well-being process in the promotion of student well-being by 2023 (DES, 2018). Drawing on the importance of a whole-school approach to student well-being, through their access to CPD support and collaboration with colleagues, teachers are now required to educate students on well-being promotion (DES, 2018). Teachers have been previously credited for their competency in responding to student mental health needs, through their early recognition of related difficulties (Atkinson et al., 2011; DfEE, 2001). In essence, EPs need to harness teachers as a means of meeting the mental health needs of Irish children and young people. External facilitation of the well-being process is another feature of this framework and is one that is recommended in supporting a holistic approach to student well-being. EPs represent suitable facilitators, given their understanding of the school structure and appropriate qualifications to deliver well-being education to students (DES, 2018). In other words, EPs may work collaboratively with schools in providing universal and targeted support at tiers one and two respectively, in the prevention of mental health difficulties. Of course, direct individualised intervention at tier three for specific cases (NEPS, 2010a), will comprise another important component of the EP's role for a minority of students that may require this level of support. Future research in this area could yield insightful findings in the emerging role of the EP in Ireland.

6.4.3 Training. Through initial professional training and continuous access to CPD support, EPs need to be provided with a solid interpretation and related skill-base in therapeutic intervention including therapeutic tools such as assessment and consultation. In this research, training and professional development were established as critical factors for the EP's therapeutic development. In all services, initial professional training was deemed an important factor in instilling a sense of value of therapeutic intervention in EPs, as well as a sense of confidence in their interpretation and use of it. Professional training of Irish EPs has recently moved to doctoral level. Two institutes offer such training in the Republic of Ireland: University College Dublin since 2015 and Mary Immaculate College Limerick since 2016. Training now includes the completion of a 60-day professional placement within a child psychology service where Trainee Educational Psychologists (TEPs) provide therapeutic intervention to children and young people presenting with a range of complex mental health difficulties. Training should also include supervised practice of trainees in their use of assessment and consultation as therapeutic tools, harnessing the skill of key agents including parents and teachers in promoting student change while preventing further difficulties. Complementary academic modules supports professional development in the area.

The need for certified training in therapeutic intervention was another point raised in this research. This point suggests the need for quality CPD in the area of therapeutic practice. Whole-service training as a form of CPD (Atkinson et al., 2013) has also been noted in the literature as a means by which EPs can develop their therapeutic knowledge and skill development. Presently, the *FFL* programme is an example of CPD for EPs working in the largest service. EPs become accredited trainers of the programme, subsequently training teachers over a two-day period, while providing support to teachers as they implement the programme with students. *FFL* is a tier one, preventative measure for student mental health. However, at the other end of the continuum of support, students at tier three require individualised support from EPs. Just as EPs are trained on the *FFL* programme with the aim of meeting the needs of all students, they require training on specific therapeutic interventions in order to meet the specific needs of a few students. According to the findings from this research, EPs require professional development in Cognitive Behavioural Therapy (CBT), Motivational Interviewing (MI), Solution Focused Brief Therapy (SFBT) and systemic psychotherapy.

6.4.4 Professional practice. Service capacity to deliver therapeutic support, resources and supervision of therapeutic practice are important features in ensuring the EP's successful delivery of therapeutic work. Firstly, service capacity issues due to a high-volume workload and a requirement placed on EPs to engage in other work activities, have significantly limited the Irish EP's opportunity to provide therapeutic intervention, including that of an individualised nature. Nonetheless, the use of one's personal time to provide therapy to children and young people was suggested by Atkinson et al. (2014). As previously mentioned, consultation practice would enable Irish EPs to broaden their use of therapeutic support beyond direct work with a few students. Equally, as found in this research, assessment is a means of satisfying the EP's desire to engage in therapeutic work at a meaningful level. In this research, EPs used consultation and assessment sessions as therapeutic tools in helping parents and teachers assess and change their behaviour in managing student difficulties while equipping them with the knowledge and skills to promote student change. In schools, consultation with key stakeholders serves as a prevention focus and is universally designed to promote the mental health needs of all students (Shernoff et al., 2017). Irish EPs view the potential of intentional interactions with stakeholders and students as therapeutic in nature. Such interactions need to be based on the student's identified needs (Children Acts Advisory Board, 2009) where therapist qualities such as unconditional positive regard and empathy are necessary in developing these interactions and in turn promoting client engagement (BPS, 2016). Given the fact that the focus of assessment work in schools may shift, as a direct result of the revised models of support for children and young people, the likelihood is that therapeutic support will be used more frequently by EPs in the future, and at all levels of the continuum of support, including preventative work, work with key stakeholders through the use of therapeutic tools like consultation and direct intervention with students. Consultation and assessment work represent important tools by which EPs can engage in therapeutic practice in the future.

Secondly, resources, including physical space in schools, time and appropriate materials are a necessary requirement for EPs to successfully implement therapeutic intervention. Some EPs feel they lack the necessary supports to sufficiently deliver therapeutic intervention. Currently, resources including testing equipment and intervention supports are primarily driven by the assessment model of practice in schools.

Thirdly, regular professional practice under supervision was identified by EPs in this research as a professional requirement to engage in therapeutic practice. Difficulty accessing frequent supervision at an individual level has previously been identified as a notable barrier in the Irish context (Hoyne & Cunningham, 2018). While the nature of supervision will be dependent on the individual EP and their delivery of therapeutic work, a blend of informal support and formal supervision in the EP's delivery of specialist services is required. Formal supervision with a specialist practitioner can often facilitate the EP's therapeutic skill development (Atkinson et al., 2013).

6.4.5 Future research. Firstly, future research should consider the training-practice divide that exists for Irish EPs in therapeutic practice. There is a gap between the current training of Irish EPs in the area of therapeutic intervention and their systemic practice in providing such support. Many EPs in this research felt disaffected with the quality of training received in therapeutic intervention. The current training of Irish EPs emphasises the practice of therapeutic intervention with related academic content in the area supporting the EP's theoretical knowledge. Regarding practice in the area, it was negatively viewed by some EPs in the largest service, whereby service ethos and model of practice play a major role. This piece of research was completed at a point of decisive change in Irish policy for students with support needs. As related models of practice come into effect in Irish schools with implications for service policy, a follow-up study is required with Irish EPs interested in therapeutic practice. A semi-structured interview would enable the researcher to form a high degree of clarity on the area and to elaborate on the main findings arising from this research. Of most interest here is whether EPs will actually acquire experience working in a therapeutic manner, given the potentially reduced demands for assessment work in schools.

Secondly, given the introduction of revised models of support for students and potentially the increased use of therapeutic support by EPs, more detailed research is required on whether relevant stakeholders, including teachers possess a value of therapeutic intervention. This current piece of research focused specifically on the views of Irish EPs regarding therapeutic work. It provided evidence that EPs hold a high regard for therapeutic intervention, with promising implications for their future use of it as a result of policy changes in Irish education. A questionnaire that seeks the views and experiences of a range of school staff including the class/subject teacher, special

education teacher (SET) and guidance counsellor et cetera, in terms of the benefits of therapeutic support for children and young people, could by very informative. A re-structuring of the questionnaire used in this research may be useful in this regard with adjustments made to the open-ended questions, as pertaining to the given participants.

My aim is to disseminate the implications arising from the findings of this research through upcoming Irish conferences and publishable journal articles in the field of educational psychology. Within the Irish context, the field of educational psychology stand to benefit from the findings from this research, with regard to the possibility of increased therapeutic practice by Irish EPs in the future. On an international level, I intend to submit an empirical paper to the Educational Psychology in Practice journal which focuses on peer-reviewed articles that add significance to the research base for practicing EPs worldwide. A copy of the empirical paper may be found in Appendix F.

6.5 Implications for the Researcher

It was an encouraging finding that Irish EPs are indeed providers of therapeutic intervention, to a variety of stakeholders and in many different formats. As a TEP, this represents an important conclusion, given my own interest in the area of therapeutic support. However, my position of researcher relates to my personal perceptions of therapeutic intervention which guide my interpretation of the area and related use of it. This means I may have formed a bias during the interpretation of some of the findings in this research (Greenback, 2003). As a therapeutic provider for children and young people as part of my professional training in educational psychology, I personally believe that therapeutic intervention should provide a therapeutic space for a client and possess a skills focus. Given the current provision of specialist mental health support for children and young people in the health services, there certainly is the potential for Irish EPs to support students at an early intervention level in schools.

Most definitely, recent policy changes, including the introduction of the well-being policy in 2018, serve to reinforce the role of the Irish EP as a provider of therapeutic intervention in the future. Furthermore, doctoral training of Irish EPs now prepares them for intervening therapeutically in the area of mental health difficulties. As a current doctorate student, I represent one of many students who look forward to working in a therapeutic manner with a variety of stakeholders in the future, although it

remains to be seen how this can be balanced with other demands and priorities of the EP role.

6.6 Impact of Methodological Limitations on the Findings

A questionnaire was used to answer three research questions in this piece of research, leading to a qualitative and quantitative analysis of the findings. This enabled the researcher to sufficiently answer the key research questions. Furthermore, the open-ended questions seemed to provide EPs with an opportunity to further reflect on some of the key facilitators and barriers to their use of therapeutic intervention. Nonetheless, a number of barriers were noted by the researcher. The impact of a small sample size, disproportionality in group size between the three services, a sampling bias, the self-report nature and quantitative element of the questionnaire, the viewing of the questionnaire by some EPs in one of the services beforehand, the absence of a second rater when coding in the thematic analysis, a contrast between some of the thematic and cluster analysis findings and an over-emphasis on the open-ended questions were identified limitations. Therefore, the degree to which one may generalise the results to all Irish EPs using therapeutic intervention is limited.

While the comparison of a larger service with two small services in this research yielded interesting findings, the responses of the larger service appeared to dominate the results. For the purposes of replication, a larger sample size is required and a more even recruitment of EPs from services. This would involve additional effort on the part of the researcher in ensuring that a large sample of EPs are recruited to participate in the research, in order for the findings to be generalised to the wider population. A sampling bias must also be considered where EPs with a particular interest in therapeutic intervention were more likely to put themselves forward for this research.

The possibility of social desirability in the EPs' responses, regarding the self-report nature of the questionnaire is also an important consideration. Disparities may exist between the SP's presented view of therapeutic practice and their actual use of therapeutic intervention (Suldo et al., 2010). Equally, the quantitative nature of the questionnaire is a limitation. Many EPs in this research listed their use of assessment and consultation as part of providing therapeutic support to a variety of stakeholders. For the purposes of clarification and expansion on such findings, a means of follow-up

would be required (i.e. a face-to-face interview with the EPs). In relation to data collection, the viewing of the questionnaire by a number of EPs at the pre-pilot stage is another limitation.

Regarding data analysis, while the use of a reflective diary and supervisor support assisted in deriving a thorough coding process when completing the thematic analysis, the use of a second independent rater when coding could have enhanced the objectivity and quality of the research. The contrast between some of the thematic and cluster analysis findings, including the factors of personal interest and autonomy, is another limitation. In comparison to providing open-ended answers as part of the thematic analysis, the act of simply ranking key factors in the cluster analysis may have been somewhat prescriptive for EPs. Equally, for ease of completion, it is important to acknowledge the possibility that EPs simply may have ranked these factors in an ascending or descending order. Furthermore, having spoken with a minority of EPs who completed the questionnaire, the researcher established the extensiveness of their busy role. This may have influenced the quality of responses received and particularly the lack of detail provided by some EPs in their answering of open-ended questions at the end of the questionnaire. Perhaps this is also reflective of the EP's lack of interest in completing the questionnaire at this stage of the research. Equally, a minority of EPs communicated their lack of understanding regarding the open-ended questions, failing to provide answers to the questions. It is also important to consider the possibility that an over inference was drawn from the findings of two open-ended questions in this questionnaire. For the purposes of replication, a follow-up interview with a sub sample of participants may allow for a greater depth of exploration on some of the key findings. Equally, a focus group may generate a professional debate while expanding and reflecting upon some of the key findings in this research.

6.7 Chapter Summary

This research sought to explore and compare the use of therapeutic intervention by Irish EPs, across three SPSs. The sample comprised 32 EPs, including 25 from one large service, and seven from two relatively small services. Using a pragmatic parallel mixed-methods design, qualitative and quantitative data were collected through hard-copied questionnaires. This yielded information on the EP's interpretation and use of therapeutic intervention. It was an interesting find that Irish EPs provide therapeutic support to a variety of stakeholders and in a variety of manners. They hold a personal

interest and value of the area. However, inadequate training and a lack of opportunity to practice therapeutically were notable barriers to the EP's provision of therapeutic support. Issues of uncertainty regarding their therapeutic role with implications for the EP's confidence were also noted in the research. Such issues have resulted from the systemic influences of service ethos and model of service, influences beyond the EP's control.

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List of Appendices

Appendix A: Questionnaire for Educational Psychologists

An Exploration of the Use of Therapeutic Intervention across School Psychology Services in Ireland

Before commencing the questionnaire, please tick the relevant box in relation to your place of work.

NEPS ☐	**CDETB** ☐	**DDLETB** ☐

***Please note if there is a question which you do not feel comfortable in answering, feel free to continue on to the next question.**

Please tick the gender you identify with

Female ☐	**Male** ☐

Please state your age in years

Section 1: Respondent Information:

1. **What was the area of your original training?**

Educational Psychology ☐	Developmental & Educational Psychology ☐
Child Psychology ☐	Clinical Psychology ☐
Counselling Psychology ☐	Other (please specify): ☐ _____ _____

2. How long have you worked as an educational psychologist?

Less than 2 years ☐	2-5 years ☐
5-10 years ☐	10-15 years ☐
Greater than 15 years ☐	

3. What % of time do you work in the following areas as part of your role as an educational psychologist? (Please provide an approximate % per area listed, amounting to 100% in total)

Assessment work	
Intervention (including Therapeutic Intervention)	
Consultation	
Training	
Research	
Other (Please specify): _____ _____	= 100%

Section 2: Therapeutic Intervention

For the purpose of this questionnaire, a definition of therapeutic intervention is offered:

The Oxford English Dictionary (2008) refers to therapy as 'treatment intended to relieve or heal' and that psychological methods may be used to achieve this. 'Therapeutic interventions' will relate to work of this nature, carried out with an individual child/young person, with a group of children/young people or with those supporting children and young people.

4. Have you used therapeutic intervention(s) in your role as an educational psychologist in the last two years? (Please tick) **If No, please skip to question 8.

Yes	☐	No	☐

5. What therapeutic intervention(s) have you used during the last 2 years?

(Tick all boxes which are applicable)

Cognitive Behavioural Therapy (CBT) ☐	Systematic Psychotherapy ☐
Personal Construct Psychology (PCP) ☐	Family Therapy ☐
Motivational Interviewing (MI) ☐	Narrative Therapy ☐
Solution Focused Brief Therapy (SFBT) ☐	Therapeutic Stories ☐
Video Interactive Guidance (VIG) ☐	Other ☐ (Please specify): _____

6. With whom have you carried out therapeutic intervention(s) during the last 2 years? (Tick all boxes which are applicable)

Children/young people attending primary school ☐	Young people attending adult education centres ☐
Children/young people attending secondary school ☐	Parents ☐
Children/young people attending a special school ☐	School Staff ☐
Young people attending Youthreach centres ☐	Other key stakeholders ☐
Young people attending colleges of further education ☐	Other education providers ☐ (Please specify): _____ _____

7. In what manner have you used the therapeutic intervention?

(Tick all boxes which are applicable)

Individual therapeutic work ☐	Client-centred Consultation ☐
Group work ☐	Systemic-work (e.g. in-service training & supervision of key stakeholders) ☐
As part of assessment work ☐	Other ☐ (Please specify): _____

8. Facilitators to the delivery of therapeutic intervention (s)

The following factors have been identified as facilitating the use of therapeutic intervention and are based on a systematic review of the literature and the researcher's own professional work experience.

Please rank these statements in order, starting with 1 for the statement you think is most important, through to 8 for the statement you think is least important. If you think there are other important enabling factors which have been overlooked, please include them in the blank grid at the bottom and rank them accordingly.

Access to training	
Continuing Professional Development (CPD)	
Supervision (e.g. specialist, informal supervision)	
Collaborative working with peers	
School and other key stakeholders value for the role of therapeutic intervention input from educational psychologists	
Service ethos regarding the value of delivering therapeutic interventions	
Personal interest	
Autonomy	

9. Barriers to the delivery of therapeutic intervention (s)

The following factors have been identified as barriers to the use of therapeutic intervention and are based on a systematic review of the literature and the researcher's own professional work experience.

Please rank these statements in order, starting with 1 for the statement you think represents the greatest barrier, through to 8, for the statement you think represents the least significant barrier. If you think there are other important factors which have been overlooked, please include them in the blank grid at the bottom and rank them accordingly.

Lack of training	
Lack of opportunity to practice	
Access to supervision	
Other priorities identified by schools and other key stakeholders	
Stakeholders failing to identify educational psychologists as therapeutic	

providers	
Service role and ethos	
Service capacity and time allocation demands	
Personal belief (s) about therapeutic intervention or original psychological training	

Section 3: Qualitative information

10. In what way does your personal belief (s) about therapeutic intervention or your original psychological training impact upon your interpretation of therapeutic intervention?

11. What way does service policy and ethos impact upon your ability to use therapeutic intervention (s)?

Further information and contact details

12. If you agree to me contacting you to clarify the answers given here or to seek additional information, please provide your name and work email below.

Name: _____

Work Email address: _____

Your time taken to complete this questionnaire is very much appreciated. Thank you

Appendix B: Information Sheet for Educational Psychologists

"An Exploration of the Use of Therapeutic Intervention across School Psychology Services in Ireland".

What is the research about?

International research has found that 92% of a self-selecting sample of 455 UK-based educational psychologists report using therapeutic intervention as part of their practice and most commonly through individual direct therapeutic work (Atkinson, Bragg, Squires, Muscutt, & Wasilewski, 2011). Atkinson and colleagues identified a number of key facilitators and barriers to the delivery of therapeutic intervention by educational psychologists including training and supervision (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014). This research seeks to explore and compare the use of therapeutic intervention across school psychology services within an Irish context.

Who is undertaking it?

My name is Orla Murphy and I am a postgraduate student attending Mary Immaculate College Limerick. I am presently undertaking doctoral research under the supervision of Dr. Fionnuala Tynan and research co-ordinator Dr. Therese Brophy.

Why is the research being undertaken?

It is hoped the research will explore how therapeutic intervention is interpreted by educational psychologists, the impact of service ethos on the educational psychologist's ability to use therapeutic intervention and the facilitators and barriers to therapeutic intervention practice in Irish school psychology services.

What are the risks and benefits of this research?

Risks:

In terms of informed consent, all participants will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from each participant. Equally, in the interest of participant sensitivity, participants will be notified before completing the questionnaire that "please note if there is a question which you do not feel comfortable in answering, feel free to continue on to the next question".

Participants may decide to withdraw from the study at any stage and this will be respected.

With regard to participant confidentiality, participants have the option of supplying their personal information (including the participant's name & work email address) on completion of the questionnaire for the purposes of clarification and expansion on the research findings. In such instances, all personal information collected will be coded with a number before storage and analysis of the data. All collected data will be stored on an encrypted file on a password protected computer. Participants will not be remunerated for agreeing to take part in the research.

Benefits:

Findings from this study will hopefully provide a thorough understanding into the use of therapeutic intervention across the three school psychology services in Ireland along with related implications for educational psychology theory and practice (e.g. professional & in-service training along with supervision of educational psychologists working in school psychology services & using therapeutic intervention). A summary report of the research findings will be available to all participants on request.

Exactly what is involved for the participant (time, location, etc.)

I would like to invite you to complete a hard copied questionnaire at your own convenience which should take approximately 15-20 minutes to complete. A stamped addressed envelope for ease of return would be sent to your place of work containing the consent form and questionnaire. Both the completed consent form and questionnaire need to be returned to this address when completed. This questionnaire was piloted in advance of the research commencing with the required amendments made.

Right to withdraw

You are free to withdraw your participation from the research at any time without consequence.

How will the information be used/disseminated?

You will not be identified in the writing up of the results from this research or in any professional publications arising from this research. Only my research supervisor, research co-ordinator and I will have access to the data collected during the research

process. In the event that assistance with data analysis will be required from an external source, any personalised data will be coded and therefore anonymised.

How will confidentiality be kept?

On completion of the questionnaire, you will be given an option of supplying additional personal information (including your name & work email address), should you be happy to be contacted by the researcher for clarification of responses if necessary. In such instances, all personal information collected will be coded with a number before storage and analysis of the data.

All data collected will remain confidential and not released to any third party. Anonymity will be maintained throughout the research process. No participant will be identified in the final report where stored personal information will be coded.

All completed consent forms and questionnaires will be stored in a locked cabinet while all participant responses will be stored on an encrypted file on a password protected laptop.

What will happen to the data after the research has been completed?

All data will be stored for the duration of the project plus three years after which time it will be destroyed.

Contact details:

If at any time you have questions/issues with regard to the nature of this study, both my contact details and my supervisor's contact details are as follows:

Phone number: 087 0568524

Email: 10080368@micstudent.mic.ul.ie

Supervisor (Dr Fionnuala Tynan)

Email: fionnuala.tynan@mic.ul.ie

If you have concerns about this study you may contact:

Dr Therese Brophy (DECPsy Programme Leader)

Mary Immaculate College

South Circular Road

Limerick

Email: therese.brophy@mic.ul.ie

Phone: 061774767

Thank you for taking the time to read this information letter

Appendix C: Consent Form for Educational Psychologists

"An Exploration of the Use of Therapeutic Intervention across School Psychology Services in Ireland".

Dear Educational Psychologist,

As outlined in the Participant Information Sheet, the current study proposes to explore and compare the use of therapeutic intervention across school psychology services in Ireland.

It also outlines what is involved in this study. This sheet should be read fully and carefully before consenting to participate in the research.

Your anonymity is assured and you are free to withdraw from this study at any time without consequence. All information collected will remain confidential and will not be released to any third party. In accordance with the MIC Record Retention Schedule of Mary Immaculate College, all participant data will be stored for the duration of the project plus three years on a password protected file after which time it will be destroyed.

Please read and tick the following statements before commencing the questionnaire.

I have read and understood the participant information sheet.
Yes ☐ No ☐

I understand what the research is about, and what the results will be used for. Yes ☐ No ☐

I am fully aware of all of the procedures involving myself, and of any risks and benefits associated with the study.
Yes ☐ No ☐

I know that my participation is voluntary and that I can withdraw from the project at any stage without giving any reason.
Yes ☐ No ☐

I am aware that my results will be kept confidential
Yes ☐ No ☐

Appendix D: DECPsy Ethics Application Form

MIC MARY IMMACULATE COLLEGE COLÁISTE MHUIRE GAN SMÁL	**Doctorate in Educational and Child Psychology** **Research Ethics Committee** **DECPSY Ethics Application Form**

Instructions:

1. *Complete all relevant sections of this form. The information provided must be comprehendible to non-experts.*
2. ***Attach a copy of all relevant documentation to the application.*** *Failure to provide the necessary documentation will delay the processing of the application.*
3. *Your research supervisor must sign Section 4 of this form.*

1a	**Title of Research Project**				
"An exploration of the use of therapeutic intervention across school psychology services in Ireland".					
1b	**Brief Outline (50-75 words)**				
The research seeks to explore and compare the use of therapeutic intervention by educational psychologists (EPs) across three Irish school psychology services (SPSs). For the purposes of anonymity the following codes have been assigned to the three services; 1, 2 and 3. The data gathered will explore how therapeutic intervention is interpreted by EPs, the impact of service ethos on the EP's ability to use therapeutic intervention and the facilitators and barriers to therapeutic intervention practice. Anticipated benefits include a thorough insight into the use of therapeutic intervention across the three SPSs along with related implications for educational psychology theory and practice (e.g. professional & in-service training along with supervision of educational psychologists (EPs) working in SPSs & using therapeutic intervention).					
2	**Proposed Start Date**	**Month**	March	**Year**	2018
	Anticipated Completion Date	**Month**	September	**Year**	2019
3	**Applicant**				
3a	**Applicant Details**				
Name:	Orla Murphy		**Student ID:**	10080368	
E-mail:	10080368@micstudent.mic.ul.ie		**Phone:**	087-0568524	
3b	**Ethical Guidelines / Ethical Clearance from Another Source**				

Are there Ethical Guidelines to which you must adhere in your field of study? **If yes, please specify below:**	**Yes**	√	**No**	

PSI Guidelines

Do you require Ethical Clearance from another source? **If yes, please specify below:**	**Yes**	√	**No**	

Service 1. Ethical approval from the Doctorate in Educational and Child Psychology (DECPsy) Research Ethics Committee in Mary Immaculate College Limerick will suffice as ethical approval for services 2 and 3.

4 Supervisor

To be completed by the research supervisor.

I hereby authorise the applicant named above to conduct this research project in accordance with the requirements of DECPSY REC 2 FORM* and I have informed the applicant of their responsibility to adhere to the recommendations and guidelines in DECPSY REC 2 Form

**The DECPSY REC 2 will outline the decision of the ethics committee and may contain a number of recommendations pertaining to the study. This form will be emailed to both the trainee and supervisor.*

Name	**Contact Details**	**Date**	**Signature**
Dr Fionnuala Tynan	fionnuala.tynan@mic.ul.ie	05/03/2018	Fionnuala Tynan

5 Study Descriptors

Please mark the terms that apply to this research project with a ✓

Healthy Adults	√	Vulnerable Adults	
Children (< 18 yrs)		Vulnerable Children (<18yrs)	
Physical Measurement		Psychological Measurement	
Video Recording/Photography		Voice recording	
Questionnaire/Interview	√	Observational	
Physical Activity		Record Based	
Project is Off-Campus		'Other' descriptor(s) not named here	

Please specify 'Other' descriptor(s)	
6	***Project Design and Methodology***
6a	***Rationale, Purpose and Benefits of Research Project (max 300 words)***

Rationale

There is widespread international concern surrounding the prevalence of mental health difficulties in school aged children (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014). Current doctoral level training of EPs in Ireland requires the completion of a professional placement within a child psychology service while recent HSE recruitment criteria has extended the role of EPs into child psychology services and primary care settings (HSE, 2016). Therefore this highlights the importance of the EP role in therapeutic intervention and the relevance of this research to EP work.

International research has found that 92% of a self-selecting sample of 455 UK-based EPs report using therapeutic intervention as part of their practice and most

commonly through direct individual therapeutic work (Atkinson, Bragg, Squires, Muscutt, & Wasilewski, 2011). Atkinson and colleagues have identified a number of key facilitators and barriers to the delivery of therapeutic intervention by EPs including role of the EP, training and supervision (Atkinson et al., 2014).

Irish SPSs operate a multi-tiered level of support for young people with an emphasis on client-centred consultation. They include psychologists from a variety of training backgrounds including educational psychology, clinical psychology and counselling psychology. It is currently unclear the manner in which therapeutic interventions are used by Irish EPs.

Purpose

The research seeks to explore and compare the use of therapeutic intervention practice across three SPSs in Ireland. The following are the research questions underlying the research aims: How is interpretation of therapeutic intervention influenced by personal beliefs and training? Does service policy and ethos impact on an EP's ability to use therapeutic intervention(s)? What enables/supports or hinders the use of therapeutic intervention in Irish school psychology services?

Benefits

Findings from this study will hopefully provide a thorough insight into the use of therapeutic intervention across three SPSs in Ireland along with related implications for educational psychology theory and practice (e.g. professional & in-service training along with supervision of EPs working in SPSs & using therapeutic intervention).

6b (i) Research Methodology (max 200 words)

Mixed Methods

A mixed-methods approach will be employed as it is the most appropriate method in answering the research questions of this study. The mixed-methods approach is positioned within the pragmatism orientation where methods are selected based on the overall purpose of the research and are matched to answer specific research questions (Mertens, 2015). According to Tashakkori and Creswell (2007), mixed-methods research is "research in which the investigator collects and analyses data, integrates the findings,

and draws inferences using both qualitative and quantitative approaches or methods in a single study of program of inquiry" (p.4). Specifically, a pragmatic parallel mixed-methods design will be used where both qualitative and quantitative data will be collected simultaneously and analysed in order to answer the research questions (Mertens, 2015). Both types of data are collected independently at the same time where inferences are drawn from the findings of both data analyses (Mertens, 2015).

Rationale

In terms of the quantitative element, the research will explore the most pertinent factors in relation to the EP's delivery and use of therapeutic intervention. Simultaneously, an investigation into the individual subjective experience of the participant's use of therapeutic intervention is the focus of the qualitative element. Qualitative comparisons between participant responses may also be established in accordance with the given SPS, acknowledging variations in service context and sample size.

The use of a quantitative approach alone may fail to derive a detailed analysis of the main themes surrounding the given research area or produce a distinct comparison of therapeutic intervention practice across all three SPSs while the use of a qualitative approach alone may fail to explore the relevant factors impacting upon the EP's practice.

6b(ii) Research / Data Collection Techniques (max 200 words)

Adapted Questionnaire

A questionnaire consisting of closed and open-ended questions will be used to collect data as part of this research. Questionnaires are a widely used source of data collection (Wilson & McLean, 1994). The questionnaire used for this study has been devised based on the work of Cathy Atkinson, an EP in the UK. Atkinson and colleagues have published many studies exploring identified facilitators and barriers to the provision of therapeutic intervention by EPs. In one such study, Atkinson used a questionnaire consisting of both open and closed-ended questions to explore the main factors and themes in relation to therapeutic practice by EPs (Atkinson et al., 2014).

Pilot Study

A pilot study will first be used to ensure clarity of questionnaire items and instructions, the attractiveness of the questionnaire layout, the phrasing of questions in answering the main research questions and any commonly misunderstood or non-completed response items (Cohen, Manion, & Morrison, 2007). The pilot study consisting of the questionnaire, information letter and consent form will be emailed to 20 EPs working within a region of service 1 where I am currently on placement.

There are approximately between 185 and 200 EPs working across the three identified services for the research. Although a lack of clarity exists on pilot sample size, 10 or fewer participants may be sufficient when assessing clarity of questionnaire instructions, formatting or ease of administration (Hertzog, 2008).

Research Study

In order to clarify service policy on whether I can directly contact EPs to participate in the research, I will email the director of the services 1, 2, and 3. All EPs working across the three SPSs will be contacted through their professional work email and invited to participate in the research. They will be asked to read an information sheet detailing the nature of the study and the anticipated benefits of the research to Irish EPs. A consent form will request the participant's consent and will address ethical issues like the right to withdraw from the research and participant anonymity. Questionnaires should adhere to the ethical principles of informed consent and a participant's right to withdraw from the research at any time along with addressing how a participant's anonymity will be protected (Cohen et al., 2007).

In order to draw comparisons across services and participant responses, the participant's place of work will be established prior to their completion of the questionnaire by answering the following question: "*Before commencing the questionnaire, please tick the relevant box in relation to your place of work*". EPs will be asked to complete the questionnaire at their own convenience and return through the means of a stamped addressed envelope. A summary report of the research findings will be available to all participants on request.

6c Steps taken to Minimise Risk

Informed consent. All participants will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from each participant.

Risk assessment. In the interest of participant sensitivity, participants will be notified

before completing the questionnaire that "*please note if there is a question which you do not feel comfortable in answering, free to continue on to the next question*". Participants may decide to withdraw from the study at any stage and this will be respected. Coercing people to participate in research is an example of an ethical dilemma which represents a conflict between the rights of the researcher to conduct research in order to gain knowledge and the rights of the participant to self-determination, privacy and dignity (Cohen, Manion, & Morrison, 2011). In the interest of fairness, the rights of the participants will be respected at all times in this research.

Participant confidentiality. On completion of the questionnaire, participants will be given the option of supplying their personal information (including the participant's first name & work email address) for the purposes of clarification and expansion on the research findings. In such instances, all personal information collected will be coded with a number before storing and analysis of the data. All collected data will be stored on an encrypted file on a password protected laptop. This process will be explained to participants in the information sheet.

Remuneration. Participants will not be remunerated for agreeing to take part in the research.

6d Location(s) of Project

EPs will be asked to complete the questionnaire at their own convenience and return a completed questionnaire and consent form to the researcher using a stamped addressed envelope. A summary report of the research findings will be available to all participants on request.

6e Questionnaires and Interview/Survey Questions

Questionnaire

A questionnaire consisting of both closed and open-ended questions will be used to explore and compare the use of therapeutic intervention by EPs across three SPSs in Ireland. The purpose of asking both types of questions is to ensure clarity of information and to enhance the research findings. Open-ended questions are useful in explaining and qualifying participant responses and are often used in exploratory research (Cohen et al.,

2007). Highly structured, closed questions generate frequencies of response amenable to statistical analysis and also enable comparison across groups in a sample to be made (*ibid*). Multiple choice type questions are one such type of question where a range of choices is likely to ensure a range of participant responses (*ibid*).

Reliability and Validity

A national sample of Irish EPs completing an anonymous questionnaire and therefore encouraging honesty in responses assists in ensuring the reliability of the questionnaire (Cohen et al., 2007). The use of an adapted questionnaire which is based on a recently published study also helps ensure reliability (Atkinson et al., 2014). Triangulation through the use of both open and closed-ended questions in the questionnaire helps ensure concurrent validity when exploring whether data acquired simultaneously through different methods correlates together (Cohen et al. 2007).

Data Analysis

Participant responses arising from "Respondent Information" and "Therapeutic Intervention" will be analysed quantitatively using the statistical analysis tool SPSS. SPSS will be used to derive frequency graphs and other important descriptive statistics including the mean (*M*) and standard deviation (*SD*) in relation to respondent information and the general use of therapeutic intervention by EPs (Mertens, 2015).

A quantitative analysis will assist in drawing an overall picture of the EP's use of therapeutic intervention (e.g. % of educational psychologists using CBT as a therapeutic intervention over the last two years). A chi-square test will investigate potential correlations between the types of therapeutic intervention used by EPs, the individual stakeholders that EPs utilize intervention with and the format in which therapeutic intervention is used by EPs. Using nominal data, a chi-square test is a non-parametric statistical test measuring the difference between a statistically generated expected result and an observed result to investigate if there is a statistically significant difference between them (Cohen et al., 2007). There are approximately between 185 and 200 EPs

working across the three identified services. Variations in service sample sizes poses a limitation to the statistical analysis and this will be acknowledged in relation to participant responses and findings.

The quantitative responses (Question 8 & 9) in relation to research question three (i.e. facilitators & barriers to therapeutic intervention use) are considered important factors in the delivery of therapeutic intervention and will be analysed using a cluster analysis. A factor analysis is an empirical method of reducing a number of variables by grouping those that correlate highly together (Mertens, 2015). Similar to this is a cluster analysis which assists the researcher in identifying homogeneous groups in a sample (Cohen et al., 2007) through producing a small number of clusters (participants) with similar responses across items on a variable. Based on the quantitative findings, qualitative comparisons may be drawn between the three services, acknowledging differences in service contexts and numbers.

The qualitative responses (Question 10 & 11) in relation to research question one and two will be analysed using a thematic analysis arising from the use of codes leading to over-arching themes. A thematic analysis enables the exploration of themes across data and equally the identification of important individual perceptions (Braun & Clarke, 2006). Based on the thematic analysis, qualitative comparisons may be drawn between the three services, acknowledging differences in service contexts and numbers. All qualitative data will be used to triangulate the quantitative findings.

7	**Participants**
a	**How will potential research participants be identified and selected?**
	In order to clarify service policy on whether I can directly contact EPs to participate in the research, I will email the director of the services 1, 2, and 3. Subsequently, all EPs will be emailed requesting their time and completion of a hard-copied questionnaire at their own convenience. An information sheet will be attached to the email specifying the purpose of the research within an Irish context and the anticipated benefits of the research. There are approximately between 185 and 200 EPs working across the three identified services. A significantly bigger

proportion of EPs work in service 1 in comparison to services 2 and 3.Variations in sample size across the three services will be acknowledged in relation to the given findings.

7b **How many participants will be recruited?**

All Irish EPs working in the three Irish SPSs will be recruited to participate in the research.

7c	**Will participants be reimbursed for taking part in this research project? If YES, please attach the details to this application.**	**Yes**		**No**	√
7d	**Will incentives / inducements be provided to participants for taking part in this research project? If YES, please attach the details to this application.**	**Yes**		**No**	√
7e	**Will Recruitment Letters/Advertisements/e-mails, etc. be used to recruit participants? If YES, please attach the details to this application.**	**Yes**	√	**No**	

8 **Confidentiality of collected data and completed forms (e.g. informed consent)**

8a **What measures will be taken to ensure confidentiality of collected data?**

On completion of the questionnaire, participants have the option of supplying their personal information (including the participant's first name & work email address) for the purposes of clarification and expansion on the research findings. In such instances, all personal information collected will be coded with a number before storing and analysis of the data. All collected data will be stored on an encrypted file on a password protected laptop. This process will be explained to participants in the information sheet.

8b **Where and how will the data be stored / retrieved?**

Participant consent forms will be stored in a locked cabinet. Questionnaire responses will be saved and stored on an encrypted file on a password protected laptop.

8c **Who will have custody of, and access to, the data?**

Orla Murphy (Researcher), Dr Fionnuala Tynan (Research Supervisor) and Dr Therese Brophy (Research Co-ordinator) will have access to the collected data**.** In the event that assistance with data analysis will be required from an external source, all personal data will be coded and therefore anonymised.

8d **For how long will the data from the research project be stored?** *(Please justify)*

In accordance with the data protection Acts (1988; 2003), data will not be stored any longer than is necessary for the purpose of this research. Research records will be retained for the duration of the study plus three years (MIC, 2017). Research findings will be stored and retained indefinitely.

9	Information Documents		
	Indicate which of the following information documents are applicable to your Research Project by ticking either Yes or No in the checklist below. Attach a copy of each applicable information document to the application.		
		Applicable Please ✓	
	Documents	***Yes***	***No***
	Participant Information Sheet	√	
	Parent/Responsible Other Information Sheet		√
	Participant Informed Consent Form/Assent Form	√	
	Parent/Responsible Other Informed Consent Form		√
	Questionnaires, Interview Schedules (or sample)	√	
10	**Declaration**		

The information in this application form is accurate to the best of my knowledge and belief, and I take full responsibility for it. I undertake to abide by the ethical principles outlined in the DECPsy Research Ethics Guidelines**. If the research project is approved, I undertake to adhere to the study protocol without unagreed deviation, and to comply with any conditions sent out in the letter sent by the DECPsy REC Committee notifying me of this. I undertake to inform the DECPsy REC of any changes in the protocol.** I accept without reservation that it is my responsibility to ensure the implementation of the guidance as outlined in DECPsy REC 2 Form.

Name (Print) ORLA MURPHY **Signature**  **Date** 05/03/2018

Appendix E: Service 1 Ethics Application Form

Approval for Research for Service One

Research Approval Form

Title of project: "An exploration of the use of therapeutic intervention across school psychology services in Ireland"

Name of researcher(s): Orla Murphy

Date: 18/05/2018

Name of Supervisor (for student research): Dr Fionnuala Tynan

Purpose and rationale of project and relevance to Service One:

Purpose

The research seeks to explore and compare the use of therapeutic intervention practice across three school psychology services (SPSs) in Ireland, including Service One. The following are the research questions underlying the research aims: How is interpretation of therapeutic intervention influenced by personal beliefs and training? Does service policy and ethos impact on an educational psychologist's (EP's) ability to use therapeutic intervention(s)? What enables/supports or hinders the use of therapeutic intervention in Irish school psychology services?

Rationale

There is widespread international concern surrounding the prevalence of mental health difficulties in school-aged children (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014). Current doctoral level training of educational psychologists (EPs) in Ireland

requires the completion of a professional placement within a child psychology service while recent HSE recruitment criteria has extended the role of EPs into child psychology services and primary care settings (HSE, 2016). Therefore this highlights the importance of the EP role in therapeutic intervention and the relevance of this research to EP work.

International research has found that 92% of a self-selecting sample of 455 UK-based EPs report using therapeutic intervention as part of their practice and most commonly through direct individual therapeutic work (Atkinson, Bragg, Squires, Muscutt, & Wasilewski, 2011). Atkinson and colleagues have identified a number of key facilitators and barriers to the delivery of therapeutic intervention by EPs including role of the EP, training and supervision (Atkinson et al., 2014).

SPSs within the Irish context operate a multi-tiered level of support for young people with an emphasis on client-centred consultation. Irish EPs include psychologists from a variety of training backgrounds including educational psychology, clinical psychology and counselling psychology. It is currently unclear the manner in which therapeutic interventions are used by Irish EPs.

Relevance to Service One

Findings from this study will hopefully provide a thorough insight into the use of therapeutic intervention across three SPSs in Ireland including Service One with related implications for educational psychology theory and practice (e.g. professional & in-service training along with the supervision of EPs working in SPSs & using therapeutic intervention). Variations in service size and context will be considered and analysed as part of the research. Within a national context, implications for educational policy will be explored including the potential relationship between the new NCSE model of resource allocation to schools and increased school psychology time to deliver therapeutic intervention.

Brief description of methods and measurements:

A pragmatic parallel mixed-methods design will be used where both qualitative and quantitative data will be collected simultaneously and analysed in order to answer the research questions (Mertens, 2015). A hard-copied questionnaire consisting of open and closed-ended questions will be used, which is based on the work of Cathy Atkinson, an EP in the United Kingdom (UK) who has published many studies exploring identified facilitators and barriers to the provision of therapeutic intervention by EPs. A pilot study consisting of the questionnaire, information letter and consent form will first be emailed to 20 EPs working within a particular region of one of the services where I am currently on placement.

Quantitative responses in relation to research question three (i.e. facilitators & barriers to therapeutic intervention use) are considered important factors in the delivery of therapeutic intervention and will be analysed using a cluster analysis. A factor analysis is an empirical method of reducing a number of variables by grouping those that correlate highly together (Mertens, 2015). Similar to this is a cluster analysis which assists the researcher in identifying homogeneous groups in a sample (Cohen, Manion, & Morrison, 2007) through producing a small number of clusters (participants) with similar responses across items on a variable. Based on the quantitative findings, qualitative comparisons may be drawn between the three services, acknowledging differences in service contexts and numbers.

Qualitative responses in relation to research questions one and two will be analysed using a thematic analysis arising from the use of codes leading to over-arching themes. A thematic analysis enables the exploration of themes across data and equally the identification of important individual perceptions (Braun & Clarke, 2006). Based on the thematic analysis, qualitative comparisons may be drawn between the three services, acknowledging differences in service contexts and numbers. All qualitative data will be used to triangulate the quantitative findings.

Participants: recruitment methods, number, age, gender, inclusion/exclusion criteria

Purposive sampling will be used to recruit all EPs working across the three SPSs. EPs will be contacted through their professional work email and invited to participate in the research. In order to draw comparisons across services and participant responses, the participant's place of work will be established prior to their completion of the questionnaire by answering the following question: "*Before commencing the questionnaire, please tick the relevant box in relation to your place of work*". EPs will be asked to complete the questionnaire at their own convenience and return through means of a stamped addressed envelope.

All Irish EPs working in the three Irish SPSs will be recruited to participate in the research**.** There are approximately between 185 and 200 EPs working across the three identified services. A significantly bigger proportion of EPs work in service 1 in comparison to services 2 and 3.Variations in sample size across the three services will be acknowledged in relation to the given findings.

Consent and participant information arrangements, debriefing

Informed consent:

All participants will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from each participant.

Risk assessment:

In the interest of participant sensitivity, participants will be notified before completing the questionnaire that "*please note if there is a question which you do not feel comfortable in answering, feel free to continue on to the next question*". Participants may decide to withdraw from the study at any stage and this will be respected. Coercing people to participate in research is an example of an ethical dilemma which represents a conflict between the rights of the researcher to conduct research in order to gain knowledge and the rights of the participant to self-determination, privacy and dignity (Cohen, Manion, & Morrison, 2011). In the interest of fairness, the rights of the participants will be respected at all times in this research.

Participant confidentiality:

On completion of the questionnaire, participants will be given the option of supplying their personal information (including the participant's first name & work email address) for the purposes of clarification and expansion on the research findings. In such instances, all personal information collected will be coded with a number before storing and analysis of the data. All collected data will be stored on an encrypted file on a password protected laptop. This process will be explained to participants in the information sheet.

Remuneration:

Participants will not be remunerated for agreeing to take part in the research.

All EPs working across the three SPSs will be contacted through their professional work email and invited to participate in the research. They will be asked to read an information sheet detailing the nature of the study and the anticipated benefits of the research to Irish EPs. A consent form will request the participant's consent and will address ethical issues like the right to withdraw from the research and participant anonymity.

EPs will be asked to complete the questionnaire at their own convenience and return a completed questionnaire and consent form to the researcher using a stamped addressed envelope. A summary report of the research findings will be available to all participants on request.

	Yes	**No**
Is your research in line with the service's key Research Directions for 2011 – 2016	√	

	Yes	***No***	***Does not apply***
Has your research proposal received ethical approval by a University or college?	√		
Will you describe the main experimental procedure to participants in advance, so that they are informed about what to expect?	√		
Will you tell participants that their participation is voluntary?	√		
Will you obtain written consent for participation?	√		
If the research is observational, will you ask participants for their consent to being observed?			√
Will you tell participants that they may withdraw from the research at any time and for any reason?	√		
If you're using a questionnaire, will you give participants the option of omitting questions they do not wish to answer?	√		
Will you tell participants that their data will be treated with full confidentiality and that, if published, it will not be identifiable as theirs?	√		
Will you debrief participants at the end of their participation?			√
Do you agree to have your abstract, if your proposal is approved, openly available to the service's colleagues?	√		
Do you agree to have a summary of your completed research , if your proposal is approved, openly available to the service's colleagues?	√		
If you have ticked NO to any of the above questions, please give an explanation on a separate sheet			
Will your project involve deliberately misleading participants in any way?		√	

Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort? If yes please give details on a separate sheet and state what you will tell them to do if they should experience any problems (e.g. who they can contact for help).		√	
Do you consider that this research has any significant ethical implication not covered by the questions above?		√	
If you have ticked YES to any of the above questions, please give an explanation on a separate sheet			

Considerations	
In line with the service's key Research Directions for 2011 – 2016	Yes
Relevance/value to Service One	It is hoped the research will explore how therapeutic intervention is interpreted by EPs, the impact of service ethos on the EP's ability to use therapeutic intervention and the facilitators and barriers to therapeutic intervention practice. Findings from this study will hopefully provide a thorough insight into the use of therapeutic intervention across SPSs in Ireland including service one along with related implications for educational psychology theory and practice (e.g. professional & in-service training along with supervision of EPs working in SPSs

	& using therapeutic intervention). Within a national context, implications for educational policy will be explored including the potential relationship between the new NCSE model of resource allocation to schools and increased school psychology time to deliver therapeutic intervention.
Staff Time involved	Participants will be invited to complete a hard-copied questionnaire at their own convenience which should take approximately 15-20 minutes.
Costs (financial)	N/A
Duration (including proposed starting date)	I hope to commence data collection the beginning of July of this year (05/07/2018), running through the Summer months until the end of November 2018.
Ethical standards applied	**Informed consent** All participants will be fully informed of the research, its purpose and anticipated benefits. Consent forms will be sought from each participant **Participant sensitivity** In the interest of participant sensitivity,

	participants will be notified before completing the questionnaire that "*please note if there is a question which you do not feel comfortable in answering, feel free to continue on to the next question".* Participants may decide to withdraw from the study at any stage and this will be respected. Coercing people to participate in research is an example of an ethical dilemma which represents a conflict between the rights of the researcher to conduct research in order to gain knowledge and the rights of the participant to self-determination, privacy and dignity (Cohen et al., 2011). In the interest of fairness, the rights of the participants will be respected at all times in this research. **Right to withdraw** Participants are free to withdraw your participation from the research at any time without consequence. **Confidentiality** On completion of the questionnaire, participants will be given the option of supplying their personal information (including the participant's first name & work email address) for the purposes of clarification and expansion on the research findings. In such instances, all personal information collected will be coded with a number before storing and analysis of the data. All collected data will be stored on

	an encrypted file on a password protected laptop. This process will be explained to participants in the information sheet. **Remuneration** Participants will not be remunerated for agreeing to take part in the research.
Intention to publish/present at conference	It is my intention to present the ongoing stages of the research at upcoming conferences (e.g. PSI conference in November 2018).
Supervision (University etc.)	I am undertaking doctoral research as part of professional training in Educational and Child Psychology under the direct supervision and support of Dr. Fionnuala Tynan in Mary Immaculate College (MIC) Limerick from September 2016-June 2019.

I declare the above to be true. I am familiar with the PSI Code of Professional Ethics and I agree to abide by it.

Signed:  **Print name:** ORLA MURPHY

Date: 18/05/2018

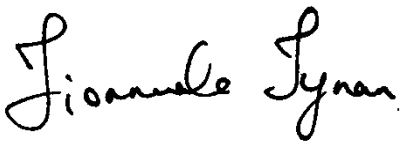
Service One RESEARCH DISCLAIMER

I Orla Murphy intend to undertake research entitled "An exploration of the use of therapeutic intervention across school psychology services in Ireland" during the period of July 2018 to October 2018. I am being supervised by Dr Fionnuala Tynan in Mary Immaculate College, Limerick. During this time I will conduct my research involving Service One personnel using a hard-copy questionnaire.

I acknowledge that the responses I may obtain will consist of the views of individual psychologists in relation to the research questions being asked. I acknowledge that the responses I may obtain are not representative of the view of Service One as an organisation.

I agree that a statement to verify this fact must be included in my research report and any other documentation connected with my research and also at any reporting of the research at conferences, seminars, symposia etc. I also agree that my supervisor will guarantee that a summary of the research once completed will be will be forwarded to the Service One Research Advisory Committee. In addition I guarantee that a copy of any report of this research to be published will be forwarded to the Service One Research Advisory Committee before its publication.

Signed:  **(Name of researcher). Date:** 18/05/2018

Signed:  **(Name of Supervisor). Date:** 18/05/2018

Date sent to Service One RAC : 18/05/2018

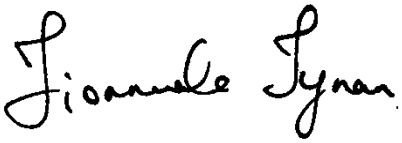
Date received in Service One RAC : N/A

SUPERVISORS DISCLAIMER

I acknowledge that the responses from Service One personnel that Orla Murphy under my supervision as part of a Doctorate in Educational and Child Psychology programme during the period September 2016-September 2019 may be obtained during her research will consist of the views of individual psychologists in relation to the research questions being asked. I acknowledge that the responses to be obtained are not representative of the view of Service One as an organisation.

I agree that a statement to verify this fact must be included in Orla Murphy's research report and any other documentation connected with her research and also at any reporting of the research at conferences, seminars, symposia etc. I also guarantee that a summary of the research, once completed, will be will be forwarded to the Service One Research Advisory Committee.

I also guarantee that a copy of any report of this research to be published will be forwarded to the Service One Research Advisory Committee before its publication.

Signed:  **(Name of Supervisor)**

Date: 18/05/2018

Date sent to Service One RAC : 18/05/2018

Date received in Service One RAC : N/A

Please send a hard copy of this application form and disclaimer document to: N/A

Please send an electronic version to: N/A

Appendix F: Empirical Paper

An Exploration of the Use of Therapeutic Intervention across School Psychology Services in Ireland

Keywords: mental health, children and young people, therapeutic intervention, school psychology services, Ireland.

Unstructured Abstract

Educational legislation in the United Kingdom (UK) of the 1980s in support of children and young people with additional needs placed a duty on educational psychologists (EPs) to complete statutory assessments (MacKay, 2007), restricting their potential to undertake therapeutic work (Atkinson et al., 2014). This research sought to explore and compare the use of therapeutic intervention by Irish EPs across three school psychology services (SPSs). Using a pragmatic parallel mixed-methods design, qualitative and quantitative data were collected from 32 EPs across three services through hard-copied questionnaires which addressed a number of research questions including the role of service policy on an EP's ability to use therapeutic intervention. Findings suggest that service policy needs to further support and encourage the EP's sense of autonomy in using therapeutic intervention. Implications for professional practice are examined. Service policy implications are discussed. Links to future research are also considered.

Introduction

There is widespread international concern about the prevalence of mental health problems among school-aged children along with their access to specialist services (Atkinson, Squires, Bragg, Muscutt, & Wasilewski, 2014). In Ireland, the Child and Adolescent Mental Health Services (CAMHS) report that one in 10 children and adolescents experience mental health difficulties (HSE, 2012). The impact of such difficulties on interpersonal and intrapersonal functioning has been noted (HSE, 2012). The rise in mental health difficulties among school children (Kutcher & McLuckie, 2009; Merikangas et al., 2010; Trussell, 2008) and the strong evidence base for

psychological therapy, are noted reasons for a renewed emphasis in therapeutic intervention work (MacKay, 2007). MacKay (2000, 2006, & 2007) has been influential in writing about the therapeutic role of the EP, asserting that EPs are a key therapeutic resource for children and young people. Not only are EPs believed to be professionals most thoroughly embedded within the education system, they also hold extensive training in child and adolescent psychology (MacKay, 2006). In Ireland, the role of the EP is "to support the psychological and educational development of persons of all ages in the education and healthcare systems" (PSI, 2017, p.3). Engagement in preventative and therapeutic intervention work in supporting the well-being of children and young people is one area in which trainee educational psychologists (TEPs) require professional supervised experience, as set out by the national *accreditation criteria for professional doctoral training in educational psychology* (PSI, 2017). The therapeutic role of the EP and the school psychologist (SP) are referenced interchangeably in the literature, depending on the relevant jurisdiction.

National and international context: role of the educational psychologist

Bound by a social-political context (Fallon, Woods, & Rooney, 2010; Stobie, 2002), the statutory role of the SP in the area of special education eligibility (Hosp & Reschly, 2002; Jimerson & Oakland, 2007; Lewis, Truscott, & Volker, 2008) has led to various perceptions of the EP over the last two decades, including that of a gatekeeper of resources (Passenger, 2013). In Ireland, for example, the requirement in *Circular 02/05* (DES, 2005) for students to have a learning need diagnosed as a precursor to additional supports in the educational system, led to a high level of assessment work for EPs. This context in turn prevented EPs from expanding their role into different areas (Farrell et al., 2006) including therapeutic work.

A quarterly performance report of the HSE for October –December 2017 states that staffing decreases and admission of children to acute adult inpatient units represent key challenges in the effective delivery of child mental health services (HSE, 2017). This finding highlights a role for Irish EPs to provide early intervention to children and young people with mild mental health needs, leading to the prevention of more acute difficulties and consequent referral to CAMHS. Equally, the revised model of special education teaching as outlined in *circular 0014/2017* (DES, 2017) and the school inclusion model (DES, 2019) equates with the potential of increased school psychology time to engage in therapeutic intervention. Firstly, removing the requirement of a

diagnosis in order for students to access additional supports may lead to a significant reduction in assessment work conducted by EPs. Secondly, the need for in-school intervention for students with additional needs including those with emotional and behavioural difficulties supports the view of increased school psychology time to deliver therapeutic intervention.

Training and an opportunity to practice therapeutic intervention has been an identified theme in previous literature. Many of the studies report on the time pressures placed upon EPs along with a lack of opportunity to practice therapeutic intervention due to the prioritisation of special educational needs (SEN) statutory work demands over therapeutic practice (Atkinson, Corban, & Templeton, 2011). The limited opportunity to apply clinical interventions in practice had implications for the practitioner's confidence to provide such services (Suldo, Freidrich, & Michalowski, 2010). This relates to the EP's sense of self-efficacy regarding their use of therapeutic intervention. Even where EPs received adequate and sufficient training, they reported difficulties sourcing opportunities to practice therapeutic intervention (Atkinson et al. 2014). Nonetheless, some EPs noted that an interest in the area of therapy often led to personalised attempts to prioritise the use of therapeutic intervention with children and young people (Atkinson et al., 2014). Time pressures relate to another important factor in therapeutic practice, role ambiguity.

Role ambiguity in relation to the EP/SP and their use of therapeutic intervention was a significant theme to emerge in the literature. Studies share the sentiment that there exists a lack of awareness among other professionals that EPs/SPs hold the capacity to deliver therapeutic interventions. While health professionals fail to acknowledge the role played by EPs as therapeutic providers, some schools prioritised the competing demands of statutory assessment work for EPs over therapeutic intervention work with children (Atkinson et al., 2014). At the same time, many schools highly value the EP's direct work with children and young people and indirect work through consultation for example (Atkinson et al., 2014) as well as the expertise offered by EPs in the area of mental health intervention (Greig, MacKay, & Ginter, 2019). The main conclusion here is that many professionals are unaware that EPs/EPs hold the capacity to undertake therapeutic work which relates to the widely held perception that such work is generally within the remit of other service providers (Atkinson et al., 2011). The concepts of "self efficacy" and "self determination" with regard to the EP's perceived ability to use

therapeutic intervention are important considerations given the EP's role serving the mental health needs of children and young people.

Key concepts in therapeutic practice

The Government of Ireland (2006) document "*A Vision for Change"*, described mental health difficulties as lying on a continuum, from everyday psychological distress, experienced by most people, to significant mental illness as experienced by a smaller proportion of people. Definitions of mental health in children have recognised the developmental context. One such definition refers to the psychological and emotional development of the child, the ability to initiate, develop and sustain mutually satisfying personal relationships, use and enjoy solitude, learn the skill of empathy towards others, learn from play, the moral development of right and wrong and the resolution of personal difficulties (HAS, 1995; Mental Health Foundation, 1999). Well-being is a subset of an individual's mental health. For the purpose of this research, various definitions of well-being (NCCA, 2009; NEPS, DES, DoH, & HSE, 2015) have enabled the researcher to define it as "the optimal development of the child, through quality teaching and learning as well as through the child's relationships and interactions with family and the wider community". A provisional definition for therapeutic intervention highlights an intentional interaction, expecting to achieve a positive outcome for the child or young person, based on their identified needs and informed by an understanding of the potential impact and value of the interaction involved (Children Acts Advisory Board, 2008).

Theoretical constructs in relation to the EP's ability to use therapeutic intervention

Self-efficacy is a construct concerned with the degree to which individuals believe they hold the ability to perform behaviours associated with positive outcomes, which is also thought to be predictive of human motivation and behaviour (Bandura, 1982; Bandura, 1986). A higher self-efficacy is associated with feelings of increased optimism, lowered anxiety, a higher self-esteem and overall resilience (Pajares & Schunk, 2002). The EP's sense of self-efficacy with regard to therapeutic intervention may determine their motivation and confidence to work in the area. Furthermore, the extent to which the EP believes they can provide therapeutic support directly relates to their engagement in such work and the concept of self-determination. Self-

Determination Theory (SDT) is one theory of human motivation emphasising the innate psychological needs for competence, autonomy and relatedness, all of which are required for continuous psychological growth and well-being (Deci & Ryan, 2000). Autonomy relates to a need to be self-determinant and an initiator of one's own actions and behaviours (Porter, 2006).

Rationale for the present piece of research

Service ethos and policy plays an important role in determining the EP's role in therapeutic practice. The role of service ethos on the EP's perceived ability to use therapeutic intervention was a gap in the literature. The following research question emerged: Does service policy impact on an EP's ability to use therapeutic intervention(s)?

Method

This piece of research sought to examine and compare the experiences of Irish EPs regarding their use of therapeutic intervention with children and young people. Thirty-two EPs were recruited across one large and two small, yet similarly sized, services. A pragmatic parallel mixed-methods approach was used in this research where both qualitative and quantitative data were collected simultaneously and analysed. This allowed inferences to be drawn from the findings of both data sets, thus enabling the researcher to answer key research questions.

Measures

A number of variables of interest were measured in this research. One variable was "the impact of service culture or ethos on the educational psychologist's ability to use therapeutic intervention" which was explored using the open-ended question: What way does service policy and ethos impact upon your ability to use therapeutic intervention(s)? A thematic analysis was employed in analysing participant responses.

Procedure

A questionnaire consisting of both open and closed-ended questions was used to explore and compare the use of therapeutic intervention by EPs across three SPSs in Ireland. The questionnaire was devised and adapted from the work of Cathy Atkinson, a research and practice-based EP in the UK. In one published study, Atkinson used a questionnaire consisting of open and closed-ended questions to explore the main factors

and themes in relation to therapeutic practice by EPs (Atkinson et al., 2014). As a beginning researcher, it was decided to use and adapt a structured questionnaire to facilitate the collection of high quality findings and in doing so, avoid the collection of any unambiguous information from EPs. It also allowed comparisons to be made between the Atkinson study and the present research. A number of adaptations were made to the questionnaire used by Atkinson et al. (2014) in order to contextualise it for the Irish context. This was based on the researcher's own professional training experiences as a TEP and her reading around the topic. The use of an adapted questionnaire based on a recently published study (Atkinson et al., 2014) assisted in ensuring the questionnaire's reliability. In addition, the anonymous completion of the questionnaire encouraged honesty in responses and helped in ensuring the reliability of the questionnaire (Cohen, Manion, & Morrison, 2007).

The questionnaire was first piloted with five EPs working in one particular region in the largest of the three services. Twenty EPs working in this region were initially invited to partake in the pilot study with five completing the questionnaire. This region was selected for convenience reasons as the researcher was on placement in the region at the time. The pilot study consisted of the questionnaire, an information letter and a consent form. The questionnaire and consent form were posted to EPs at their workplace for their completion. Permission to do this was sought and received through email contact with the EPs prior to postage. Psychologists were emailed the information sheet through their work email address with prior permission to do this from the director of the service. At their own convenience, EPs completed a hard copy of the questionnaire, returning the questionnaire and a consent form by means of a stamped addressed envelope to the researcher at her place of work. No issues emerged with the completion of the questionnaire at this stage, meaning the data generated during the pilot study could be used for subsequent analysis and interpretation.

In order to clarify service policy on whether the researcher could directly contact EPs to participate in the research, an email was sent to the director of the three services. Subsequently, with consent to email participants using their work email address, the researcher emailed EPs working across the three SPSs, inviting them to participate in the research with the information form attached. Participants were sent a hard copy of the questionnaire and a consent form along with a stamped addressed envelope for ease of return. The questionnaire consisted of three sections: Respondent Information, Therapeutic Intervention and Qualitative Information. In order to draw comparisons

across services and participant responses, the participant's place of work was established prior to their completion of the questionnaire survey: "*Before commencing the questionnaire, please tick the relevant box in relation to your place of work*". A summary report of the research findings was made available to all participants on request.

Participants

From a total of 216 EPs working across the three services, 32 EPs completed the questionnaire exploring their use of therapeutic intervention. This number represented a return rate of 15% from the original sample of 216 EPs invited to partake in the study. EPs were recruited from three different services in Ireland, with significant variations in service size and context of work**.** Questionnaires were completed and received by the researcher between the months of September and November 2018. Of the 32 returned questionnaires, all EPs identified their place of work, gender, area of original training and the percentage of time engaged in different work activities. Nine EPs failed to provide their age in years while one participant failed to identity their years of professional experience as an EP. The respondents comprised of eight (25%) male EPs and 24 (75%) female EPs. Of these, 25 (78%) worked in the largest service, three (9%) in the first small service and four (13%) in the second small service. Twenty-three EPs provided information concerning their age. Of these, the EPs' age ranged from 30 to 58 years with a mean age of 44.65 (Standard Deviation of 8.45). All EPs reported their area of original training with an overlap across domains found for a number of EPs. Twenty-four (75%) trained in the area of educational psychology, two (6%) in child psychology, five (16%) in counselling psychology, one in developmental and educational psychology (3%), one (3%) in clinical psychology and two (6%) in areas other than those previously mentioned. One EP trained in the areas of psychology and primary teaching while another EP trained solely in the area of primary teaching. Information regarding years of professional experience was obtained from 31 EPs. Two (7%) EPs worked in the role less than two years, five (16%) 2-5years, six (19%) 5-10 years, seven (23%) 10-15 years and eleven (35%) with greater than fifteen years experience. Twenty-four (75%) EPs noted using therapeutic intervention within the last two years as part of their role while eight (25%) EPs did not use it.

Results

Percentage of time EPs engaged in different work activities.

Information was provided by all 32 EPs regarding the percentage of time they engaged in different work activities as can be seen in Table 1. On average, EPs spend the majority of their time undertaking assessment work (34%) followed closely by consultation work (27%). EPs were engaged in intervention work, on average about 15% of the time but this ranged from 0-70%. Eight EPs reported spending time working in areas "other" than those listed on the questionnaire, including management, policy and supervision of other EPs.

Table 1

Percentage of Time EPs Engaged in Different Work Activities as Part of their Role

	Minimum	Maximum	Mean	Standard Deviation
Assessment	0	75	34.00	22.38
Intervention	0	70	14.94	17.51
Consultation	0	70	27.19	16.70
Training	0	25	12.41	7.31
Research	0	25	2.08	4.69
Other	0	80	7.72	19.10

Of interest is the fact that the standard deviation (*SD*) statistic is larger than the mean (*M*) statistic for a number of work activities completed by EPs including intervention, research and other activities. This suggests a degree of variance across particular roles undertaken by the EP. Individual frequencies for intervention revealed that 22% (seven) of EPs did not engage in intervention work while 6% (two) worked in the area 70% of the time. Overall, the results conclude that a certain percentage of EPs were not engaged in intervention work and a low percentage was engaged in a large amount of intervention work.

Types of Therapeutic Intervention, Stakeholders and Manners in which EPs Use Therapeutic Intervention

A series of chi-square tests were run to explore the association between the various types of therapeutic intervention used by EPs, the stakeholders (i.e. individuals that therapeutic intervention is used with) and manners in which they are used (i.e. ways in which therapeutic intervention is used). A full summary of this information is provided in Table 2.

Table 2

Types of Therapeutic Intervention, Stakeholders and Manners in which EPs use Therapeutic Intervention

Types of Therapeutic Intervention used by EPs	
Cognitive Behavioural Therapy (CBT)	Systemic Psychotherapy
Personal Construct Psychology (PCP)	Family Therapy
Motivational Interviewing (MI)	Narrative Therapy
Solution Focused Brief Therapy (SFBT)	Therapeutic Stories
Video Interactive Guidance (VIG)	Other (please specify)
Stakeholders that EPs use Therapeutic Intervention with	
Children/young people attending primary school	Young people attending adult education centres
Children/young people attending secondary school	Parents
Children/young people attending a special school	School Staff
Young people attending Youthreach centres	Other key stakeholders
Young people attending college of further education	Other education providers
Manner in which Therapeutic Intervention is used by EPs	
Individual therapeutic work	Client-centred consultation
Group work	Systemic-work (e.g. in-service training & supervision of key stakeholders)
As part of assessment work	Other (please specify)

Regarding the use of therapeutic interventions, Cognitive Behavioural Therapy (CBT), Motivational Interviewing (MI), Solution Focused Brief Therapy (SFBT) and systemic psychotherapy featured as popularly used therapies by the EPs partaking in this research. EPs generally employed therapeutic interventions in an individualised manner with students, and through a systemic work and client-centred consultation manner with school staff. More specifically, therapeutic intervention was delivered through a mixture of assessment and individualised intervention when working with students in primary schools and through a mixture of individualised intervention and client-centred consultation when working with students at second level. Assessment was also used to deliver therapeutic intervention to parents and school staff.

Qualitative Findings: Thematic Analysis

A thematic analysis was employed in relation to the research question: D*oes service policy impact on an EP's ability to use therapeutic intervention(s)*? The impact of service policy on an EP's ability to use therapeutic intervention yielded two key themes: *autonomy in using therapeutic intervention* and *support in using therapeutic intervention.* Quotations are used to support the analysis and codes (e.g. EP1) are included in making reference to the particular EP who provided the information, for contexualisation. Comparisons are made between the two smaller services and the largest service.

Theme 1: Autonomy in using therapeutic intervention. An EP's sense of autonomy in using therapeutic intervention was a very evident theme in the qualitative responses. The EP's sense of uncertainty, the role of service policy/ethos and the value of therapeutic intervention held by different stakeholders were the main identified sub-themes from the theme as outlined in Figure 1.

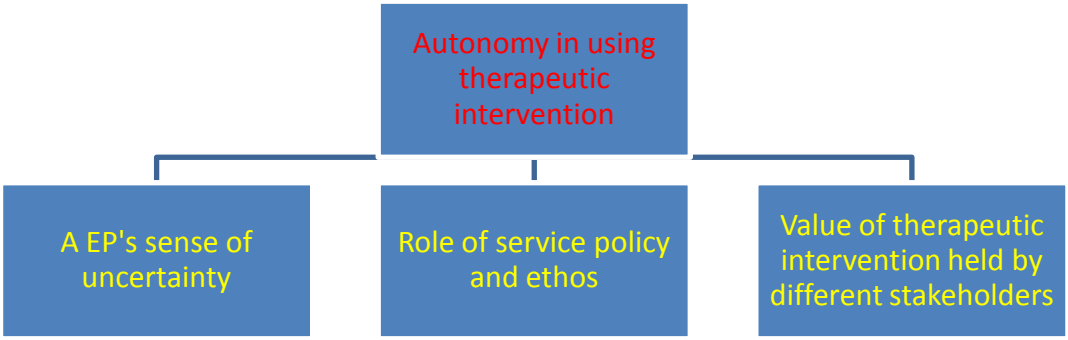


Figure 1. Autonomy in using therapeutic intervention: Impact of service policy and ethos on an EP's ability to use therapeutic intervention

The EP's perceptions of autonomy to engage in therapeutic intervention work greatly differed between the small services and the largest service. Positive perceptions of autonomy were evident in the responses from EPs working in the smaller services. EP1 commented that they possessed "*a lot of autonomy*" in their work and service delivery. EPs described themselves as "*lucky*" (EP 6) and "*fortunate*" (EP 9) to have such autonomy to engage in therapeutic work. By contrast, a lack of autonomy was found in the responses of EPs working in the largest service. Interestingly, feedback from EPs with the greatest level of experience (i.e. working 15-years' and more) was very often brief yet to the point. For example EP20 simply states that "*demand for assessment in schools pre-dominates*" their work in the service.

Subtheme 1: An EP's sense of uncertainty

A feeling of uncertainty regarding their ability to deliver therapeutic intervention was well documented by some EPs in the largest service. Overall, EPs appeared to lack a sense of clarity regarding their role in therapeutic work. Some EPs described the confusion between their role and that of HSE services in the delivery of therapeutic intervention (EP24) where it was often regarded as the responsibility of HSE services

(EP10). Equally, uncertainty often led to the feeling of fear for some EPs to engage in therapeutic work, with consequences on their confidence in this area. Fear of being "*overwhelmed by demands*" was reported by EP27 as the prime reason that their service failed to offer therapeutic services to children and young people in schools.

Subtheme 2: Role of service policy/ethos.

A sense of uncertainty with a related lack of autonomy appeared to be significantly influenced by the role of service ethos and policy. All three services agreed that service ethos and policy was a significant factor in determining whether EPs could engage in therapeutic practice. The influence of service ethos was referred to by EPs as a "*huge*" (EP2), "*crucial*" (EP9), and *"significant*" factor (EP10), even a "*100% determinant*" (EP27) of whether EPs may deliver therapeutic intervention as part of their role within their service. Generally, service ethos was viewed positively by EPs in the smaller services, where EP9 commented that the ethos in the service "*facilitated my completion of therapeutic work*", leading them to value the area as a core part of their work. It was clearly evident that service ethos was a determining factor for EPs in the largest service, although a minority of EPs from this service felt that service ethos did not affect their autonomy to engage in therapeutic intervention. Nonetheless, some EPs (EP5 & EP29) commented that they could "*only prioritise therapeutic intervention work to the degree that service policy allows"* (EP5). EPs specifically referred to an "*obligation to follow service policy*" (EP29) where the service generally *didn't encourage or support our interest in the area of therapeutic intervention*" (EP14). On a positive note, EP12 felt that their delivery of therapeutic intervention to other stakeholders such as teachers may lead to important benefits in schools including "*change regarding the manner in which teachers work with children and young people".*

Subtheme 3: Value of therapeutic intervention held by different stakeholders.

The above sub-themes of uncertainty and service policy/ethos lead to the importance of value of therapeutic intervention in guiding the EP's sense of autonomy to use it. Schools value the EP's completion of assessment with children and young people (EP20 & EP25), thus inferring a school's value for such work. EP25 stated that "*resources are a big issue*" where "*schools cannot access support without the relevant assessments*". Nonetheless, EP21 provided an example where therapeutic intervention work in a group format was "*welcomed"* and "*highly valued"* by their catchment of schools. This piece of evidence illustrates the point that interested EPs in the area of

therapeutic intervention perhaps need to offer such services themselves in order for it to be valued by stakeholders.

Some EPs in this research referred to the lack of value attached to therapeutic work in their services as "*it is not seen as a therapeutic service*" (EP28). Hence the service doesn't "*encourage or support*" (EP14) such work as a significant part of the EP's role. Interestingly, EP19 disagreed with the idea of therapeutic intervention work forming part of the EP's role according to a service model and ethos. This EP furthermore explained that the service "*does not strive to provide support in the area of therapeutic intervention*" and it is "*valued by schools and other stakeholders for the services that it does provide*". The EPs' comments demonstrated an overall value for the area of therapeutic intervention. They felt that they are "*well-positioned*" (EP32) to engage in therapeutic intervention. EP27 regarded therapeutic intervention as a "*universal need".*

Theme 2: Support in using therapeutic intervention. As outlined in Figure 2, the main subthemes identified by EPs in relation to the theme of support were the model of service, time and other demands and resources for therapeutic intervention. Given the EP's sense of autonomy in relation to the delivery of therapeutic work or lack thereof, the theme of support was an important consideration by EPs in this research. Generally, a lack of support for EPs to engage in the area of therapeutic intervention was outlined. Obstacles to an EP's ability to provide therapeutic support were also identified.

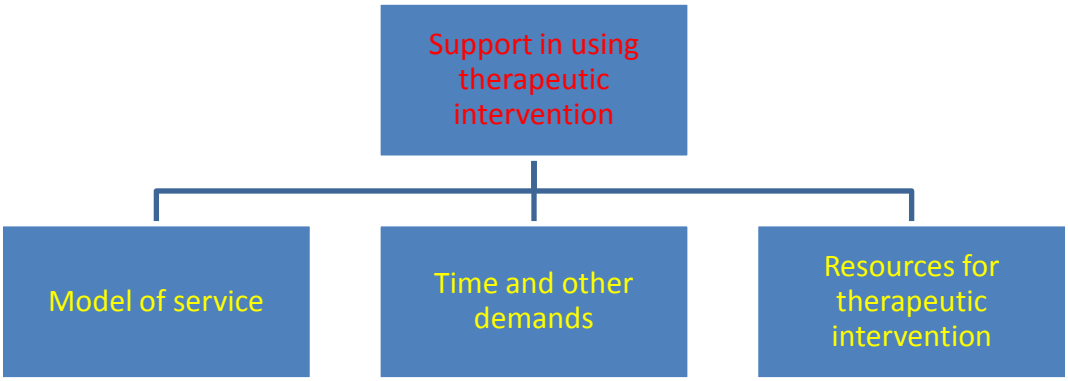


Figure 2. Support in using therapeutic intervention: Impact of service policy and ethos on an EP's ability to use therapeutic intervention

Subtheme 1: Model of service

EPs from all three services commented on the critical role played by the service model on the degree to which they could provide therapeutic intervention support. Various models of service and their related implications were presented by EPs across services. One EP explained the role of a consultation or prevention type model, whereby EPs may simply provide "*indirect*" (EP16) therapeutic support to stakeholders, such as parents and teachers. With limited opportunities to engage in therapeutic work at an individualised level with children and young people, the "*practicality*" (EP1) of engaging in such work is questioned alongside the "*development and maintenance of related skills*" (EP17) in this area. Equally, EP30 referred to a model of service whereby "*schools refer students*" to SPSs for various types of support. Therefore, if schools do not refer students for therapeutic intervention, then EPs are not provided with an opportunity to work in this area. This point points to the assessment model. Demands for cognitive assessments have pre-dominated the work of EPs "*despite attempts to move away from this model*" (EP 21) in more recent years, through the implementation of the "*consultation and continuum of support*" type models, according to EP21. Thus, a significant amount of the EP's time has been spent on assessment rather than the completion of others activities like therapeutic intervention.

Subtheme 2: Time and other demands

The high volume of cases in the EP's workload coupled with the demands to engage in a number of areas of psychological support, significantly limits the opportunity to engage in therapeutic work. This sentiment was shared across services. A high volume workload was referred to in different ways by EPs including their "*work in a large number of schools*" (EP15), spread across a "*wide geographical location*" (EP4), to their work with a "*large number of students in any given school"* (EP31). According to EP31, the impact of a high workload was noted to "*limit an EP's time, opportunity and capacity*" to provide therapeutic support in a "*thorough manner*" and especially of an "*individualised*" nature. Proposed solutions by EP11 suggest the need for "*departmental agreement*" that EPs may engage in therapeutic work despite other service priorities and time demands.

Subtheme 3: Resources for therapeutic intervention

Some EPs from the largest of all three services felt strongly that their ability to engage in therapeutic work was also determined by support in the form of resources. There was a feeling across some EP responses that they lack the necessary supports to deliver the quality of therapeutic intervention required of them. EP15 personally felt that they "*didn't possess sufficient resources to engage in an individualised CBT type intervention"* which would consist of six sessions. Once again this point relates to the previous sub-theme of service model where the "assessment model" dictated the type of resources used by EPs in schools.

Discussion

The Irish EP's use of therapeutic intervention

Findings showed that EPs were spending the majority of their time undertaking assessment work (34% on average), although this varied from 0- 75%, followed closely by consultation work (27% on average) which varied from 0-70%. However, EPs delivered interventions almost 15% of their time on average, less than half of the time they were engaged in assessment work. Of most significance here, is the fact that the main role of the SP (assessment, consultation & intervention) (Fagan & Sachs-Wise, 1994), has remained relatively unchanged over twenty-five years, despite an increased

interest in other work areas including therapeutic intervention (Mackay, 2007). A further 22% (seven) of EPs revealed that they did not engage in intervention work as part of their role while 6% (two) of EPs engage in intervention practice 70% of their time.

Certainly, the findings raises the issue of whether EPs may be precluded from engaging in therapeutic work, due to other work commitments, including statutory assessment work (Atkinson et al., 2011). Undoubtedly, the assessment model of work appeared to have a major influence on the role of the EP in schools, a finding echoed consistently throughout this research. On a positive note, this piece of research was undertaken on the cusp of major policy change in Ireland, concerning support for children and young people with additional needs. This includes the revised model of special education teaching and the school inclusion model, which remove the requirement of a formal diagnosis in order for students to access relevant support (DES, 2017; DES, 2019). Furthermore, assessment was commonly used as a means of therapeutic delivery with students, parents and school staff in this research. This is an important finding in assisting EPs to challenge the notion that their capacity to deliver therapeutic intervention is underpinned by many factors, and most significantly, the EPs lack of time and that fact that other demands are placed upon them by the service. In the literature, Atkinson et al. (2014) also commented on the difficulty finding opportunities to practice therapeutic intervention despite adequate training in the area.

Autonomy in using therapeutic intervention

The role of service ethos regarding therapeutic practice was found to be a crucial determinant of the EP's autonomy to engage in therapeutic practice in this research. Differences were established between the largest and smaller services. Service ethos has not emerged as a significant factor in the literature base to date, highlighting an important gap in the research. EPs in the largest service emphasised their sense of uncertainty regarding their role in therapeutic practice, sometimes viewing it as that of HSE services. These findings bear important implications for EPs and their confidence in practicing therapeutically. In the literature, the EP's recognition of the distinctive skills and knowledge that CAMHS bring to their delivery of mental health interventions prompted them to make referrals for children and young people (Greig et al., 2019). Nonetheless, the findings from a quarterly performance report of the HSE for October – December 2017, describe staffing decreases and admission of children to acute adult

inpatient units (HSE, 2017). Such findings emphasise the critical role of the EP in early intervention and in the prevention of more acute difficulties and consequent referral to CAMHS.

Certainly, the mediating factor of value of therapeutic intervention is critical here. EPs across services hold a high sense of value of therapeutic intervention whereas services often do not support such work due to their service ethos. While an assessment model may predict the lack of value placed on therapeutic intervention by schools, an example of positive feedback was provided in the research where group therapeutic intervention was well received by schools. This finding was also echoed in the literature where many schools value expertise offered by EPs in the area of mental health intervention (Greig et al., 2019). It highlights that interested EPs in therapeutic practice need to offer such services and in doing this, increasing their value placed on it by the relevant stakeholders, including schools.

Support in using therapeutic intervention

A lack of resources and time to engage in therapeutic practice were well noted in this research as well as the influence of service model which relates to the ethos of the service. A lack of resources for CBT intervention was highlighted by some EPs in the largest service which may refer to physical space in schools, the time it takes to run interventions et cetera. A follow-up study in the form of an interview or focus group with EPs would be useful in clarifying an issue like this. A lack of time due to competing demands for example, significantly limits the EP's opportunity and capacity to provide therapeutic support. This finding supports the literature where the prioritisation of SEN statutory work demands over therapeutic practice was highlighted in the Atkinson et al. (2011) study. The consultation or continuum models of support constitute indirect therapeutic support to parents and teachers. While the development and maintenance of related skills is questioned with these models of support, consultation is a way of broadening service delivery in relation to therapeutic practice. Consultation work has been suggested as a suitable alternative to the provision of direct therapeutic intervention and it also serves a preventative function (Shernoff, Bearman, & Kratochwill, 2017). This is important for Irish EPs with an interest in therapeutic work. This research found that EPs engaged in consultation work on average 27% of their time and anything from 0-70% of time.

Service Policy Implications

Service policy needs to support the EPs' therapeutic practice, if they are going to feel confident in providing such services. Consultation practice with its preventative focus, is one way of enabling Irish EPs to broaden their use of therapeutic intervention beyond direct work with a few students. Currently, EPs employ therapeutic intervention through client-centred consultation in secondary schools with staff, as a means of discussing student difficulties. EPs in this research were in fact engaged in consultation work 27% of their time, on average. With revised policy changes to accessing educational resources in Irish schools, the focus of the EPs' work may shift from assessment and in the direction of increased therapeutic practice at various levels, with a particular emphasis on preventative work.

Professional practice

Service capacity to deliver therapeutic support, resources and supervision of practice are important features in ensuring the EP's successful delivery of therapeutic work. As previously mentioned, consultation practice would enable Irish EPs to broaden their use of therapeutic intervention beyond direct work with a few students. Equally, as found in this research, assessment is a means of satisfying the EP's desire to engage in therapeutic work at a meaningful level. Given the fact that the focus of assessment work in schools may shift, as a direct result of the revised models of support for children and young people, the likelihood is that therapeutic intervention will be used more frequently by EPs in the future, and at all levels of the continuum of support, including preventative work and direct intervention. Resources, including physical space in schools, time and appropriate materials are a necessary requirement for EPs to successfully implement therapeutic intervention. Currently, resources including testing equipment and intervention supports are primarily driven by the assessment model of practice in schools. Regular practice under supervision was identified by EPs in this research as a professional requirement to engage in therapeutic practice. While the nature of supervision will be dependent on the individual EP and their delivery of therapeutic work, a blend of informal support and formal supervision in the EP's delivery of specialist services is required.

Future research

Firstly, future research should consider the gap between the current training of Irish EPs in the area of therapeutic intervention and their systemic practice in providing such support. This piece of research was completed at a point of decisive change in Irish policy for students with support needs. As related models of practice come into effect in Irish schools with related implications for service policy, a follow-up study is required with Irish EPs interested in therapeutic practice. A semi-structured interview would enable the researcher to form a high degree of clarity on the area and to elaborate on the main findings arising from this research. Secondly, given the introduction of revised models of support for students and potentially the increased use of therapeutic support by EPs, more detailed research is required on whether relevant stakeholders, including teachers possess a value of therapeutic intervention. This current piece of research focused specifically on the views of Irish EPs regarding therapeutic work. A questionnaire that seeks the views and experiences of a range of school staff including the class/subject teacher, special education teacher (SET) and guidance counsellor et cetera, in terms of the benefits of therapeutic support for children and young people, could by very informative.

Limitations

While the comparison of a larger service with two small services in this research yielded interesting findings, the responses of the larger service appeared to dominate the results. For the purposes of replication, a larger sample size is required and a more even recruitment of EPs from services. This would involve additional effort on the part of the researcher in ensuring that a large sample of EPs are recruited to participate in the research in order for the findings to be generalised to the wider population. The self-report nature of the questionnaire brings with it the possibility of social desirability in the EP's qualitative responses as well as subjectivity from participants and researchers alike. For the purposes of expansion on the some of the main findings, a means of follow-up would also be required (i.e. telephone or face-to-face interview with the EPs).

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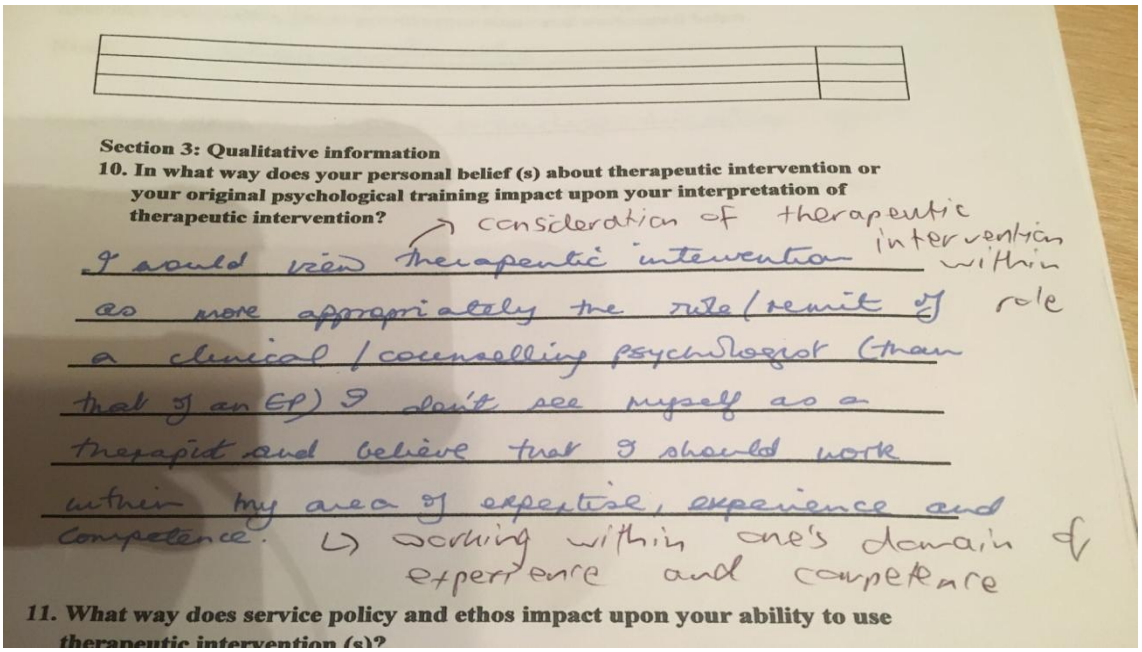
Appendix G: Sample Characteristics

Educational Psychologist (Coded)	Service (Coded)	Gender	Age	Domain of psychological training	Years of experience	% Intervention work	Therapeutic Intervention use in last 2 years
1	2	F	41	Counselling	10-15	70	Yes
2	2	F	N/A	Counselling	> 15	70	Yes
3	2	M	47	Counselling	> 15	70	Yes
4	1	F	38	Educational	N/A	N/A	Yes
5	1	F	N/A	Educational	2-5	5	Yes
6	3	F	47	Educational	10-15	30	Yes
7	3	F	51	Counselling	2-5	40	Yes
8	3	M	52	Counselling/ Educational	>15	25	Yes
9	3	F	N/A	Educational	5-10	25	Yes
10	1	F	N/A	Clinical	>15	N/A	Yes
11	1	F	54	Primary Teaching/ Psychology Diploma	>15	10	No
12	1	F	58	Educational	10-15	20	Yes
13	1	F	40	Educational	10-15	5	No
14	1	F	N/A	Educational	10-15	15	Yes
15	1	F	32	Developmental/ Educational	2-5	10	Yes
16	1	M	32	Educational	<2	5	Yes
17	1	F	39	Educational	<2	N/A	No
18	1	M	N/A	Primary Teaching	10-15	20	Yes
19	1	F	N/A	Educational	5-10	0	No
20	1	M	52	Educational	>15	15	Yes
21	1	F	45	Educational	5-10	15	Yes
22	1	M	40	Educational	5-10	0	Yes
23	1	M	N/A	Child/ Educational	10-15	10	Yes
24	1	F	54	Educational	>15	2	No
25	1	F	49	Educational	>15	10	Yes
26	1	F	58	Educational	>15	0	No
27	1	F	41	Educational	5-10	0	No
28	1	F	41	Educational	>15	15	Yes
29	1	M	N/A	Educational	5-10	6	No
30	1	F	30	Educational	2-5	15	Yes
31	1	F	34	Educational/Child	2-5	15	Yes
32	1	F	52	Educational	>15	5	Yes

Appendix H: Sample Extract of Coding Process



Section 3: Qualitative information

10. In what way does your personal belief (s) about therapeutic intervention or your original psychological training impact upon your interpretation of therapeutic intervention?

consideration of therapeutic intervention within role

I would view therapeutic intervention as more appropriately the role/remit of a clinical/counselling psychologist (than that of an EP). I don't see myself as a therapist and believe that I should work within my area of expertise, experience and competence.

↳ working within one's domain of experience and competence

11. What way does service policy and ethos impact upon your ability to use therapeutic intervention (s)?