PROFESSIONAL PRACTICE REPORTS

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INTRODUCTORY CHAPTER

Introduction

Part of the requirement of the Applied Educational and Child Psychology Doctorate at the University of Birmingham, is a two-year supervised placement within a Local Authority (LA) Educational Psychology Service (EPS). Throughout this placement was the requirement to complete four Professional Practice Reports (PPRs). The purpose of the PPRs is not only to contribute to areas of service delivery within the EPS, but also to extend my own professional practice and personal development as a Trainee Educational Psychologist (TEP), from my own areas of interest. The four PPRs are contained within this volume of my doctoral thesis. Together with volume one, this will meet the assessed, written requirements of the doctorate.

It is the intention of this introductory chapter to outline the context of the EPS which had influence upon the PPRs, provide a synopsis of the PPRs and summarise reflections of my professional and personal development.

EPS Context

The PPRs were completed within Hightown EPS. Hightown is a large metropolitan borough in central England. Across my two-year placement I was the TEP for five settings in the West of the borough. This consisted of four mainstream primary schools and one high school. I also had responsibility for early years cases residing within the West area of the borough.

According to the English Indices of Deprivation (DCLG, 2010) Hightown was ranked twelfth out of three hundred and twenty-six LAs and this has deteriorated since 2007. This data suggests that deprivation is equally spread across the borough.

As a TEP in Hightown EPS I worked collaboratively in multi-professional teams. These included Behaviour Support Teachers (BSTs), Special Educational Needs Advisory Teachers for Learning (SENAT-L), members of the Sensory Needs Team (SNT) for the Visually and Hearing Impaired, members of the Complex Communication and Autism Team (C-CAT), members of the Specific Learning Disability team (SpLD) and members of the Preventing Primary Exclusions Team (PPE). Approximately mid-way through my second year, members of the Attendance Team and the Exclusions Team joined Hightown EPS. Against this multi-professional backdrop, opportunities were presented to complete project-work to meet the requirements of my PPRs, in particular PPR 1.

The service model of delivery within Hightown EPS is community-focussed and consultative. This enables time in school to be maximised and to work collaboratively with key partners in schools. Informing consultative practice is Egan's (2010) Skilled Helper model. This is utilised but not standardised within EP practice in Hightown EPS. This provided the impetus for PPR 3.

As a result of government budget cuts, Hightown EPS has implemented money-saving changes. This informed a different model of service delivery based upon a part-time-allocation, part-traded approach. Formulae took account of a range of factors to determine need and level of support needed. This was then converted into hours in school to be delivered by EPs, SENAT-L's and BST's as part of the whole school delivery team. Apart from the BST's who operated on a completely traded basis in my second year, any additional time needed to the LA allocated hours was then purchased from the EPS by schools as part of the Service Level Agreement (SLA). Alongside this movement to more traded services, The Academies Act (2010) prompted a number of schools, particularly secondary schools, within Hightown to convert to Academy status. This meant that Hightown EPS had to 'market' their services to Academies. This raised the agenda of the

range of services the EPS could deliver, bringing to the fore considerations of the potential range of work EPs could be involved in. This influenced the focus of two of PPRs 2 and 4.

PPR 1: Student and Parental Perspectives on the Social and Emotional Experiences of Hearing-Impaired Adolescents.

This PPR is set within the multi-professional context of Hightown EPS of which the SNT had recently joined at the start of my two-year placement. It is also contextualised against research findings that most individuals with a hearing-impairment are educated within mainstream schools (Kent, 2003) but that their social needs, as a central criticism of inclusive practice are not met (Gregory & Bishop, 1989; Powers, 1996).

The SNT's afterschool provision included within their Social Opportunities Program (SOP) presented opportunities to conduct research into the social and emotional experiences of hearing impaired adolescents. This study therefore explored the social and emotional experiences of hearing impaired adolescents and their parents who attended the SOP and mainstream school.

Semi-structured interviews were used to obtain this data. Six participants; three young people aged between twelve and sixteen and their parents took part. The results of a thematic analysis for both the young people and their parents revealed largely negative experiences with hearing peers including social exclusion, communication difficulties, feeling different to others and poor emotional wellbeing. In stark contrast experiences on the SOP reported by both the young people and their parents consisted of largely positive experiences with peers. Key to such experiences was feeling the same as others leading to

friendships and generating a sense of social inclusion. This encouraged positive emotional wellbeing. Implications are discussed in terms of adolescent social development, inclusive practice, the role of the Educational Psychologist (EP) and future research.

PPR 2: A Case of School Refusal using Systemic CBT

In light of historical, EP therapeutic practice and considerations of the changing role of the EP (Fallon et al, 2010) which have gained significance in light of traded services, the focus of this PPR was a case of emotionally-based school refusal presented by a thirteen year old female in a mainstream setting. Systemic Cognitive Behavioural Therapy (CBT) was the chosen therapeutic intervention. This involved support for the young person in the form of eight sessions of CBT and following these sessions, discussion with the parent and school as the main conduits of continued support for the young person.

A single case study design informed the methodology of this PPR. Following the intervention, progression was noted in the management of negative thoughts, feelings and behaviour surrounding school, herself and others as well as her attendance at school. This was measured using the Beck Youth Inventory, the Children's Automatic Thoughts Scale and Salmon Lines. Areas for further development provided the focus for continued support at home and school including the management of anxiety and anger, further practice to control negative thoughts and problem-solving particularly around choosing alternative actions.

Key considerations for the future were the greater inclusion of the parent and school within the therapeutic process to respectively address parenting skills and school factors which support school refusal cycles. In terms of the role of the EP it was concluded that they were a general therapeutic practitioner, well-placed, highly skilled and experienced in

meeting young people's general mental health needs. To strengthen their role, focus should be given to the consolidation of therapeutic skills and EP confidence to deliver therapeutic interventions. Training, clinical and within service high-quality supervision could address these aims.

PPR 3: Understanding Consultation using Educational Psychologist's Perspectives.

Inspired by the need to develop my own understanding of consultation and that no one chosen model of consultation was used in Hightown EPS, this PPR interviewed four EPs in order to gather their viewpoints. A review of the consultation literature contextualised their responses.

Second Generation Activity Theory inspired and loosely structured the data gathering process and analysis. A Thematic Analysis revealed how the EPs conceptualised consultation as both structured and fluid. They highlighted its collaborative nature, efficient data gathering processes and wide membership which could include the young person. EPs discussed their multiple roles and how the application of psychology and use of interpersonal skills were central. Explanation was given as to how consultation emerged - out of dissatisfaction with traditional psychological assessments, which were unfit for purpose. Drivers of the consultative movement included; legislation, policy, key figures such as Wagner (1995; 2000) and the appeal of psychological theories which underpinned consultation. The EPs thought that enabling systems and individual development of practice contributed to the evolution of consultation. The EPs saw opportunities to improve consultation in the future. Although they were confident of their role within consultation they were less certain about future opportunities to practice consultatively due to the rise in traded services. Their responses largely echoed the consultation literature and indicated

room to develop practice surrounding the proper inclusion of young people within consultation meetings in the future.

PPR 4: Exploring Gang Membership using Ecological and Developmental Perspectives

Against the backdrop of traded services which motivates EPS's to showcase their range of work, exploration of the potentially wider role EPs can play within a community context, appeared to be appropriate. In particular, in light of safeguarding concerns and the objectives to develop ways to support young people aged sixteen to twenty-five, contained within the new Children and Families Act (2014), focus was given to understanding pathways to gang membership and the role EPs could play in supporting these vulnerable young people.

This PPR included a literature review which aimed to examine whether the ecological-transaction model and theories of adolescence could provide an adequate framework and explanation of gang membership. It was argued that the ecological-transactional model adequately captured the numerous and complex potentiating and compensatory factors which are organised across multiple systems within pathways to gang membership. Adolescent developmental processes supportive of socialisation and identity development as well as pubertal processes were also highlighted as relevant to pathways to gang membership.

The role of the EP in contributing to more positive outcomes for such vulnerable young people includes: raising awareness within schools, sign-posting to appropriate agencies and contributing to research on gangs.

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STUDENT AND PARENTAL PERSPECTIVES ON THE SOCIAL AND EMOTIONAL EXPERIENCES OF HEARING-IMPAIRED ADOLESCENTS

Abstract

Most young people with a hearing-impairment are educated within mainstream schools (Kent, 2003). An understanding of their experiences within such settings is therefore needed. In particular, an understanding of the social and associated emotional experiences critical to adolescent development is important. This study therefore interviewed adolescents with a hearing-impairment that went to mainstream schools and their parents regarding their social and emotional experiences. Comparisons were then drawn of their social and emotional experiences on residential trips and in Youth Clubs organised as part of a Social Opportunities Program (SOP) for hearing impaired individuals by a Sensory Support Team within a West Midlands Authority. The results of a thematic analysis for both the young people and their parents revealed largely negative experiences with hearing peers including social exclusion, communication difficulties, feeling different to others and poor emotional wellbeing. In stark contrast experiences on the SOP reported by both the young people and their parents consisted of largely positive experiences with peers. Key to such experiences was feeling the same as others leading to friendships and generating a sense of social inclusion. This encouraged positive emotional wellbeing. Implications are discussed in terms of adolescent social development, inclusive practice, the role of the Educational Psychologist (EP) and future research.

Introduction

In the UK, a permanent hearing-impairment occurs in around one in a thousand live births with between fifty and ninety percent more children becoming diagnosed up until the age of nine years (Fortnum et al., 2001). Young people with a hearing-impairment are more likely to be educated in mainstream schools (Watson, Gregory & Powers, 1999). This is in part due to more specialised teaching input, technological advances in schools (Lynas, 1986: Ridsdale & Thompson, 2002) but is largely a result of legislative processes supportive of inclusion designed to increase socialisation between young people with and without SEN. For instance, article 23 within The United Nations convention on the rights of the child detail that young people with disabilities should attain the „fullest possible social integration" (Centre for Studies on Inclusive Education (CSIE, 1995, p.1). Similar objectives are found within the 1993 Education Act and Code of Practice (DfES, 2001).

Farrell (2000) argued that social inclusion is core to fully inclusive practice. Indeed, interaction with and socialisation into a peer group is a primary concern of parents of children with SEN (Scheepstra, Nakken & Pijl, 1999). Although social inclusion at policy level suggests that there are public benefits such as encouraging a difference in attitude towards individuals with SEN (Koster et al, 2007). However, the placement of young people with SEN in mainstream schools has been criticized for being too simplistic and does not guarantee full inclusion (Gregory & Bishop 1989; Powers, 1996).

Therefore in light of the high prevalence rate of hearing impaired individuals in mainstream schools there is a need to investigate the social and emotional experiences of young people with a hearing-impairment. Such experiences are particularly crucial to the adolescent period in which the achievement of social developmental goals are important to transition to

adulthood (Zarrett & Eccles, 2006). Such goals include the formation of friendships to support the acquisition of social skills (Brown et al, 2008) and the construction of a self. Thus the social and emotional experiences of adolescents with a hearing-impairment will form the focus of this Professional Practice Report drawing comparisons between mainstream schools and activities organised through the Social Opportunities Program (SOP) for hearing impaired young people which include residential trips and Youth Club. This program is commissioned by the Sensory Support Team based within a West Midlands Local Authority and is primarily designed to increase socialisation amongst hearing impaired individuals through recreational activities.

Both the young person‟s experiences and those of their parents will be included to provide both validity and triangulated evidence. It is hoped within this Professional Practice Report will consolidate and extend what is known about the social and emotional experiences of hearing impaired young people. This will then inform a consideration of the supportive and crucial role of Educational Psychologists working with such individuals.

Social experiences

Research highlights a complex social reality for young people with a hearing-impairment in mainstream schools falling short of the relative optimism within policy. For instance, studies have found a lack of close relationships with hearing peers (Antia, 1982), restricted friendship networks and social participation between hearing impaired and hearing young people (Frostad & Pijl, 2007). A study by Narayanan in 1983 found that hearing impaired young people were socially marginalised in contrast to hearing peers. This was demonstrated in a study by Ridsdale and colleague (2002) in which the use of sociometric questionnaires

revealed hearing impaired students had comparatively lower social status within peer groups. However, the conclusions of this study are questionable as wide-ranging results concerning the social status of hearing impaired pupils were found and only a small sample (n= 4) of hearing impaired students were included.

In comparison to hearing peers hearing impaired individuals are more often rejected (Capelli, Daniels & Durieux-Smith, 1995) or neglected by others (Nunes, Pretzlik & Olsson, 2001) rather than being actively bullied (Martin & Bat-Chava, 2003). These findings are seen in an earlier observational study that described how attempts to initiate social interaction by hearing impaired preschoolers are more often refused than hearing preschoolers (Vandell & George, 1981). Interestingly their initiations were refused from both hearing impaired and hearing children, with the latter group more likely to refuse their social initiation attempts.

Perhaps contributory to poor social relationships are the differences between hearing impaired and hearing young people. For instance, Thompson, Whitney and Smith (1994) stated that physical differences may be a reason for the higher incidence of bullying of young people with SEN in mainstream schools. Feeling that one is different may hinder the formation of friendships (Rustin & Kuhr, 1989) and was a reason behind Power‟s (1996) suggestion of the importance of socialisation amongst young people with the same disability.

A major contributor to rejection from peers in mainstream settings is communication difficulties. Verbal interaction, as the central mode of communication between peers in mainstream schools (Bat-Chava & Deignan, 2001) presents obstacles for hearing impaired young people who rely on more visual modes of communication and stimuli (van Gent et al, 2012). This mismatch increases the likelihood for misunderstanding of social information

depriving them of early learning experiences important to social interaction (Marschark, 2007). Alongside receptive communication difficulties, expressive difficulties are also seen. Poor speech articulation has been highlighted as a significant barrier to forming friends with hearing peers (Markides, 1989) as they found such speech difficult to understand (Ridsdale et al, 2002) and are inclined to become inpatient (Martin et al, 2003) and choose hearing peers as friends. Despite technological adaptations (Powell & Tucker, 1991), oral training (Martin et al 2003) and the use of cochlear implants (Bat-Chava et al, 2001) to attune individuals to verbal interaction and facilitate hearing impaired-hearing friendships, communication difficulties have been found to persist.

Although literature suggests that individuals with a hearing-impairment are more likely to encounter social difficulties in mainstream schools (Martin et al, 2003) it is important to note the variability of their social experiences. For instance, Bat-Chava and colleague (2001) found many hearing impaired individuals formed close friendships with hearing peers and were voted just as popular as hearing peers (Cappelli et al, 1995). However, participants in the first study wore cochlear implants and were not compared against a control group. In addition, a sub-group of children continued to encounter difficulties with social relationships. The inclusion of a control group in the Wauters and Knoors (2007) study did however reveal similarities between deaf and hearing children‟s levels of peer acceptance and friendship quality. Also, a study by Vandell and colleague (1981) revealed similar social skills of hearing impaired and hearing preschoolers.

Similar to hearing individuals hearing impaired individuals choose friends who have the same hearing status (Lederberg et al, 1987; Kluwin, Stinson & Colarossi, 2002). This provides an argument for the social benefits of more exclusively hearing impaired settings which may

facilitate friendships and social skills. This is seen in a study by Vandell and colleague (1981) which found that the social skills of hearing impaired children were facilitated when interacting with hearing impaired children perhaps due to shared modes of communication.

Emotional wellbeing

Friendships have been highlighted as key to happiness in school (Ridsdale et al, 2002). Acceptance into a peer group generates a sense of belonging, encouraging self-worth and a positive self-concept (Kroger, 1996). Rejection from peers has been related to poor emotional wellbeing within the literature on hearing-impairment (Deater-Deckard, 2001). For instance, a lack of friendships within mainstream school has been linked to feelings of loneliness (Stinson & Whitmire, 1992) and low self-perceptions (Pijl & Frostad, 2010).

Feeling different to others is also more likely within mainstream schools as hearing impaired young people are often a minority group (Stinson & Lang, 1994). Little contact with hearing impaired peers to share things in common can encourage feeling different (Evan, 1989). The use of hearing aids can highlight these differences within mainstream settings (Kent & Smith, 2006).

Feeling different to or being rejected by others can also evoke negative self-perceptions (Leigh, 1999). This is supported by Bat-Chava (2000) and Jambor & Elliot (2005) who found positive relationships between identification with the hearing impaired community and self-esteem. Negative self-perceptions increase the likelihood of outcomes of depression and anxiety (Harter, 1999; Crocker & Wolfe, 2001). Indeed, meta-analysis by Bat-Chava (1993) generally found lower levels of self-esteem in hearing impaired individuals and Hindley

(2005) argues that hearing impaired young people are more vulnerable to emotional disorders. However, Bat-Chava (1993) argued for the variability in self-esteem levels of hearing impaired individuals questioning the mode of self-esteem measurement used, particularly if they were not modified to accommodate sign language. Indeed, a study by Mejstad, Heiling and Svedin (2009) concluded that hearing impaired children appear to be no different in mental health outcome to other children in Sweden. Bat-Chava (1993) also argued against early theories positing how minority group‟s negative self perceptions internalised from majority negative attitudes affected self-esteem levels.

As well as emotional difficulties, behavioural difficulties have also been found in hearing impaired individuals such as Attention Deficit Hyperactivity Disorder and Conduct Disorder (Hindley, 2005). Such difficulties can result from restricted peer relations impacting social-cognitive development and precipitating aggression (Watson et al, 1990; Parker & Asher, 1987). Indeed associations have been made between rejection and aggression in hearing impaired individuals (Hartup, 1983). However, it should be noted that in the Watson and colleagues (1990) study only parental ratings of aggressive behaviour were taken and elsewhere parental and young person accounts of aggressive behaviour have disagreed (Henggeler, Watson & Whelan, 1990).

Although it appears from the literature that emotional wellbeing difficulties are more likely to occur in mainstream settings, many studies have disagreed with this. For instance, the van Gurp (2001) study found that self-esteem did not vary as a function of setting and Shaffer-Meyer (1991) found that moderately hearing impaired individuals enjoyed high self-images in mainstream schools. Mejstad and colleagues (2009) found that individuals in both mainstreamed and special school for the hard of hearing enjoyed higher levels of self-esteem

in comparison to students in schools for the deaf. Higher levels of self-esteem within mainstream schools may be influenced by the higher incidence of moderate hearing loss cases typically found mainstream schools (Mejstad et al, 2009). Higher levels of self-esteem within special schools may be explained by greater group identification (Bat-Chava, 1993). This is supported by a retrospective study exploring the experiences of deaf adults during their time spent in education revealed greater social inclusion and sense of self worth in residential as opposed to mainstream settings (Foster, 1989). Despite the obvious weaknesses of retrospective studies such as memory biases this study illustrated how individuals felt that within mainstream settings they were more likely to be academically successful but experience less social interaction with the opposite true of residential schools for the deaf.

Adolescence

Central to this period is the successful consolidation of social developmental goals to learn about others and construct a self which are necessary for the healthy transition to adulthood (Elkind, 1967; Lapsley & Murphy, 1985; Zarrett et al, 2006). Friendships are key to these objectives. Primarily they provide a forum to learn about others and develop social skills (Brown et al, 2008). This is supported by van Lieshout and colleagues (2004) who found a positive relationship between friendships, peer acceptance and social competency. Friendships also allow an individual to feel accepted and learn about the self (Elkind, 1967; Lapsley, 1993). Indeed Adams and Marshall (1996) have argued that one‟s identity is socially constructed through experiences with peers.

The more restricted and negative social experiences of hearing impaired young people in mainstream schools are detrimental to social skill acquisition. This is echoed in a study by

Wauters and colleague (2007) which found unsupportive social networks, reduced pro-social behaviour and increased social withdrawal in hearing impaired children in comparison to hearing children. In terms of the construction of a self, poor social experiences would hinder this objective as a peer group is not readily available to learn about the self. In addition, negative self-perceptions from rejection or feeling different to others would also make self-construction difficult as it implies the self is invalidated or inadequate (Kaufman, 1989). This is seen in a study by van Gent and colleagues (2012) in which positive relationships were found between self worth and ego development. Such a relationship was taken as evidence for the role of self perceptions in emotional wellbeing.

Therefore, in light of previous research findings and implications for adolescent development, an investigation of the social and emotional experiences of hearing impaired adolescents within mainstream and more exclusively hearing impaired settings is important.

Research Questions

1. What are the social and emotional experiences of hearing impaired adolescents in mainstream school?
2. What are the social and emotional experiences of hearing impaired adolescents attending the SOP?
3. Are there differences between the social and emotional experiences of hearing impaired adolescents at mainstream school and on the SOP?
4. Do the social and emotional experiences of hearing impaired adolescents in mainstream school and on the SOP have any implications for adolescent development?

Method

Participants

Six participants were recruited to the study. Three were young people with a hearing-impairment educated in mainstream schools (two females and one male) aged between twelve and sixteen. Three female parents of the young people also participated.

Design

A qualitative design was used in this study. Semi-structured interviews were used with both the young people (see Appendix 1) and their parents (see Appendix 2). This method of data collection provides a number of advantages. According to Robson (2011) semi-structured interviews firstly allow for a degree of structure to prompting the interviewer to explore areas of interest to the research. Secondly, the absence of prescribed set of questions allows for flexibility to adapt questions to the responses given by the interviewee. Finally, semi-structured interviews allow for in-depth exploration of concepts providing a rich source of data (DiCicco-Bloom & Crabtree, 2006). However, this flexibility may also invite interviewer bias (Robson, 2011) which may stifle different constructs that may have otherwise been offered by the interviewee. Indeed interviewees have been found to change their responses depending upon their perceptions of the interviewer (Denscombe, 2007). This also relates to a further weakness of semi-structured interviews known as social desirability responses in which interviewees give responses in line with what they think is required of them and can be overcome by clear expectations and requirements of the interviewee at the start of interview (Gomm, 2004).

Questions included within the interviews asked about social experiences (i.e. „Tell me about your friendships? How many? Quality of friendships?) including other and self-perceptions about being hearing impaired (How do you feel about being hearing impaired at school? Examples?). They also asked about emotional wellbeing (How do you feel when you are at school? Emotions? Experiences? Why?). The same set of questions were asked of their experiences during activities organised through the SOP.

Procedure

Participants recruited to the study met predetermined inclusion criteria. All participants therefore were adolescent (aged between twelve and eighteen years of age), were known to the Sensory Support Team to have a hearing-impairment and were enrolled on the Social Opportunities Program (SOP). This involved residential trips away and youth clubs with other hearing and visually impaired young people. An initial meeting with the Sensory Support Team identified potential participants. The parents of these young people were then telephoned to invite them and their child to participate in the study. In all cases informed, written consent was obtained and as the young people were below the age of eighteen, parental consent was also sought (see Appendix 3). Each interview lasted approximately twenty minutes and was audio-recorded. All participants were then debriefed.

Analysis

Thematic Analysis was used to analyse the data gathered from the interviews. The flexibility afforded by this method as opposed to Interpretive Phenomenological Analysis (IPA) or Grounded Theory (GT) was preferred. For instance, it was intended that both the descriptions and the perceptions of participants social and emotional experiences would contribute to the comparisons between school and SOP activities. The emphasis given to the interpretations and beliefs about experiences within IPA and the discovery of a theory from the data in GT were too restrictive or superfluous to the purposes and nature of the study which is more explorative and comparative.

In particular, the thematic model by Braun and Clarke (2006) was used as it provided such flexibility whilst containing this within a clear process. For instance, their model emphasises the need for transparency within the analysis process, incorporating a number of phases. Therefore the analysis of the raw interview data consisted of the following stages:

1) Iterative reading of the transcripts
2) Annotated transcripts
3) Created codes
4) Overarching themes
5) Checking out overarching themes with raw data

The iterative readings of the transcripts allowed for a thorough understanding of the responses of the participants. Initial annotation of participants‟ answers scaffolded my thoughts in preparation for combining them into codes which summarised my annotations. As a rule, codes consisted of two or more agreeing annotations from two or more

participants. Codes were then grouped into overarching themes. These stages were completed separately for the young people and their parents giving two sets of analyses which were combined to describe and compare social and emotional experiences within both mainstream school and during the SOP (see Table One and Two).

Ritchie and Lewis (2003) also highlight the importance of integrity within the interpretation of data, telling a coherent story and noting the boundaries of qualitative research. To achieve integrity of interpretation, links will be made between the social and emotional experiences of the participants, research findings and the overarching themes. Coherence will be achieved through the categorisation of overarching themes due to the agreement observed between some of the views of young people and their parents. This fits with Braun and colleague"s (2006) fifth phase of defining and naming themes to tell the story of the data.

Taylor (2001) argues that from the perspective of qualitative research, rigour is established through a clear process of systematic analysis and interpretation from the outset that act as a guiding set of principles. This also relates to soundness and trustworthiness as the journey of interpretation and logical steps within arguments can be made explicit to the reader (Burr, 1995). However, to further contribute towards trustworthiness, reflection upon my own subjectivity within processes of analysis and interpretation will also be necessary.

Results

The responses of each of the young people and their parents fell into two categories detailing their experiences within mainstream school and the SOP (see Tables one and two).

Mainstream school

Young person's views	Parental Views
• Negative experiences with hearing peers	• Negative experiences with hearing peers
• Communication difficulties	• Communication difficulties
• Poor emotional wellbeing	• Poor emotional wellbeing

Table One: Parental and young person views of their social and emotional experiences within mainstream school.

Social Opportunities program

Young person's views	**Parental Views**
• Positive experiences with hearing impaired peers • Positive emotional wellbeing	• Positive experiences with hearing impaired peers • Positive emotional wellbeing

Table Two: Parental and young person views of their social and emotional experiences during a Social Opportunities Program.

Mainstream school

- **Negative experiences with hearing peers.**

For both the young people and their parents this theme involved restricted friendships and largely negative experiences with hearing peers. This included negative perceptions of hearing peers towards hearing impaired individuals. Evidence of such perceptions is seen in instances of verbal bullying from hearing peers.

Young person:

'…they're probably saying things about me being deaf…' '…because some people at school they're… really horrible people' '…the ones at school who are all idiots.'

Parent:

'...hers only got a couple of friends that actually come to the house and her goes out with.'

'And I think, her was bullied at Junior School to be honest'

'deffo' 'deaf and dumb'

Hearing peers also perceived them as different to them because of their hearing-impairment.

Young person:

'They see me completely different. ...and think I'm a little bit weird'

Parent:

'You know kids am nasty but, I think cus people used to go into school and assess her every now and again and her was seen as being a bit different.'

The young people went on to detail how hearing peers lacked an understanding and acceptance of their hearing-impairment. These appeared to be reasons behind the perceptions of hearing peers leading to the social exclusion of hearing impaired young people.

Young person:

'...when you're at school they don't really understand that much...at school, I don't really talk to nobody, I've just got one friend who I talk to.'

Parent:

'She has actually said that since she's lost her hearing she has lost a lot of her friends because they don't want to be associated with her...And it's like, what's wrong with you?'

- **Communication difficulties**

Difficulties with communication, affecting social interaction formed the second theme. The suggestions within both the young person and parent narratives however, were that these difficulties did not contribute to negative experiences with hearing peers but merely interfered with them.

Young person:

'...I just have to tell them to repeat things…''

Parent:

'…You have to keep shouting…' '„I think sometimes, because he don't wear his hearing aid, he's not in the gist of what's going on…'

One parent explained how their child"s receptive communication difficulties lead to teacher perceptions of poor behaviour as he cannot hear instructions.

Parent:

'I mean he's getting in trouble at school a lot and I'm sure it's because he can't, because when he's got a cold he's a hundred times worse as well.'

- **Poor emotional wellbeing**

This theme detailed how feeling different to others due to their hearing-impairment precipitated a sense of social isolation and loneliness. This was particularly apparent in the

accounts of the young people who all identified themselves as the only individual with a hearing-impairment in their school.

Young person:

'I feel like I'm the only one…no one there is pretty much the same…'

Parental views made reference to how feeling different encouraged the young people to view themselves negatively which reduced their self-confidence and self-esteem.

Parent:

'So, he won't wear his hearing aids cus he says he's a freak… I think her was a bit embarrassed to be honest...her's quite shy at school…'

The lack of acceptance from peers and feeling different to others was associated with feelings of sadness, depression, fear, anger and frustration in both the young person and parent‟s accounts. This highlights the powerful impact of rejection and feeling different upon emotional wellbeing.

Young person:

'It's just everything like to do with it, it's just people can't accept me and it just gets me angry and annoyed'

Parent:

'Her gets frustrated…Just gets fed-up I think...her'll say things like erm, why is it me with the hearing problems?

Social Opportunities program

- **Positive experiences with hearing impaired peers**

Young people and parental views again agreed within this theme consisting of reports of more positive social experiences and making more friends. Being the same as others appeared to be key to more positive social experiences, facilitating and encouraging social interaction, the formation of friendships and a shared understanding and empathy for each other. All of this created a belonging and acceptance building a strong sense of social inclusion and supporting their social confidence.

Young people:

'On the residential trips you've got like lots of people like the same as you. So you can like talk a bit more or make more friends'

'…on the residential trip everyone knows how I feel 'cus they feel the same way and that.'

'…a lot confident when I'm talking to people here and if I was at school and I just want to go like and talk to someone that I haven't talked to I wouldn't like really want to.'

Parent:

'I think her thinks hers part of the group...hers always messaging the one girl that hers met...her likes to be able to communicate with the ones that use sign…'

'They're in smaller groups and they work as a group, communicate together'

Only one instance of negative experiences with other hearing impaired peers was reported. In this case both the young person and parent reported how friendship cliques within the Youth Club generated a degree of social exclusion.

Within the parental responses it was the significance and fulfilling nature of the friendships made by their children that were particularly apparent. For instance, one parent explained how making friends was central to her child"s enjoyment and another parent detailed how one particular friendship was so significant to her child that she was asking to move schools.

- **Positive emotional wellbeing**

Young person and parent views also concurred for this theme in which increased self confidence was particularly apparent. This appeared to be a direct result of friendships and feeling the same as others.

Parent:

'Little group of them, they've all got the same problems…whereas at school hers just...shy…'The residential one she come back with a lot of confidence''... it was just seeing the change in his confidence.'

Interviewer:

'You're saying that you've built your friendship group…How would that have helped you?

Young person:

'Erm, it's just built my confidence a little bit more…'

Young person;

'I feel a bit more like confident when I'm like here…'

Interviewer:

'Do you know why that would be?'

Young person:

'…everyone's the same'

Increased emotional wellbeing was also reported by the parents and young people. General feelings of happiness again extended back to the friendships they had made and belonging to a peer group that was the same as them.

Young person:

'Erm, I just feel a lot more happier and confident like everyone's a lot more friendly, everyone's the same and things like that'

Parent:

'I just think her seems a lot happier…her enjoys joining in there.'

Parents also believed another reason for their child's happiness and self confidence was knowing that there were other young people that had the same difficulties as them or worse offering a degree of cathartic reassurance.

Interviewer:

'So happier would you say?

Parent:

'Oh yeah, yeah, definitely…and 'cus he's seen kids worse off than himself…

Parent:

'And I mean there were some people that were totally stone deaf and sign languaging and brought her out, it brought her out her shell…' 'Just to give 'em the confidence and to realise they're not out there on their own'

Finally another off-shoot of making friends and feeling the same as others was a more positive attitude to being hearing impaired increasing self-esteem. The young people and their parents reported how they embraced their hearing impaired identity. For instance, one particular young person, as a result of taking part in the SOP and other similarly organised Youth Clubs, wanted to learn sign language and become an interpreter. Although another

parent and their child reported that their positive attitude did not have longevity and diminishing on their return to mainstream school.

Parent:

'hers picked bright pink hearing aids and all sorts now…'

Interviewer:

'Do you think the residential trips have helped you?

Young person:

'Yeah, confidence-wise'

Interviewer:

'Really? And in what way?'

Young person:

'My hearing aids and not feeling bad about myself wearing 'em…'

Discussion

The themes emerging from the data paint different pictures of the social and emotional lives of young people with a hearing-impairment during their time in mainstream school and participating in activities organised by SOP. Therefore it will be necessary to discuss each of these contexts in-turn. Following this will be considerations of the results in light of both the inclusion agenda, voices within the deaf community and adolescence. Finally, the strengths and weaknesses of this study along with the role of the EP in supporting hearing impaired adolescents will be considered.

Mainstream School

In answer to the first research question the social and emotional experiences of hearing impaired young people in mainstream school were largely negative. Both the young people and their parents acknowledged restricted and negative peer experiences. Negative perceptions and perceptions of hearing impaired individuals as different appear to have motivated instances of verbal bullying, and social exclusion. The suggestion here is that hearing impaired young people are peripheral to their social group in mainstream schools and are a target for negative peer interaction. Although bullying does not feature as heavily within the literature (Martin et al, 2003; Wauters et al, 2007), having few friendships, a largely rejected social status and feeling different to others is consistent with previous research detailing the social experiences of hearing impaired young people (Rustin et al, 1989; Capelli et al, 1995).

Within the literature communication difficulties are highlighted as reasons why hearing impaired young people are rejected by their hearing peers (Markides, 1989). Communication difficulties were reported by both the young people and their parents within this study to

interfere with social interaction and learning but did not seem to have a significant impact upon peer relationships. The interference was limited to not being able to hear others and asking them to repeat themselves.

What appeared to be more influential upon being rejected by hearing peers were the negative perceptions of hearing peers towards hearing impaired young people and their lack of understanding and acceptance. Reports that hearing peers perceived them as different relates to counter-arguments to Inclusion which emphasise how differences can lead to poor peer relations (Thompson et al, 1994). A lack of understanding and acceptance conveyed the inability of hearing peers to empathise with the experience of being hearing impaired. It seemed that hearing young people fundamentally could not appreciate what it feels like and what it means to be hearing impaired excluding them from friendship groups offering an interesting insight into why hearing impaired individuals might be rejected.

Hearing peers‟ lack of understanding and acceptance may stem from a lack of experience of hearing impaired peers as all of the young people in this study reported being the only one in their school. This would also have highlighted the perceived differences hearing peers had of hearing impaired individuals. Ironically, one of the purposes of inclusion is to facilitate understanding and acceptance of individuals with SEN by placing them within mainstream schools (Farrell, 2001). However, in practice it appears that the number of young people placed in mainstream schools with SEN is crucial along with other educational initiatives to support the understanding and acceptance of non-SEN individuals.

In terms of emotional wellbeing, both the young people and their parents reported how they felt different to their hearing peers leading to social isolation and loneliness. Parents also

highlighted how feeling different influenced negative self-perceptions in their children affecting their self-confidence and esteem. Due to their minority status within mainstream school feeling different to others is predictable and in-line with previous research (Stinson et al, 1994). Social isolation and loneliness have also been reported in the hearing impaired literature (Stinson et al, 1992; Kluwin, et al 2002). Coupled with peer rejection, having nothing in common with peers can leave an individual without the protection friendships offer towards self-worth and a positive self-concept (Kroger, 1996) accounting for the more negative self-perceptions seen.

With reference to the negative perceptions of hearing peers towards hearing impairment, this finding extends to early theories pointing to how minority SEN groups may internalise the majority negative view of their disability affecting levels of self-esteem (Cooley, 1956). A lack of confidence and esteem appeared to leave the young people closed off from others agreeing with findings of social withdrawal (Wauters et al, 2007).

Being different and rejected also made contributions to poor levels of emotional wellbeing with a variety of emotional responses reported, from sadness to frustration and anger. Again this is supported by the literature in which rejection from peers appeared to precipitate aggressive behaviour (Hartup, 1983). It may also be a reason for the incidence of Conduct Disorder found in hearing impaired young people (Hindley, 2005). However, aggression towards peers has also been found to link to family functioning such as family stress (Watson et al, 1990) acknowledging a wider ecological system at play on the emotional responses of hearing impaired individuals.

Social Opportunities Programme

In light of the second research question the social and emotional experiences of adolescents attending the SOP were largely positive and supportive of social development.

Feeling the same as others was key to the more positive social experiences of hearing impaired individuals on the SOP. It supported social interaction, making friends and a shared understanding and empathy amongst peers. Making friends seemed to be central to these more positive social experiences and their enjoyment on the SOP and parents particularly emphasised the significance of this. A strong sense of social inclusion was communicated encouraging hearing impaired young people to be more socially confident. Social interaction may have been facilitated by shared modes of communication but it also indicates their willingness to open up to others unlike in mainstream school.

Having things in common with others and how this facilitates friendships is echoed in the literature as studies have found hearing impaired individuals choose and interact more with other hearing impaired peers (Kluwin et al, 2002; Stinson, Whitmire & Kluwin 1996). This point highlights the benefit of socialising with peers of the same hearing status as pointed out by Powers (1996). However, it is important to note that one parent and young person did report that they were socially excluded from peer groups or cliques that had already formed prior to them joining Youth Club activities making them feel unwelcome and socially withdrawn. Thus, similar to literature that has acknowledged the variety of social experiences of hearing impaired young people in mainstream provision (Bat-Chava et al, 2001; Cappelli et al, 1995) social experiences with other hearing impaired individuals can also vary.

For both the young people and their parents, feeling the same as others and making friends upheld self-confidence and more positive self-perceptions about being hearing impaired forming a major part of the theme of positive emotional wellbeing. This led to increased self-esteem and general feelings of positive wellbeing such as happiness.

These points agree with previous research that has found positive relationships between social experiences and self-concepts (Kroger, 1996). They also agree with studies that have found friendships to be crucial to young people‟s happiness in schools (Ridsdale et al, 2002) and protective against psychopathology (Deater-Deckard, 2001). These results particularly resonate with Bat-Chava‟s (1993) study in which identification with the hearing impaired community boosted self-esteem. Interestingly, another contributory factor of positive emotional wellbeing was knowing that others had the same or more severe difficulties than themselves. This element of catharsis appeared to reassure the young people, an affect seen generally within Social Psychology and explained by Downward Comparison theories in which comparison to others less fortunate relieves negative affect (Wills, 1981).

Summary

To answer the third research question stark differences were reported between the social and emotional experiences of hearing impaired young people in mainstream school and on the SOP. In comparison to the SOP, within mainstream school the social and emotional experiences of young people were reported to be more negative by both the young people themselves and their parents. Participation in activities organised by the SOP involved more positive social and emotional experiences. Key differences were the reports of social exclusion in mainstream school and social inclusion on activities through the SOP.

Inclusion agenda and the deaf community

As already discussed, the inclusion agenda supported by government policy and legislation has strengthened the rights of children and young people with SEN to be educated within a mainstream school. Specialised teaching, pupil-centred planning and a widening of the concept of SEN to include a range of needs (Hayward, 2006) is part of this agenda. It implies greater benefits versus costs to including individuals with SEN in a mainstream provision one of which is facilitating socialisation into a peer-group.

However, as social exclusion rather than social inclusion was a feature for hearing impaired young people in this study, the social benefits of inclusion are not felt for individuals with a hearing impairment. This suggests that full inclusion does not happen for hearing impaired individuals, that inequality rather than equality is a reality and that it is more complex than simple placement within a mainstream school to meet the needs of hearing impaired children and young people. Alternative provision could therefore be considered to meet their social and related emotional needs where hearing impaired individuals are in the majority and can work to achieve a sense of belonging, shared identity and social equity. Contact with other

deaf peers is supported widely in the literature and The British Deaf Association and indicates a requirement to consider the suitability or quality (Powers, 2002) of a range of settings according to the complexity of needs (Brothwick-Duffy, Palmer & Lane, 1996) rather than defaulting to mainstream options to meet needs.

These suggestions have implications for inclusion for all approaches within the inclusion agenda. For instance, alternative, specialist provision is already considered for children with complex and profound needs (DfES, 2003). Consideration of alternative provisions for further categories of need such as hearing impairment may create a gradual erosion of the principles of inclusion. On the other hand, dissatisfaction with inclusive practice to meet social and emotional needs of hearing impaired children and young people may stimulate redistribution of resources to meet needs within mainstream schools.

Choice of educational setting agrees with voices within the deaf community. Research has acknowledged how the deaf community perceive themselves not as disabled but as a socio-cultural minority group with its own language and values (Dolnick, 1993). Inclusion has generated much opposition not only from research critiquing social and emotional support for hearing impaired individuals in mainstream schools (Bunch, 1994; Stinson et al, 1994) but also from the deaf community who argue for the choice to be educated amongst other deaf peers to validate and meet their socio-cultural needs (Innes, 1994; Timothy, 1994).

Adolescence

Considering the social and emotional experiences found, an answer can be given for the fourth research question. In terms of adolescent development the largely negative social experiences within mainstream school could have important implications for social skill development. Excluded from a peer group or having restricted friendships makes learning about others difficult. Feeling different to others impacting self confidence and esteem also creates a barrier to social interaction. Both of these may impact the acquisition of social skills, impairing one‟s social competency as opportunities to practice and develop such skills are limited. It also has consequences for the consolidation of a self as opportunities to learn about one‟s self in comparison to others as part of the self-construction process (Adams et al, 1996) are limited. Negative self-perceptions may also have an invalidating effect on the self (Kaufman, 1989) which again may have consequences for the consolidation of a self.

However, the more positive social and emotional experiences within the SOP may compensate the social development processes of hearing impaired adolescents. Evidence of this is seen in their use of social skills to interact with others and reports of positive self-concepts important to self construction.

Strengths and weaknesses

Following this analysis it is now appropriate to consider the strengths and weaknesses of this study. To the author‟s knowledge this is the first piece of research to compare the social and emotional experiences of hearing impaired young people in mainstream school with programs geared for increased social opportunity for hearing impaired young people. Rich data from both the young people and their parents offers valuable and fruitful insights from different and equally relevant perspectives and experiences. However, these strengths should be balanced against some of the weaknesses of the study. For instance, it could be argued that experiences on the SOP are not directly comparable to those in mainstream settings as the former focuses on social activities whereas the latter has a wider agenda. This could have skewed responses in favour of the SOP however it does not negate the reports of largely negative social and emotional experiences in mainstream schools. Another weakness is the small sample size, limiting the generalisations of the findings which are dependent upon individual‟s experiences. In addition, all of the young people had a mild to moderate haring loss which excluded an exploration of the experiences of more profoundly hearing-impaired young people which may have been quite different. A further weakness of qualitative research involves subjectivity. As the researcher and author my interaction with the participants and familiarity of the literature will have affected my interpretations of the data. Finally, it should be noted that the SOP also included visually impaired young people. Feeling the same as others as a key component to forming friendships may therefore have been meant in a broader sense in that they all shared sensory difficulties rather than just a hearing-impairment.

Therefore in conclusion it appears that hearing impaired young people who attend mainstream school and the SOP have opposing experiences which are more negative in the

former and positive in the later. In terms of social skill acquisition and self construction attendance on the SOP could compensate for the poorer social and emotional experiences within mainstream school. It is also important to acknowledge that although central to the adolescent period, social development is not restricted to it. Social learning and self construction is part of a continuous process into adulthood (Frankenberger, 2000) affording future opportunity to achieve social development goals at a later stage.

The role of the EP

When considering provision particularly for hearing impaired adolescents it will be important for EPs to investigate whether the young person is likely to be accepted into a peer group. Following the findings in this study, the presence of or access to other hearing impaired peers would facilitate this. Sign-posting hearing impaired individuals to social opportunities programs and continual monitoring and evaluation could form part of recommendations. To affect systemic changes educational initiatives and interventions in schools designed to raise awareness and address the lacking understanding and appreciation for individuals with a hearing-impairment could be introduced by EPs. This would be especially important if, in the case of this study, young people with a hearing-impairment had a minority status within the school. Teaching staff within mainstream schools could also receive training from EPs on the social and emotional needs of hearing impaired adolescents and their experiences in mainstream settings.

Within earlier studies comparisons are largely made between the social skills of children attending mainstream and specialist provision (Henggeler et al, 1990; Kluwin et al, 2002; Stinson et al, 1996). Such research has also focused upon the experiences and social skills of young children with a hearing-impairment (Vandell et al, 1981; Wauters et al, 2007). Future

research could therefore follow the findings of this study to further explore the social skills and self constructs of hearing impaired adolescents attending both mainstream schools and SOPs in comparison to mainstream and specialist only settings. Questionnaires and observations schedules could be used to chart their social skills with interview schedules that acknowledge the complexity and continuum of hearing impaired identities (Bat-Chava, 2000) to explore their self-concepts.

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Appendix 1

Questions: Young Person

I am going to ask you some questions about your experiences and views of the residential trips with the Sensory Support Team. If you also attend cookery or the Youth Club you can also talk about these. I will also be asking you to compare these experiences, feelings and views with those you may have about being at school. Please answer as honestly as you can. You may be asked to add to your answers further. Your answers will be used to give feedback to the Sensory Support Team for future residential trips and to help us understand how the residential trips have helped you.

Background:-

1) What did you like about the residential trips?
2) What didn't you like about the residential trips?

Social development:-

3) Does your HI affect you in any way? Peers? School? Emotionally? Behaviourally? Functionally?
4) How do you feel about being HI at school? Examples?
5) How do you feel about being HI on the residential trips? Examples?
6) Do you think the residential trips have helped you in any way? How? Why?

7) How are the residential trips different to school? What do you prefer? Why?
8) Tell me about the friends you have at school and on the residential trips? How many? Quality of friendships?
9) How do you think other people think of you at school?
10) How do you think other people think of you on residential trips?

Emotional development:-

11) How do you feel at school? Emotions? Examples? Why?
12) How do you feel when you are on residential trips? Emotions? Experiences? Why?

Future:-

13) Would you recommend the residential trips to other young people with a HI? Why?
14) Is there anything else you would like to tell me about the residential trips?

Appendix 2

Questions: Parents

I am going to ask you some questions about your son/daughter‟s experiences on the residential trips with the Sensory Support Team. If they also attend cookery or the Youth Club you can also talk about these. I will also be asking you to compare their experiences on residential trips with those they may have at school. Most importantly I am interested in your views about the residential trips. Your answers will be used to give feedback to the Sensory Support Team for future residential trips.

Background:-

15) What did you think your son/daughter liked best about the residential trips?
16) What didn‟t they like best about the residential trips?
17) What did you like and dislike about the residential trips?

Social development:-

4) Does their HI affect them in any way? Peers? School? Emotionally? Behaviourally? Functionally?
5) How do they feel about being HI at school? Examples?
6) How do they feel about being HI on the residential trips? Examples?
7) Do you think the residential trips have helped them in any way? How? Why?

8) In what ways do you think your son/daughters experiences on residential trips are different to their experiences at school? Peers? Emotionally? Behaviourally? Have you noticed any differences in them?
9) Tell me about the friends they have at school and on the residential trips? How many? Quality of friendships?
10) How do you think other people think of them/see them at school?
11) How do you think other people think of them/see them on residential trips?

Emotional development:-

12) How does your son/daughter feel at school? Emotions? Examples? Why?
13) How does your son/daughter feel when they are on residential trips? Emotions? Experiences? Why?

Future:-

14) Would you recommend the residential trips to other young people with a HI? Why?
15) Is there anything else you would like to tell me about how you son/daughter found the residential trips?

A CASE OF SCHOOL REFUSAL USING SYSTEMIC CBT

Abstract

This report considers a case of emotionally-based school refusal and the delivery of a program of systemic CBT involving the young person, their parent and the school as well as reflections on the role the Educational Psychologist (EP) in supporting emotional wellbeing. After eight sessions of CBT progression was noted in the management of negative thoughts, feelings and behaviour surrounding school, herself and others as well as her attendance at school. This was measured using the Beck Youth Inventory, the Children‟s Automatic Thoughts Scale and Salmon Lines. Areas for further development following the sessions provided a focus for additional and continued support at home and at school including the management of anxiety and anger, further practice to control negative thoughts and problem-solving particularly around choosing alternative actions. Future considerations point to the greater inclusion of the parent in the therapeutic process to address parenting skills and with the school to address school factors that may be influential in school refusal cycles. Assessment of the suitability of CBT according to the age and needs of the young person is also recommended. It is suggested that the EP, a general therapeutic practitioner, is well-placed, highly skilled and experienced to meet young people‟s general mental health needs in schools and deliver CBT. However the consolidation of therapeutic skills and EP confidence to deliver therapeutic interventions are areas for further development in which both initial training courses and services should address by prioritising more time for training, clinical and within service high-quality supervision. Such initiatives will be particularly important in light of future changes to the commissioning of services and the potential for more therapeutic work.

Key words

CBT, systemic, EP, schools, anxiety, young people.

Introduction

It appears from the substantial literature that mental health difficulties rise towards the adolescent period (Harrop & Trower, 2001; Collip, 2008; Harvey 2012). Indeed first onset is around childhood and adolescence (Kessler et al., 2007) with greater risks of psychiatric disorder at age sixteen in a longitudinal study (Costello et al., 2003). In 2000, the Office of National Statistics found an increase in mental health difficulties over a period of fifty years and that 10% of children aged between five and fifteen years experience mental health problems (Meltzer et al., 2000). This is corroborated in a more recent study by Ford et al (2003) in which the overall prevalence rate of DSM-IV disorders was 9.5% out of a sample of 10 438 children of the same age-range. In comparison to other difficulties, anxiety disorders are the most common amongst children and adolescents globally (Bernstein & Borchardt, 1991; Merikangas et al, 2009). Links between school refusal and anxiety have been found (Mcshane et al, 2001) and are discussed in the following sections as well as the evidence-base of Cognitive Behavioural Therapy (CBT) for anxiety-based difficulties and contributory factors of school refusal. In implementing a CBT intervention the aim of this report is to evaluate the extent to which it has been successful in addressing and reducing thoughts and feelings relating to anxiety and school refusal behaviours. A secondary aim is to consider the role of the EP to support mental health needs and deliver such interventions.

Review of the literature

School refusal

School refusal varies with age with the most common onset in early adolescence (Berg, 1992) and during school transitions, i.e. around five – seven years, ten – eleven years and at age fourteen (Hersov, 1985; Smith, 1970). Prevalence rates of school refusal are conservatively estimated between one and two per cent (King & Bernstein, 2001a), suggesting that it is relatively uncommon.

Early research by Berg et al, (1969) defined school refusal as severe difficulty in attending school resulting in significant emotional distress and periods of absence. Later Perugi et al, (1988) explained that is was an active avoidance of school, finding comfort at home. Indeed early research highlighted the significance of the family context in the manifestation of school refusal with research noting overdependence on parental figures, separation anxiety (Berg & McGuire, 1971; Berg, 1974) and excessive mother-child bonds as causal and instrumental in leading to emotional distress when faced with going to school (Elliott, 1999). Later research has also pointed to the presence of stressful family environments which are disproportionately present in cases of school refusal including a parent being treated for psychiatric disorder, chronic physical illness or disability (Bools et al, 1990).

Attention has now turned to the school context rather than the family (Astor et al, 2002; Kearney, 2008). For example, incidents of bullying and feeling socially isolated at school are reported by children who school refuse (Place et al, 2000; Grandison, 2011). This relates to arguments that school refusal is a logical response to an aversive or negative school environment (Pilkington & Piersel, 1991). Stroobant and Jones (2006) argue that school refusal as a response to an aversive environment is marginalised giving way to dominant negative and pathologising discourses. In comparison they note the normalising discourse

accompanying school attendance to further the interests of the state rather than the individual. Although challenges to hegemonic discourses allow for critical reflection, school attendance is part of a universal system that serves both societal and individual objectives such as positive general health outcomes and a sense of personal fulfilment (Ross & Wu, 1995). Perhaps due to their narrower objective to de-stabilise the pathological identities that accompany school refusal, the authors do not provide a viable alternative to attending school which would be difficult to conceive without an overhaul of political, economic and global systems. Ironically too, all the cases of school refusal included within this piece of research chose to complete higher education courses. A final criticism of this paper is that the part in which school factors play in school refusal is often complex. Merely stating aversive school factors evoke a logical school refusal response fails to acknowledge individual differences in perceptions of what is aversive, wider influential school factors and differential individual-environment interactions (Mortimore et al, 1988).

School refusal is described as heterogeneous in nature (Grandison, 2011). Rather than a psychiatric diagnosis in its own right, as once thought, school refusal is now considered a symptom of number of mental health and social difficulties and resulting from a number of different causes (Elliott, 1999). Rather than types of school refusal associated with positive reinforcement obtained from being out of school, associated with conduct disorder and truancy, the type of school refusal behaviour focussed upon in this report is that which research suggests is negatively reinforced by the environment (Kearney & Albano, 2004) and serves emotional functions such as avoidance of anxiety-provoking situations (Kearney & Silverman, 1993). In particular, such school refusal behaviour appears to have a strong basis in anxiety (Buitelarr et al, 1994). For instance, both familial and school-based explanations have acknowledged underlying and excessive anxiety (McShane et al, 2001) noting separation anxiety, social or school phobia (Last & Strauss, 1990) as well as specific phobia

(King et al, 1995). Thus support which can address the underlying anxiety component of such school refusal behaviour is likely to be the most effective.

CBT as a treatment for school refusal

Social difficulties (Place et al, 2000; Flakierska et al, 1988) perhaps from reduced opportunities to socialise with peers and consolidate social skills and poor psychiatric outcomes in adulthood are thought to relate to school refusal (Berg et al, 1974; Perugi et al, 1988). This indicates the importance of early help.

CBT is viewed as an appropriate intervention for treating anxiety disorders in young people (Otto et al, 2004). Detailed formulation informs the basis of therapeutic intervention (DCP, 2011) with the central principle that cognition, behaviour and affect are inter-linked (Beck et al, 1979). For instance, faulty thinking, often a component of anxiety (Weems et al, 2001) affects how a person behaves and feels. Through structured CBT sessions utilising psycho-education, faulty cognitions are restructured by considering alternative explanations and challenging their beliefs (Trower et al, 2011). For instance, Kendall‟s (1994) „Coping Cat‟ approach describes the process of reconceptualising anxiety-provoking situations as problems to be solved so as to create a template for coping. A review of the individual‟s safety behaviour such as avoidance of aversive situations or stimuli also forms part of CBT. Relaxation, coping self-talk techniques, imagery and exposure to the situation causing the anxiety reinforce and support the cognitive restructuring process. Finally, goals are set and strived towards through continual evaluation (Trower et al, 2011).

The use of CBT to treat anxiety in children has received much research attention (Cartwright-Hatton et al., 2004; Compton et al., 2004; James et al, 2005; James et al., 2013; Albano & Kendall, 2002) which points to its efficacy in treating excessive anxiety. In a systematic review by Cartwright-Hatton et al (2004) they found higher remission rates of anxiety

disorder in CBT groups in comparison to control groups in which no therapy was given. In the Compton et al (2004) review evidence of the efficacy of CBT to treat anxiety was extended as it was found that in comparison to waiting lists, inactive and active control conditions CBT was found to have medium to large effect on anxiety levels. However, many of the active control conditions simply included different formats of CBT such as group CBT and parental involvement in the CBT process.

Although CBT has an impressive evidence-base as a treatment for anxiety it cannot claim to be an established therapy due to a lack of research into other treatments Kendall et al (1997). Studies that have made comparisons have provided mixed results. For instance, a study by Beidel and colleagues (2000) found CBT significantly reduced social anxiety in comparison to an educational intervention including study skills and exposure therapy. Paradoxically, James et al (2013) concluded that CBT could not be said to be any more effective than other treatments such as self-help and placebo. However, only six studies made this comparison with only another two comparing CBT with „treatment as usual" conditions.

The long-term effects of CBT on anxiety have been noted by Barrett et al (2001) who conducted a six-year follow-up of young people aged fourteen to twenty-one with an anxiety disorder. A reassessment revealed that 87.5% were in remission suggesting lasting gains. However, no control group was used at follow-up to assess whether gains were not just an artefact of maturation. Reliance on self-report data was also part of the reassessment which may have invited bias. In general follow-up studies of CBT are sparse within the literature and have conflicted with the Barret study. For instance, James and colleagues (2013) included only four controlled follow-up studies of CBT amongst a total of twenty-six; all of which revealed no statistical differences in levels of anxiety.

The evidence-base for CBT in treating school refusal is not as extensive but perhaps due to the strong presence of anxiety, CBT is an accepted therapeutic approach (Elliott, 1999). A study by King et al (1998) school attendance improvements had been maintained in the group receiving CBT in comparison to waiting list controls over a three to five year period. In contrast though, Last et al, (1998) found no difference in outcome between school refusers attending a CBT group and those in an educational support group. However, the lack of any differences in this study may have been a result of high drop-out rates within the CBT group.

As well as cognitive and behavioural approaches such as systematic desensitisation, relaxation and use of emotive imagery a tailored therapeutic response is recommended for school refusal due to its heterogeneous nature (Elliott, 1999; Elliott & Place, 1998). This includes multi-source formulation informed by the young person, parent and teacher (King et al, 2001b). Goal-setting is also recommended with key outcomes to improve school attendance and ameliorate underlying mental health difficulties (Berg, 1985; 1991). Emphasis is also given to the functional assessment of the school refusal behaviour rather than treating symptoms (Elliott, 1999). Kearney and Silverman (1990) described four categories of emotionally-based school refusal one of which is that school refusal may enable the avoidance of fearful or anxiety-provoking school-based situations or the avoidance of social evaluation.

Due to the role played by school and parental factors in school refusal both are included in the therapeutic process for school refusal and so should be incorporated into CBT. Examples of work with schools have included anti-bullying programs (Place et al, 2000), direct work with schools to create a more positive climate (Elliott & Place, 1998) and enhance staff management skills (Elliott, 1999). The effectiveness of such work is seen in findings that schools with a less authoritarian culture and include the family and the child in decision-making have better attendance rates (Reynolds et al, 1980). Research has also noted the

importance of continued support after reintegration back into school (Grandison, 2011). Parental involvement is thought to be key to successful outcome in cases of school refusal (Berg, 1992). This is often done through family therapy (Lask, 1996) sharing the same rationales for the inclusion of parents within the therapeutic team in CBT which are to support the development of parenting skills to equip parents to manage their child‟s distress and safety behaviours (Compton et al, 2004). The efficacy of parental involvement in CBT is highlighted by Mendolwitz et al (1999) who found that parent-child groups employed more active coping techniques and significant improvements were noted by parents in their child‟s wellbeing. However all treatment groups including child only groups reported reduced levels of maladaptive anxiety post intervention; a finding reported elsewhere (Heyne et al, 2002). King et al (1998) also found that in comparison to a waiting list, young people who received CBT and whose parents and teachers received training in child management significantly improved their school attendance and levels of fear, anxiety and ability to cope.

The systemic approach recommended in the literature for cases of school refusal is accommodated for within systemic CBT approaches. Dummet (2006) detailed a CBT approach which recognised the influence of systems on the individual. A model of formulation is proposed which is based upon the Beckian cognitive model (Beck et al, 1979), behavioural, cognitive, affective and physiological responses (Rachman, 1978) and is contextualised within family and wider interpersonal systems (Dummett, 2003). The formulation, which is modelled in collaboration with the client and/or family members and school, provides an overview of the complexity of the problem enabling consideration of therapeutic options. For instance, Dummet (2006) explains that an examination of the functioning and need for change within wider systems may indicate their participation within the therapeutic process or in parallel to the young person. Alternatively, systemic factors can be addressed during individual therapy sessions. It should however be noted that whichever

way parents and schools are included in the therapeutic team, ethical dilemmas are created as confidentiality for the young person is threatened. While complete confidentiality can never be guaranteed in therapeutic practice it is part of the British Psychological Society‟s ethical code (Ethics Committee of the British Psychological Society, 2009) and is important to young people (Roose & John, 2003).

Case study: aims

Against the backdrop of the rise in mental health difficulties during adolescence, the evidence for CBT and the therapeutic role of the EP, this Professional Practice Report will detail a case study of school refusal and the delivery of CBT by myself as a TEP.

The Case information: History and presenting problems

Catherine Jones (pseudonym) was a 13 year old white British girl who lived in a single parent home with her mother (Mrs. Jones, also a pseudonym) who also looks after her nephew. Catherine is in regular contact with her father and maternal grandfather. Catherine had been referred to her local SEN support service in 2003 for behavioural, emotional and social difficulties as well as speech, language and communication difficulties. Since this date, Catherine has received support from an Advisory Teacher for Learning and an Educational Psychologist. As a child she would often refuse to go to school preferring to stay at home with her mother. She would become particularly anxious if she saw her mother making her packed lunch for school the next day which lead to Mrs. Jones collecting her from school at lunch times and having difficulties returning her to school in the afternoons. Catherine exhibited significant behavioural difficulties at home and at school, refusing to comply with instructions, „tantruming“ in response to not having her own way and lashing out at adults and other children.

The SENCO (Mrs. Smith, pseudonym) at Catherine‟s current Secondary School requested my involvement due to concerns around her persistent absence from school since Year 7. Mrs. Smith highlighted that Catherine did not appear to have good relationships with her peers and looked visibly unhappy at school. She also stated that she has learning difficulties, particularly in literacy but is reluctant to ask for help and is not at school often enough to attend learning interventions put in place for her. She felt that Catherine‟s limited experience of being successful learner had impacted her confidence and therefore prevented her from asking for help. Mrs. Smith therefore requested support to explore her learning and emotional wellbeing difficulties.

Mrs. Jones described Catherine as an intelligent, capable and sensible young girl who enjoyed working with animals and had aspirations to become a Veterinarian. Mrs. Jones identified that Catherine had difficulties with spelling which effects her confidence with learning. She went on to say how Catherine had never really liked school since her time in Nursery and despite her aspirations was not motivated to go to school. Mrs, Jones referred to recent episodes of illness and injury as reasons for absences from school but explained that the main reason for her absences throughout her school-life was due to the breakdown of friendships, instances of bullying and lack of trust in the teachers to protect her from bullies. Mrs. Jones stated that although Catherine had many friends, she was socially sensitive, taking offense easily, withdrawing from others and refusing to attend school if they upset her. She would also worry about people and see threats quickly which Mrs. Jones explained is something she does herself. Catherine had been given rewards by her family for attending school but that the prospect of reward does not always work. Mrs. Jones blamed the school for her daughter‟s difficulties stating that „nothing is being done‟ with her learning and despite no record of bullying at school she felt that issues of bullying were also being ignored. She wanted Catherine‟s school attendance to improve so that her learning can be

consolidated, moving her into higher sets, away from bullies. She agreed that therapeutic work with Catherine may help her with her attendance.

Catherine herself explained that she had, had negative early experiences of peers and teachers at school in which she was bullied and teachers had failed to notice. She described a restricted social network and would socially withdraw at school, preferring to let others speak first. This is because she feared she may „slip up" leaving her open to attack from peers. She detailed instances of bullying and feeling unprotected and unsupported by teachers. This lead to the conclusion that she had to take things into her own hands and be a „bully back" which lead to her being excluded temporarily from school. She also made frequent references to illness and injury as reasons for being absent from school. Catherine identified difficulties with her learning, particularly difficulties with spelling which places her in lower sets with bullies. She also felt that teachers did not help her with her learning. Catherine said that she felt angry and anxious that she was not protected from bullies and not supported with her learning and this meant that she would choose to stay away from school. Finally, she referred to the pressure on her mother to look after her cousin who is currently facing fixed-term exclusions at school which causes arguments. This causes her to worry and feel protective about her mother and leads to feelings of anxiety and tension at home.

This information was compiled across initial information-gathering sessions and sessions of therapy. This enabled formulation as presented in Diagram 1 to be revisited, expanded and checked out with Catherine.

Assessment

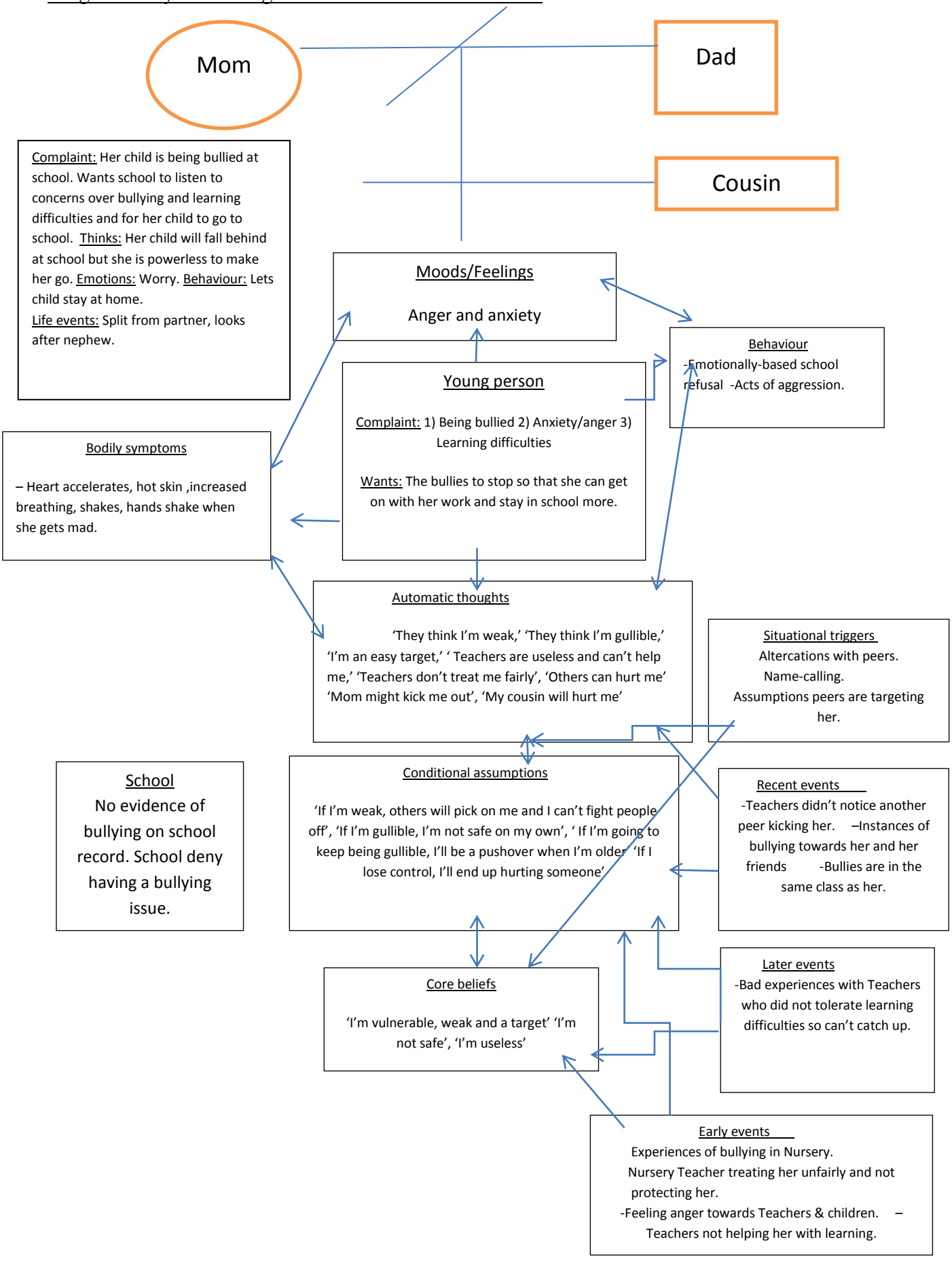
As well as the qualitative data above, further qualitative assessment using Personal Construct Psychology (PCP) techniques was included within the initial information-gathering sessions, to enable wider exploration of issues and inform formulation. The first PCP technique which has been used with secondary-aged pupils and is useful for eliciting an individual‟s views of themselves and others is the „Tree People‟ (Hardman, 2001). This consists of images of Tree People displaying a range of different emotions, in different poses or positions on a tree or different school or home-based contexts. Discussion is then generated using the Tree People as a stimulus. Catherine identified herself with depressed, protective and aggressive figures mainly. She explained her cousin made her feel sad and angry and that they had a turbulent relationship. She also felt that she needed to protect her mother from him. She also made comparisons between some of her peer relationships and dyads of Tree People engaged in aggressive poses. Other comparisons of peer relationships were between dyads consoling one another which represented how Catherine consoled some of her other friends that had been bullied. She identified Tree people with worried or angry expressions as her mother and those with happy expressions were her father. She explained how her mother had a „lot on her shoulders‟ and worried about other members of the family. As a member of her family, Catherine pointed to more socially isolated figures. She said she enjoyed peace and quiet and preferred to retreat away from arguments at home.

Another PCP technique used was Laddering. This involved an emotive word chosen from the description Catherine gave of her school. A differing emotive word to this was also provided by Catherine both of which were „laddered‟ by asking „why is it important..?‟ questions to reveal core constructs. For both „Happy‟ and „Angry‟ constructs, Catherine revealed core constructs that centred around her being vulnerable .i.e. „Happy‟ laddered to „I won‟t see my mom again‟ and „Angry‟ laddered to „I won‟t get help‟.

Case Formulation

With reference to the case information, assessment data and on-going data gathered throughout the CBT sessions (Appendix 1), a case formulation is provided below based on Dummett‟s (2006) systemic cognitive-behavioural approach.

Diagram 1: Systemic Cognitive Behavioural formulation



Following Page and Stritzke‟s (2006) guidance a brief case formulation leading to a case conceptualisation is presented (Table 1).

Table 1: Case Formulation

Presenting problems
-Catherine highlighted instances of physical and verbal bullying and lack of support at school with both this issue and her learning difficulties. She also explained how she feels anxious and angry about instances of bullying and lack of support from teachers meaning that she stays away from school.
Predisposing factors
-Early, aversive Nursery school experiences with peers of physical and verbal bullying. -Experience of teachers not protecting her against bullies in Nursery and treating her unfairly if she retaliated against the bullies. -Learning difficulties.
Precipitating variables
-Actual or perceived current instances of bullying, „If they can see they‟ve got to you they will bully you more‟. -Feeling unprotected against bullies and unsupported with her learning by Teaching staff.
Perpetuating cognitions and consequences
-„I‟m vulnerable, weak and an easy target‟ „teachers are useless and can‟t help me‟ „Others can hurt me‟ „I‟ve upset someone‟, „I‟m useless‟, „I‟m not safe‟.

-Engaging in physical and verbal altercations with peers. -Remaining absent from school. -Parent feels let down by the school system and fearing it is not a safe environment allows her to remain absent from school.
Provisional conceptualisation
As a result of early and current negative experiences of school influencing both Catherine and her mother‟s view, prolonged school refusal behaviour has resulted. This means that she has not learned successful strategies to manage her anxiety-driven anger around school issues i.e. bullying and learning difficulties. Therefore instead Catherine chooses to avoid anxiety/anger-provoking situations which keeps her in a vicious cycle of emotionally-based school refusal behaviour.

Ethical considerations

Following BPS ethical guidance, written consent was obtained from Catherine (see Appendix 2) and verbal consent was sought from her parent. The limits of confidentiality within the sessions were explained to Catherine. Catherine‟s parent was kept informed of her progress following later sessions and school were updated at the end of the eight sessions. Catherine and her parent were also made aware that this casework would inform an academic piece of work for the University of Birmingham in which anonymity will be guaranteed. Detailed record-keeping of our sessions were kept and compiled into her file which was securely and confidentially stored within the Local Authority.

Sessions

Catherine received eight sessions of CBT, each an hour long and structured according to guidance provided by the „Think Good, Feel Good" program outline by Stallard (2002) (Appendix 1). The eight sessions were largely informed by the above provisional conceptualisation which summarised Catherine"s main difficulties and emotional needs. In particular, focus was given to exploring Catherine"s thoughts and behaviours relating to her feelings of anxiety and anger. This entailed talking about her early experiences of peers and teachers to elicit core beliefs. Challenges were made to these beliefs and associated automatic thoughts and strategies were provided to encourage Catherine to think of alternative options to staying away from school and engaging in altercations with peers. Following the last four sessions feedback was given to Catherine"s parent regarding her progress. This also gave opportunity to ensure homework assignments were completed.

Progression

Observations of progress

After difficulties meeting Catherine at school, CBT sessions were delivered at home. Across the CBT sessions she demonstrated progress in her understanding of how thoughts influence feelings and behaviour. This process is unpacked in Table 2 below.

Table 2: Progression in the management of thoughts, feelings and behaviours.

Thoughts
Much of the focus of the sessions were on identifying her automatic thoughts through Thought Trackers and challenging them. In particular she was successful in identifying her thinking errors such as „Wearing Negative Glasses" an error in which everything is perceived negatively and „Feeling Thoughts" which detail how thoughts can be influenced by feelings. With reference to thinking errors, she began to recognise the limits of her thoughts. For instance, how her perceptions that others were attacking her are akin to „Mind-Reading" thinking errors. Catherine demonstrated good cognitive flexibility and was able to quickly identify alternative thoughts and a range of enjoyable activities that she currently does that could distract her from thinking negatively. Through balanced thinking, she was able to challenge her negative thoughts countering thoughts that she is weak with evidence of her being a strong person and moving from „I"m a target" to „I"m not always a target". Behavioural experiments also helped her to challenge her thoughts and core beliefs centring around her vulnerability. This meant that she became more conscious of evidence against thoughts that teachers would not protect or help her with her learning, that she was useless and unsafe. This reduced her conviction in her negative thoughts and beliefs and built her confidence at school, socially and with her learning.
Feelings
Catherine already seemed to have a general sense of self-esteem feeling that she did things well. She was able to identify anger as a central emotion she wished to tackle and worked

enthusiastically during the sessions to control her anger. She practiced relaxation strategies such as controlled breathing and engaged in enjoyable activities which were effective in reducing her anger and anxiety. Throughout the course of the sessions, she devised her own distraction strategies to manage her feelings such as looking at pictures of animals when she felt upset. Using imagery techniques she was able to identify scenarios in which her anger would increase and become explosive and imagined how orchestrating a different ending to an anger-provoking situation i.e. walking away could help her diminish and control her anger.

Behaviour

She identified that her choices to be absent from school and retaliating aggressively towards others was maintaining her anxiety and anger which was drawn in a diagram called the „Viscous Plant" (see Appendix 3). Recognising that there were other options to choose from she made use of the „Hand method" (Appendix 3) which stipulates that for every option chosen (thumb) there are a remaining four (fingers) to choose from. Together with the „Traffic Light method" (Appendix 3) which structured her to „stop" „think" and „act" she began to feel better equipped to problem-solve more effectively discussing how she could choose to walk away and calm down within school rather than react aggressively or remain absent from school.

Quantitative assessment and monitoring of progress

To assess and monitor Catherine‟s progress two questionnaires were used; The Beck Youth Inventory – Second Edition (BYI-II) (Beck et al, 2005) and The Children‟s Automatic Thoughts Scale (CATS) (Schneiring, & Rapee, 2002) (Appendix 5). These questionnaires were administered at baseline (prior to CBT sessions), mid-way through the CBT sessions and at the end of the course of CBT. Catherine‟s results were recorded in Tables 4 and 5.

Table 4: Baseline, mid-point and final Children‟s Automatic Thoughts Scale (CATS) scores

Automatic Thoughts Scale	**Baseline score**	**Mid-point score**	**Final score**
Physical threat	20	12	8
Social threat	18	2	3
Personal failure	9	8	2
Hostile intent	30	24	8

Catherine‟s baseline scores in Table 4 show a profile of scores suggesting low thoughts and feelings of Personal failure, some elevated thoughts and feelings of Physical and Social threat and high levels of Hostile intent towards others. Reductions in all of the subscales across her mid-point and final scores, suggest that she reduced such thoughts and feelings, particularly her thoughts and feelings around Social threats which noted the steepest reduction.

Table 5: Baseline, mid-point and final Beck Youth Inventories (BYI-II) T scores

Beck Youth Inventory	Baseline score	Mid-point score	Final score
BSCI-Y	54	52	47
BAI-Y	75	83	55
BDI-Y	57	70	52
BANI-Y	71	79	52
BDBI-Y	58	78	58

NB: BSCI-Y:Beck Self-Concept Inventory for Youth, BAI-Y: Beck Anxiety Inventory for Youth, BDI-Y: Beck Depression Inventory for Youth, BANI-Y: Beck Anger Inventory for Youth, BDBI-Y: Beck Disruptive Behaviour Inventory for Youth. For the BSCI-Y inventory, T scores between 45-55 are average. For the BDI-Y, BAI-Y, BANI-Y and BDBI-Y inventories T scores below 55 are average. T scores between 55-59 are considered mildly elevated, 60 – 69, moderately elevated and 70+, extremely elevated.

Catherine‟s baseline and mid-point scores for anger (BANI-Y) and anxiety (BAI-Y) were in the extremely elevated range reducing to average scores for anger and mildly elevated for anxiety at the final interval in Table 5. Catherine‟s depressive scores (BDI-Y) moved from above average to extremely elevated at the mid-point interval to average for the final score. In terms of disruptive behaviour (BDBI-Y), mildly elevated scores at baseline were followed by extremely elevated scores at the mid-point score, decreasing back to mildly elevated scores at the end. Finally for self-worth (BSCI), average scores were noted across all time-points. Thus it can be said that there was an overall reduction in Catherine‟s scores between baseline and final scores.

Salmon lines were also used to enable Catherine to monitor her progress through self-assessment. As goals were set at different time points within the CBT sessions, baseline and mid-point scores are not always presented. Catherine reported improvements in thoughts, feelings and behaviour and progress towards her thought, feeling and behaviour goals. By the end of the sessions thoughts around her vulnerability were countered with thoughts of being strong and her anger and anxiety were both rated at more manageable levels. She also rated that she felt happier. She achieved her goal of staying in school full-time, albeit on a reduced timetable and making plans to remain calm or walk away in anxiety or anger-provoking situations.

Salmon lines

Thought goal:-

0_____10

„I‟m vulnerable‟ „I‟m strong‟

Session	**Self-assessment**
3 (mid-point)	9
8 (final score)	10

Feelings:-

Anger

0_____10

No anger Highest anger levels

Session	**Self-assessment**
1 (baseline)	5
3	4
8	2

Feelings:-

Anxiety

0_____10

No anxiety Highest anxiety levels

Session	**Self-assessment**
1	4
3	3
8	2

Feeling goal:-

0_____10

Angry/anxious More happy

Session	**Self-assessment**
8	10

Behaviour:-

0_____10

In school full-time Absent from school

Session	**Self-assessment**
1	9
3	7
8	0

Behaviour goal:-

0_____10

Stay in school, remain calm & walk away Absent from school

Session	**Self-assessment**
1	10
8	1

Systemic follow-up work

After the completion of CBT sessions follow-up discussions were held with both Catherine‟s parent and key school staff members. Within these discussions Catherine‟s homework and progression (Appendix 4) were showcased and areas for improvement, which had been agreed between Catherine and myself were highlighted. This involved continued support at home and at school using CBT techniques to manage her feelings of anger and anxiety and further practice to control her negative thoughts. Suggested session outlines and activities to manage her feelings were included such as engaging in enjoyable and relaxing activities. To assist her to control her negative thoughts thought control approaches such as coping self-talk and distraction techniques were suggested. Page references to Stallard‟s (2002) „Think Good, Feel Good‟ CBT program were included to provide ideas for activities as well as further resources of helpful problem-solving strategies .i.e. The Hand Method, which encourages alternative-solution thinking skills. Finally, rating scales to monitor and evaluate Catherine‟s continued progression were included. Support documents are included in Appendix 3.

At home, Mrs. Jones agreed to focus upon challenging Catherine‟s negative thinking. At school action plans were agreed to provide Catherine with two short sessions of reflection time per week with school staff and time out of class if she became angry or anxious. It was agreed that I would review this support shortly after it was put into place and provide two further supervision sessions to school staff members.

Discussion

Progression

Although overall reductions were observed across the different measures, demonstrating the effectiveness of CBT, different patterns particularly on the BYI-II and CATS were a feature and warrant discussion. For instance the persistence of higher levels of anger and anxiety as measured by the BYI-II indicated that CBT strategies designed to alleviate high levels of emotional distress such as relaxation and imagery may take time to master for the young person. On the CATS, although reductions were noted for all subscale scores, the steepest and quickest reduction was seen for the Social Threat subscale. This indicates that cognitive restructuring practices within the sessions such as balanced thinking, thought challenging and identifying thinking errors worked well in giving her cognitive tools to challenge her negative thoughts around her perceived vulnerability. Higher baseline and midpoint scores for Hostile Intent on the CATS indicated perhaps a slowly developing trust in others due to the negative and aversive impact of early experiences. It also speaks of her sense of injustice and feelings of anger about bullying and lack of support from teachers which may have also driven her more persistent disruptive behaviour scores on the BYI-II. Her low scores on Personal Failure on the CATS and average self-worth scores on the BYI-II overtime reflected stable levels of self-esteem and a degree of resilience: a strength noted during therapy sessions.

These different patterns of scores suggests either different success rates for different CB techniques or that CB techniques combine with differential individual or therapist strengths to produce different outcomes.

Although not an emotion discussed within the sessions, it is of concern that depression scores moved from above average to extremely elevated at the mid-point interval on the BYI-II.

This may have been related to increases in anxiety scores and the cross-over between anxious and depressive cognitions (Muris et al, 2005).

There are however weaknesses to the use the BYI-II and CATS as they are self-report measures which primarily invite socially desirable responses. This was particularly so as questions were read out to Catherine by myself due to her reading difficulties. In addition the therapeutic relationship we had established may have also served to inflate the actual effectiveness of the intervention especially for Salmon Line ratings in which all scores rapidly and consistently improved. Finally measures were completed at the end of therapy sessions, reminding Catherine of her previous scores and prompting her to rate more positively. A further weakness was that not all of the Salmon Line ratings were completed at baseline, midpoint and final session intervals preventing a complete evaluation of progress. There was also no scope for longer term assessment of the effectiveness of CBT in this case.

In line with Bronfenbrenner‟s ecological system theory (1986) it is also necessary to acknowledge individual factors and wider system influences upon Catherine‟s progress. For example, Catherine had good meta-cognitive skills being able to reflect on her experiences and think flexibly allowing her capacity to challenge her thoughts and make plans to choose different actions in the future. She also had good language skills allowing her to engage in therapeutic conversation, express and externalise her thoughts and feelings clearly and articulately. She also adopted a positive attitude to the sessions and demonstrated willingness to change; a key contributory factor of successful therapeutic outcome (Lewis et al, 2009). At the community level the threat of legal sanctions from school and the attendance service was a significant catalyst for her phased return to school and in-turn the achievement of her behavioural goal within CBT. This agrees with previous research findings of court action and parental determination enabling a swift return to school (Berg & Hullin, 1988; Berg 1992) and demonstrates the relative power of external factors.

Reflections on the systemic CBT process

As a therapy applicable to a range of mental health difficulties (Kendall & Panichelli-Mindel, 1995) CBT enabled a broad and flexible approach to be taken. This allowed for sessions to be tailored to the needs of the young person which is considered critical in light of the heterogeneity of school refusal (Grandison, 2011; Elliott, 1999). This was further enabled by the guidance provided by Stallard (2002) which mapped out clear child-friendly sessions. The emphasis on behaviourist strategies and a functional assessment of difficulties in cases of school refusal fitted well with the behaviourist themes within CBT. For instance, a focus on Catherine‟s thoughts and behaviour throughout the sessions allowed for a thorough examination of the functions of her school refusal behaviour. Together with detailed formulation the conclusion was drawn that her school refusal behaviour was emotionally-based and served to avoid anxiety or anger-provoking situations at school. Finally, the use of CBT allowed Catherine to negotiate broader and more personal behavioural, cognitive and affective goals rather than the key objective of increased school attendance as suggested in the school refusal literature (Berg et al, 1988; Heyne et al, 2002).

Parental involvement as a key recommendation in the school refusal literature (Berg 1992) was upheld within the CBT process. Feedback to the parent in terms of work completed and offering resources for the continuation of CBT techniques allowed for continued support at home post-intervention. However, involvement of parents within therapy as suggested in previous research (Mendolwitz et al, 1999) was not a feature of this case. The importance of confidentiality to young people (Roose et al, 2003) and establishing therapeutic rapport were the main reasons for choosing this approach. On reflection the inclusion of parenting and child management skill support as a feature of the therapeutic process may have been empowering for the parent and may have provided more long-term benefits to the family, prevention of future school refusal or the threat of court action.

The importance of the school environment as suggested in the literature (Elliott, 1999) was also accounted for within the CBT process. Feedback to school showing work completed and involving key members of school staff in the delivery of further short supervised sessions of CBT, together with the support put in place at home provided holistic support and highlighted the significant part school could play in Catherine‟s emotional wellbeing. However it may have been more effective to have included key school staff members in sessions to more explicitly demonstrate the CBT process. Secondly, addressing wider issues within the school as has been previously recommended (Blagg, 1987; Elliott et al, 1998) to reduce rates of school refusal may have also been fruitful. For instance, future EP work could include strategies for creating a positive school culture, reassessing the availability of support staff and school mentors during recreational times and an evaluation of current school behaviour policies. Particularly to this case, a consultation with school staff to address Catherine‟s learning needs and suggest tailored learning interventions may have also been indirectly beneficial to her emotional wellbeing. However, a higher time investment would be needed for this.

In terms of the suitability of CBT for individuals the exploration of core beliefs may present a challenge to certain young people including younger children. Core beliefs are fixed values that have emerged over time and with experience. Young children, including adolescents have not yet finished consolidating a self and learning about their social world (Elkind, 1967; Lapsley, 1993). CBT also requires the individual to have cognitive flexibility and meta-cognitive skills which may be particularly difficult for young people with learning difficulties (Macklem, 2010). Finally, by making reference to one‟s cognitive processes as faulty and linking them to behavioural and affective outcomes, the responsibility for change and ones‟ mental distress is placed on the individual.

The role of the EP

Although traditionally within the remit of work for an EP with the early introduction of Child Guidance clinics, the divisions of applied psychology and the creation of a Statutory assessment role (Mackay, 2007) has meant that EPs have little time to deliver therapeutic work (Anderson, 2012). In comparison to the considerable expertise and training recommended within the literature to effect rapid psychological change for young people and their families (Compton et al, 2004) and the hours of therapeutic experience and supervision outlined by the British Association for Behavioural and Cognitive Psychotherapies (BABCP) to practice CBT (Holland, 2006) it could be said that EPs are de-skilled, ill-experienced and under-supported to deliver such work. However, this assumption can be challenged as EPs are appropriately placed to carry out therapeutic work particularly CBT in schools.

CBT is highly applicable to EP practice. CBT is exportable into EP work incorporating target-setting and action planning similar to that of EP work. EPs are uniquely placed to carry out therapeutic work with young people due to their position within schools, their knowledge of child development and systems within educational settings. Indeed, cases of school refusal which involves reference to school and family systems around the young person fits with the ecological systems paradigm EPs often use. They are highly experienced in supporting a range of general mental health needs within schools such as anger and social-emotional difficulties and already possess generic competencies relevant to therapeutic work such as Socratic questioning and rapport-building (Squires, 2010). Thus, EPs can be positioned as general therapeutic practitioners with more complex cases supported by therapists working at higher NHS Tiers (Squires, 2010) due to their more specialist knowledge of such client groups and their use of more intensive interventions. A further reason why the title general therapeutic practitioner is more appropriate to the EP role is time constraints. From my experience and the experiences of other EPs (Atkinson et al, 2013) therapeutic intervention

involves a large time investment. Thus supporting young people‟s mental health needs at a more general level will allow EPs to balance therapeutic work against statutory and general caseload demands. Alternatively, Services should look at ways of prioritising or ring-fencing time for therapeutic work.

In terms of therapeutic training the current Doctoral training of EPs equips them with knowledge of a range of therapies and the theory upon which they are based. However, EPs have indicated the need to practice their therapeutic skills (Atkinson et al, 2013) and concerns regarding the quality of in-service supervision and training have been raised (Anderson, 2012). EPs have also reported that they have valued clinical supervision which is tailored to the needs of children and young people (Atkinson et al, 2013) which may build capacity for higher quality in-service supervision.

My own experiences of delivering CBT were limited and may explain why I found it quite challenging. However, although not having had experience of school refusal before I was able to use my knowledge and experience of school systems, family and child development to tailor sessions and support continued progression. In terms of my own learning, I benefitted greatly from regular in-service supervision which agrees with the experiences of other TEPs (Squires & Dunsmuir, 2011). In particular I learned how to develop and relate formulation to therapeutic practice, understand how to explore core beliefs and appreciate the positive difference therapeutic alliance and support can bring to young people‟s lives. I also learned that holistic support, conveying the same messages to Catherine were more likely to affect positive change. I did however feel that observation of CBT sessions which included parents and school staff within my initial training would have allowed for further consolidation of therapeutic skills and confidence to deliver CBT. Access to clinical supervision would also have been greatly valued to check-out my own and the young person‟s progress over the eight sessions and extend my skills.

Conclusion and future considerations

In conclusion, systemic CBT worked effectively in this case of emotionally-based school refusal to ameliorate feelings of anxiety and anger, manage negative thoughts about the self and others and improve attendance. Areas for further development following the sessions provided a focus for additional and continued support at home and at school. Further work with the parent to address parenting skills and with the school to address school factors that may be influential in school refusal cycles is recommended. Care should also be exercised on an individual basis to assess the suitability of CBT with a child or young person.

As a general therapeutic practitioner the EP is well-placed, highly skilled and experienced to meet young people‟s general mental health needs in schools and deliver CBT.

In light of future changes in service commissioning as a result of traded services (Fallon, et al, 2010) and pending SEN legislation and guidance (DfE & DfBIS, 2013; DfE & DoH, 2013) which may increase the amount of therapeutic work EPs do in the future. It will therefore be important for initial training courses and services to prioritise time, training needs and high quality supervision to ensure EPs consolidate therapeutic skills and are confident to deliver therapeutic interventions.

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Appendix 1: Outline of eight CBT sessions based on Stallard (2002) 'Think Good, Feel Good' program

CBT sessions	Content
Session 1	**Clarified therapeutic relationship.** **Exploration/formulation of the problem and goals:** -Completed worksheet 'What do I need help with?' in which she identified that she needed to control her anger and emotions following peers 'picking' on her or when her cousin upsets her at home. -Described her learning difficulties and bullying at school as the 'problem'. She also explained she tries to protect her friends from being bullied becoming involved in physical altercations. -She explained that she gets angry at the bullies and stays away from school to calm down and not hurt anyone because she is angry. -Feeling goal: Be more happy. -Behaviour goal: Improve school attendance and control my emotions. **Introducing the cognitive element and the relationship with feelings and behaviour.** -Introduced the 'Magic Circle' of thoughts, feelings and behaviour. *Homework:-* Distinguishing between thoughts, feelings and actions.
Session 2	**Further exploration and conceptualisation of the problem:** -Explored learning progression and how 'bullies' were in the same class as her. Catherine felt that Teachers do not help her with her learning. Catherine wanted to improve reading and spelling to move out of this class. Discussed this goal and how to get there. -Discussed a recent bullying incidents. The first went unnoticed by the Class Teacher which made her feel angry. The second involved Catherine hitting out at another pupil who was bullying her friend. Catherine and her friend told school staff about this incident and have not had altercations with these pupils since. However, she felt worried they might bully her in the future when she got home that evening so she stayed away from school the next day. **Discussing negative thoughts i.e. 'Hot thoughts':** -'They think I'm weak', 'I've said something that has upset someone', 'I'm gullible', 'I'm an easy target'. -Alternative thoughts: 'Others are weak', 'I'm stronger', 'I can make people happy', 'I may be a target' 'I may upset people' **Discussing core beliefs:** -'I'm vulnerable', 'I'm a target', 'I upset people'. -Looked at evidence that does not support sore beliefs i.e. 'I

	have comforted someone who was upset' 'I can defend myself against others'
Session 3	**Discussion of thinking errors:** -Common thinking errors i.e. 'Wearing negative glasses', all-or-nothing thinking, catastrophising, predicting failure. Catherine identified that she often has 'Feeling thoughts' i.e. your thoughts are guided by what you emotion you are feeling. She also said she uses 'Dustbin labels' to describe herself i.e. 'I'm rubbish' and 'Blame me' thoughts. -Discussed unpleasant thoughts: SELF: 'I'm gullible/weak/defenceless', OTHERS: 'Why aren't they being bullied?', 'I'll knock their teeth out', 'They think I'm weak but they're weak themselves'. FUTURE: 'If I'm going to keep being gullible, I'll be a pushover when I'm older'. **Discussion of balanced thinking (challenging and countering negative thoughts):** -Discussed with Catherine how to use balanced thinking techniques using useful questioning i.e: 'what evidence is there to support/question this thought?' Catherine envisioned what her parent or friend would say about her negative thoughts and commented that her Mother would worry but her friend would think opposite thoughts to Catherine. ***Homework:-*** **Complete Thought Tracker across next 6 days:** -'Hot Thoughts' from Thought Tracker 'I get blamed', 'Mother might kick me out', 'Cousin will hit me', 'Worried about science experiment', 'I'm stuck inside the house'. Actions following thoughts: 'Get mad', 'Worried', 'Scared', 'Don't go in to school'. Thoughts for the future: 'I'll be tough', 'I won't socialise', 'Could end up living with my Father'.
Session 4	**Further discussion and practice of balanced thinking:** -Used early memories of bullying to elicit thoughts and challenge them. Catherine recalled the thought that Teachers are not bothered about her. She identified evidence to support this i.e. Nursery Teachers did not help her with her learning and she was excluded. She also identified evidence against this i.e. Her Year 4 Teacher helped her in literacy. This helped her to arrive at a more balanced conclusion i.e. 'Some teachers are not so bad. Some can be bothered'. In terms of thinking about bullying instances she identified her negative thought 'people think I'm an easy target', balanced supporting and questioning evidence to arrive at a more balanced thought i.e.' I'm not always an easy target'. - ***Homework:-*** **Complete Thought Tracker to include balanced thinking**
Session 5	**Controlling your thoughts:** -Discussed thought control techniques i.e. distraction, enjoyable activities (looking after animals, fishing and watching TV), coping/positive self-talk, thought stopping, turning the volume down on our thoughts, throwing them away (write thoughts down on a piece of paper and throw them away).

	-Reminded of usefulness of Thought Tracker to monitor our thoughts and balanced thinking. **Challenging beliefs:** -By testing our beliefs to see if they are true we can challenge them. **Finding core beliefs:** -Identified core belief about Teachers i.e. 'Teachers are useless and can't help me' ***Homework:-*** **Complete a Behavioural Experiment:** -Catherine to test whether her core belief about Teachers is true. She decided she would do this by watching the Teacher in class, telling them if she is bullied and asking them for help with learning to see if they help/assist her. As the Teacher helped her with reading this helped to reduce her conviction of this belief.
Session 6	**Further work on negative thoughts from Thought Trackers and balanced thinking:** -Negative thought 'If I lose control, I'll end up hurting someone'. Evidence to support this: 'I've hurt someone before'. Evidence to question this: 'I can calm myself down'. Balanced thought: 'I can control my anger and behaviour'. **Learning to change behaviour:** -Discussed how we can change our behaviour by thinking and problem-solving differently i.e. instead of not going to school to solve the problem what else could you do? Suggested that avoiding problems can bring short-term relief but in the long term can still leave us with the same problem as it maintains the problem. Referred to The Vicious Plant diagram (Appendix 4) and Catherine identified how staying away from school and fighting with other young people maintains her anger and anxiety. -Discussed why we sometimes are not able to problem-solve effectively i.e. feelings take over, we act without thinking and we sometimes can not see another solution. **Learning to problem solve:** -Discussed other ways to successfully problem-solve i.e. - Learn to stop and think using the Traffic Light Method (Appendix 3). - Using the 'Or' method to identify as many ideas as you can to solve a problem and choose the best one. Catherine successfully used this method to arrive at different alternatives to the problem 'Other people bully me'. The Hand Method (Appendix 3) also supported this process. - Make a list of solutions and their consequences. - Visualisation: practice imagining yourself solving a problem differently. - Plan to be successful. - Talk yourself through the problem calmly ***Homework:-*** **Complete another Behavioural Experiment:**

	- Identified core belief about the self 'I am useless' from negative thoughts about others: 'Others can hurt you' and Teachers: 'They're useless'. Catherine decided to test this belief by counting the things she did well that day. By doing this, it helped to reduce her belief in this thought. ***Homework:-*** **Note down 3 good things that have happened:** -Catherine identified many across the next week involving working with her animals and spending time with her family. She reported positive events which disconfirmed her core beliefs about Teachers i.e. she received a reward at school for good work and support from school staff about an incident with her peers. She also reported feeling happy that her cousin would not be excluded from school and that her Mother would not have to worry.
Session 7	**Controlling feelings:** -Identified her most frequent feelings across the school week, these were: happy, sad, worried and angry emotions. Linked feelings to thoughts and actions. Spoke about anger and how this feeling can stop her from doing the things she wants to do. **Discussion of strategies for dealing with anger and anxiety:** -Relaxation techniques. -Physical exercise. -Controlled breathing exercises (Catherine practised in her room and found breathing in for 5 seconds and out for 2 helped her best). -Calming images (Catherine preferred to look at pictures of her animals that she enjoys being with). -Relaxing activities. -Also discussed techniques to deal with anger if you already feel angry. Using the Anger Volcano (Appendix 4) Catherine structured the stages of her anger behaviour and identified at what point she could change her behaviour to change the ending. Catherine identified that when she starts to clench her fists she could walk away from the individuals that are making her angry or ask a Teacher if she could have some time out of class to calm down. ***Homework:-*** **Complete final Behavioural Experiment:** -Identified negative thought: 'I can't relax and have fun because I am not safe'. Catherine decided that she would test this by going out with her friends in the week. Reflecting on this Catherine found that she had fun with them which helped to disconfirm her initial negative thought. **Imagine a different ending to problem situations in which you became angry** **Note down relaxing activities completed:** -Catherine identified a number of relaxing activities including spending time on her own in her room, painting or drawing (anything creative), spending time with her animals, practising reading and spelling.

Session 8	**Recap relationship between thoughts, feelings and behaviour:** -Recapped the 'Magic Circle'. -Unpacked exampled of thoughts, feelings and behaviour we have spoken about in the sessions and the strategies put in place to manage each. **Discuss areas in which further improvements could be made:** -Catherine identified that she needed further help to manage her anger. -We also agreed that other areas may need further support such as controlling negative thoughts and problem-solving .i.e. making different choices in terms of behaviour/actions.

Appendix 2

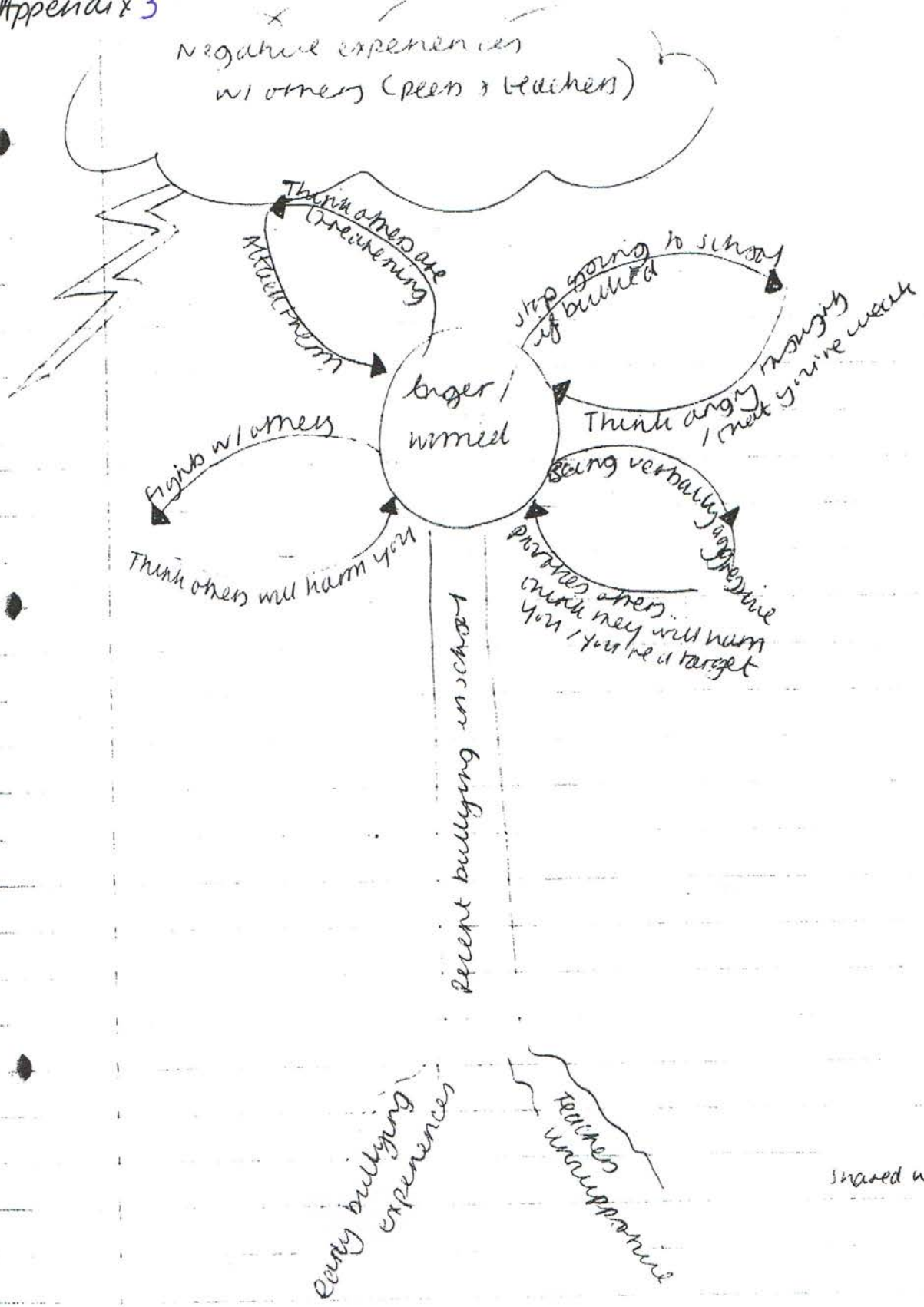
UNIVERSITY OF BIRMINGHAM

Consent Form

	Please Initial box
1. I understood what Cognitive Behavioural Therapy is and I have had the opportunity to ask questions.	
2. I agree to take part in Cognitive Behavioural Therapy.	
3. I understand that my participation is voluntary and that I am free to withdraw myself at any time.	
4. I understand and agree for my sessions to be used anonymously in a piece of writing for the University of Birmingham.	

Name of participant	**Date**	**Signature**
.....	.....	.....
Researcher	**Date**	**Signature**
.....	.....	.....

Appendix 3


Negative experiences w/ others (peers + teachers)
Think others are threatening
Attack them
Stop going to school
Get bullied
Think angry / mad you're weak
Being verbally aggressive
Physical others think they will harm you / you're a target
Think others will harm you
Fights w/ others
anger / worried
Recent bullying in school
Early bullying experiences
Teachers unsupportive
Shared w/

Appendix 3

Introduction

This pack has been prepared to support you to support Catherine with her thoughts, feelings and behaviour. It includes an explanation of Cognitive Behavioural Therapy (CBT), a summary of Catherine's progress, suggestions for further activities, resources and copies of Catherine's work. You will see within this pack that page numbers are given. These correspond to pages taken from Stallard (2002) 'Think good - Feel good'.

What is Cognitive Behavioural Therapy (CBT)?

According to Stallard (2002) CBT is used to help someone to change their thinking which helps them to change their feelings and behaviour. It is based on the Cognitive Model on pg.45 entitled 'Thoughts, feelings and what you do: putting it all together'. It is also based on the Magic Circle below (see pg. 46):



It is important to discuss Catherine's thoughts, feelings and behaviours so that she can be supported to manage them.

Appendix 3

Catherine's Thoughts, Feelings and Behaviour:

Catherine has successfully completed 8 sessions of CBT. She has developed her ability to control her negative thoughts and behaviours and is continuing to manage feelings of anger. However, further work is required in all of these areas and is noted at the bottom of this page. Below is a summary of Catherine's thoughts, feelings and behaviours which have been explored during the sessions:

Thoughts:- 'I'm vulnerable' 'I'm weak and a target' 'others can hurt me' 'Teacher's don't help me' 'I'm useless'

Thought Goal:- I may be a target, I'm a strong person.

Comment: Catherine has come a long way to achieving her Thought Goal and could continue to work towards this by challenging her thoughts and using balanced thinking and behavioural experiments.

Feelings:- Anger

Feelings Goal:- To be happier and laughing

Comment: Catherine has learned some useful strategies for dealing with anger and could practice these such as relaxation and making use of the Anger Volcano.

Behaviour:- Staying at home, becoming involved in acts of aggression with others.

Behaviour Goal:- Stay calm and walk away

Comment: Catherine has recognised throughout the sessions that this behaviour can keep her angry/anxious. She has identified alternative behavioural strategies when she feels she is being bullied.

Areas requiring further support and development:-

-For Catherine to manage feelings of anger.

-For Catherine to achieve more control over her thoughts.

-To share Catherine's options for managing her anger.

Session outline

Introduction:- Invite Catherine to discuss what she may be having difficulty with. It may be useful to glance over 'The Vicious Plant' which is a diagram of Catherine's previous thoughts, feelings and behaviours.

Middle section:- Try to identify Catherine's thoughts, feelings and behaviours from the situation she wishes to discuss. Draw the Magic Circle with Catherine (pg. 46, pg. 47)

- Identify any common negative thoughts that she may be having (see pg.60 & pg.63). It may be helpful to have an overview of her thoughts across the week (see pg.59) or to use a thought diary (see pg. 83 & pg. 84).
- Support Catherine to challenge her negative thought and arrive at a more balanced thought. Using evidence for and against her thought, a balanced thought can be given (see p. 86 and p.110).
- Other thought control strategies could also be discussed (see 'Controlling our thoughts' resource sheet).
- Identify Catherine's feelings and support her to use strategies to manage these feelings. Practising relaxation techniques and going through Catherine's Anger Volcano may be helpful. Using her Anger Volcano, Catherine can imagine a different ending to situations that have made her feel angry in the past (see resources & Catherine's work).
- Identify Catherine's behaviour. It may be helpful to discuss alternative options (the Options and Traffic light worksheets & pgs. 174 - 179). It will be important to discuss Catherine's different options with teaching staff .i.e. walking away to a quiet place if annoyed by someone, asking a teacher if she can leave the class to calm down, etc...(see Catherine's Anger Volcano in examples of her work).

Ending:- Summarise what you have discussed and end on a positive! It is recommended that regular homework is set for Catherine to practice the strategies spoken about in the

session. For instance, Catherine could practice relaxation techniques, imagining and trying different options at school to manage her anger and balanced thinking.

Suggested activities

Things that Catherine enjoys!

1) Fishing

2) Looking after my animals

3) Playing out with my friends

4) Spending time with my family

Ideas:-

-It may be useful to discuss with Catherine how she could use enjoyable activities as a distraction from negative thinking.

- Focus on the Positive:

-Discuss nice/positive thoughts (p.61)

-Discuss nice/positive thoughts about the future (p.62)

-Look for the positive (p.111)

Catherine's relaxing activities

1) Spending time with my animals

2) Spending time on my own in my bedroom

3) Painting or drawing/anything creative

4) Practicing my reading and spelling

Ideas:-

These activities could be built in to set relaxation time for Catherine. Catherine could be supported to plan in time to do these activities around her school work.

Controlling our thoughts

Learning to identify thinking errors:

Thinking errors are faults in our thinking patterns. There are some that we do more often than others. There are 6 common thinking errors which are listed below:

1) The Downers: These thinking errors involve seeing everything negatively. We call this **'Wearing negative glasses'** where we fail to notice the positive and good things that are happening around us.
2) Blowing things up: This relates to making things seem worse than they actually are. This is called 'Magnifying the Negative'. Also included within this thinking error is 'All-or-nothing' thinking. An example of this is seeing things in their extreme either freezing cold or boiling hot! A final example is **'Snowballing'.** This is where problems attach to other problems, becoming bigger and bigger.
3) Predicting failure: This thinking error involves thinking that you are going to fail or get something wrong. This is referred to as **'Mind-reading'** or being a 'Fortune-teller'.
4) Feeling thoughts: This type of thinking is affected by how we feel. An example is **'Emotional reasoning'** - if you feel bad you think everything else is. Other feeling thoughts are known as **'Dustbin labels'** this involves thinking 'I'm rubbish', 'I'm no good'.
5) Setting yourself up to fail: This error is about setting standards and targets that are too high and we use the words: 'should', 'must', 'shouldn't' 'can't'
6) **Blame me!:** This involves taking responsibility for negative things that happen even though we may not have been responsible and have no control over them. 'I must have said something to upset them'

*Catherine has highlighted her thinking errors which are in bold. Reminding Catherine of these errors and helping her to identify when she is making them will help her to control them.

Other ways to control our thoughts:-

When Catherine starts to think negatively...

-Encourage her to describe what she can see in detail.

-She could complete thinking puzzles i.e. counting backwards in 3s, naming all her CDs.

-For Catherine to become absorbed in an activity she enjoys.

-Catherine could use coping self-talk 'I can do this, I'm going to be OK' (see p. 113)

-Catherine could use positive self-talk (see p.112)

-Catherine could use 'Thought Stopping'. Say out loud 'stop!' and think of a challenge to this negative thought (see pg. 117)

-For Catherine to practice being successful (see pg. 116)

-Catherine could turn the volume down on her thoughts (see pg. 115)

-Catherine could test them at school or at home.

-Catherine could write her thoughts down and throw them away (see pg. 114)

Test your thoughts!

It may be useful to set Catherine homework in which she can test her thoughts (see p.109 & p.87)

General guidelines:-

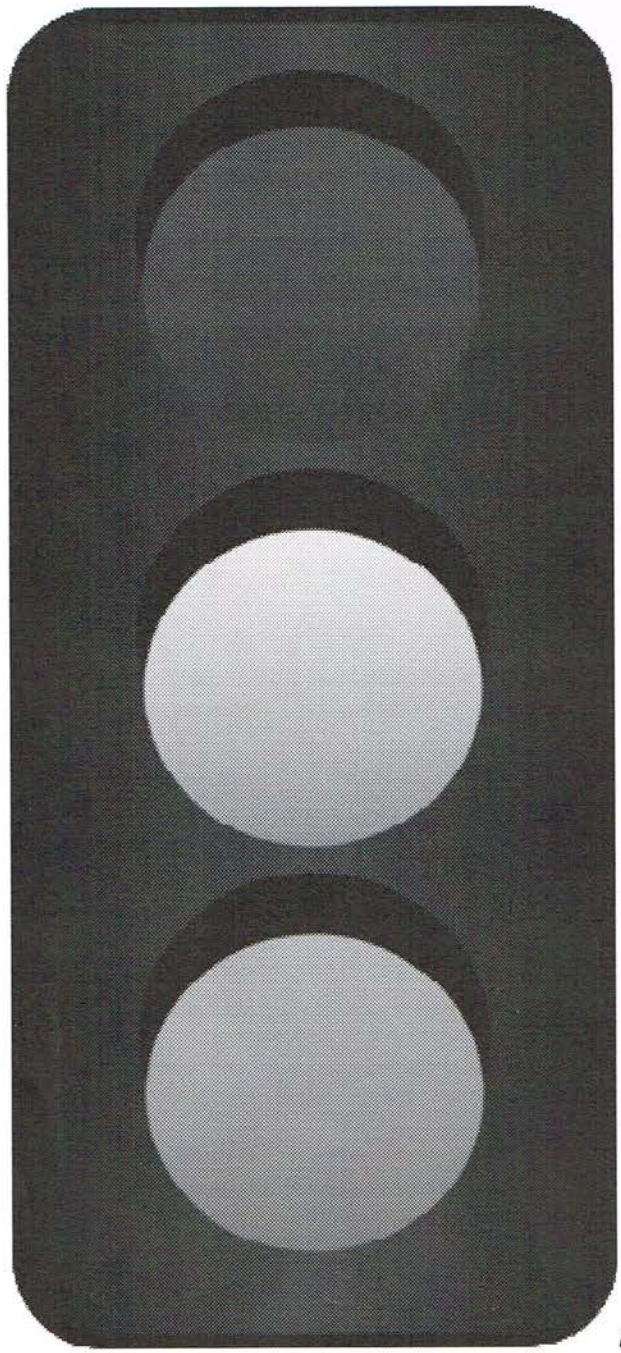
-Use one of Catherine's negative thoughts.

-Agree together an experiment.

- *NB: the point is to challenge your thought by changing your behaviour and collect evidence that challenges your negative thoughts.*

Example:- Jimmy is nervous about speaking in front of his classmates. He thinks they may laugh at him so he does not talk in front of others and remains shy. A good experiment to test Jimmy's fears is for him to speak in front of others or deliver a presentation (face your fears!). This will test out whether his predictions that others will laugh at him are true.

Resources and pages from Stallard



Resource 1:-

Traffic lights worksheet:

This could be used to allow Catherine to communicate with school staff when she feels that she needs some time-out. Green indicates she is OK, amber that she is feeling a little annoyed and red that she needs some time away from the class room or situation to calm down. You could use individual coloured cards to represent the traffic lights or as a whole moving counters between them.

This could also be used to help Catherine to slow down her thinking and arrive at a more balanced thought or to make a different choice. i.e. Red could mean stop, Amber could mean thinking time and Green could mean act (see page 180).

Appendix 3



Options worksheet: *Resource 2:-*

The thumb represents how someone may have chosen to behave which may not have been the best choice .i.e. shouting, hitting. The hand shows us that for every choice we make there are always another four to choose from (four other fingers).

Appendix 3

Rating scales

Rating scales are given on a scale of 0 to 10 with 0 representing no score (or not present/opposing rating) and 10 representing the highest. Rating scales are a good way of tracking progress over time. They can be used to obtain a baseline score for Catherine at the first session and track improvements across the remaining sessions. They can also be used to set goals .i.e. To move from a 6 to a 2 for anger. Below are Catherine's rating scales.

Thoughts

0 10

(insert thought to be tracked)

NB: when rating a thought it might be useful to ask Catherine how often she has this thought to rate it. It may also be useful to present opposite thoughts i.e. 0 could represent 'I think I'm vulnerable' and 10 could represent 'I think I am strong'.

Feelings

Anger

0 10

Anxiety

0 10

NB: when rating a feeling it is important to be aware that a score of 0 would mean not feeling this emotion at all. This would not be achievable and should be discouraged. Instead, reassure Catherine that she can sometimes feel angry and anxious and that in small, controlled amounts this is a positive thing i.e. we need anxiety to complete an exam and we may occasionally feel anger. This means that a goal could be set to reduce feelings of anger and anxiety down to a 1, 2 or 3.

Appendix 3

Behaviour

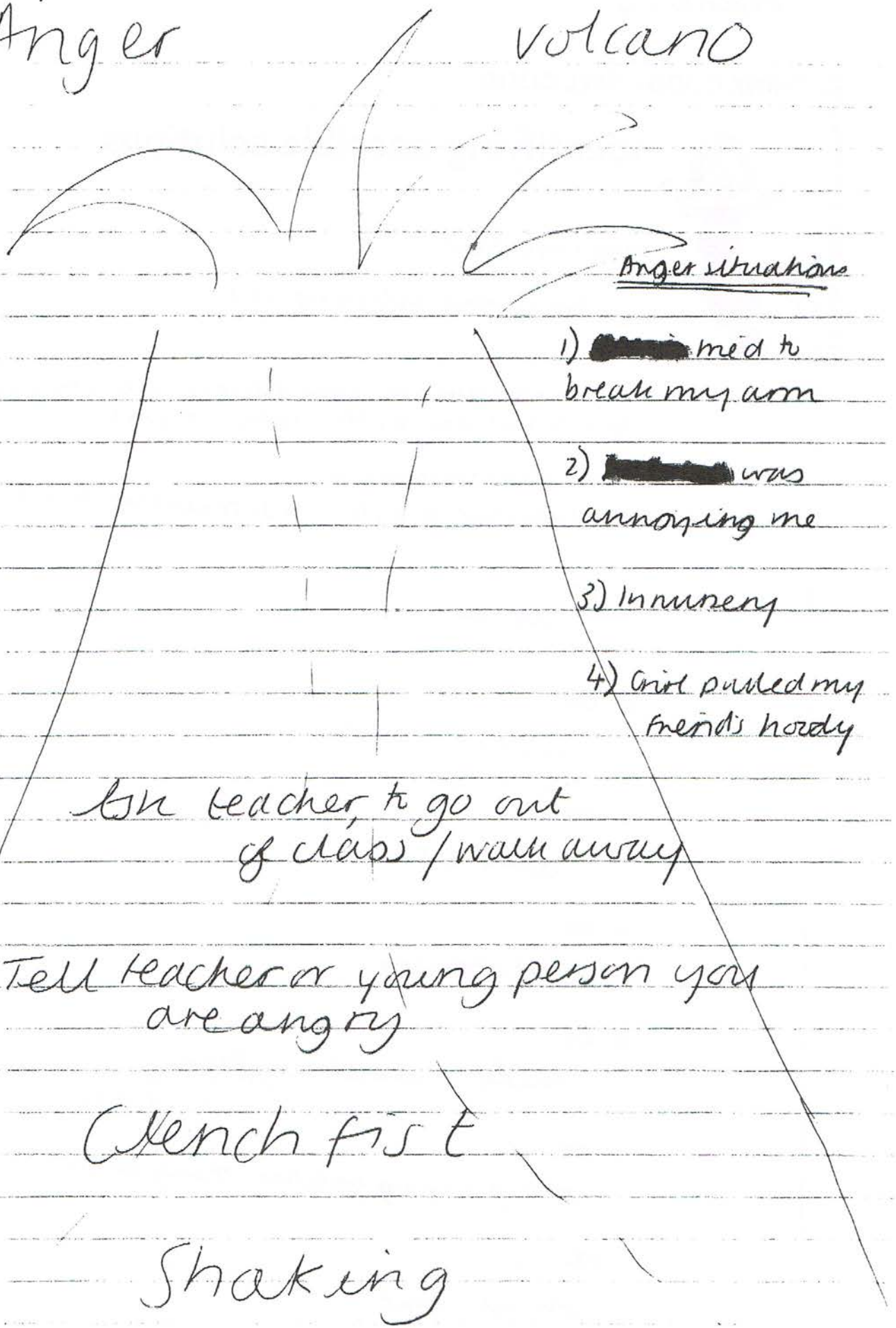
0 10

(insert behaviour to be tracked)

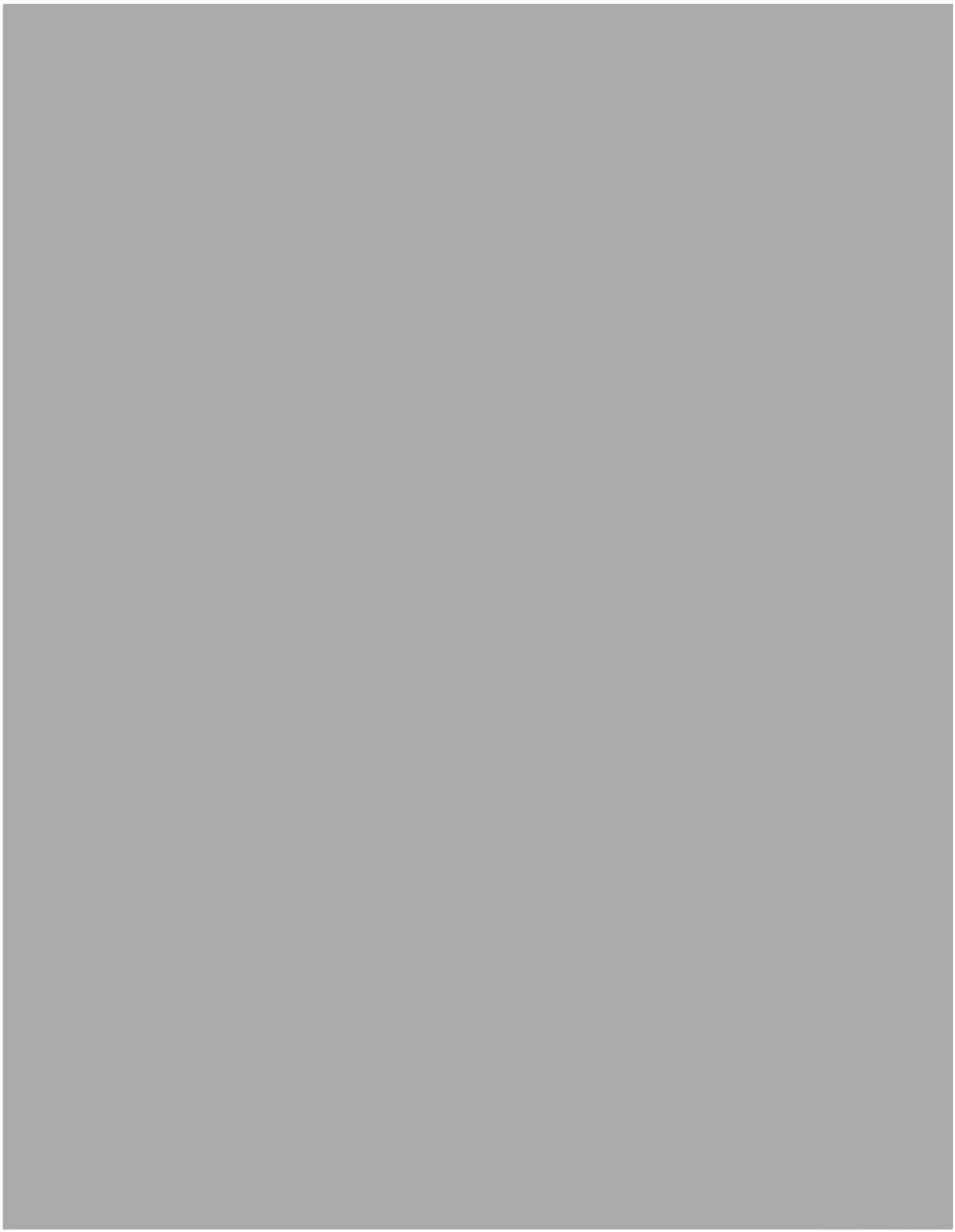
NB: when rating a behaviour it might be useful to ask Catherine how often she behaves like this.

Appendix 4

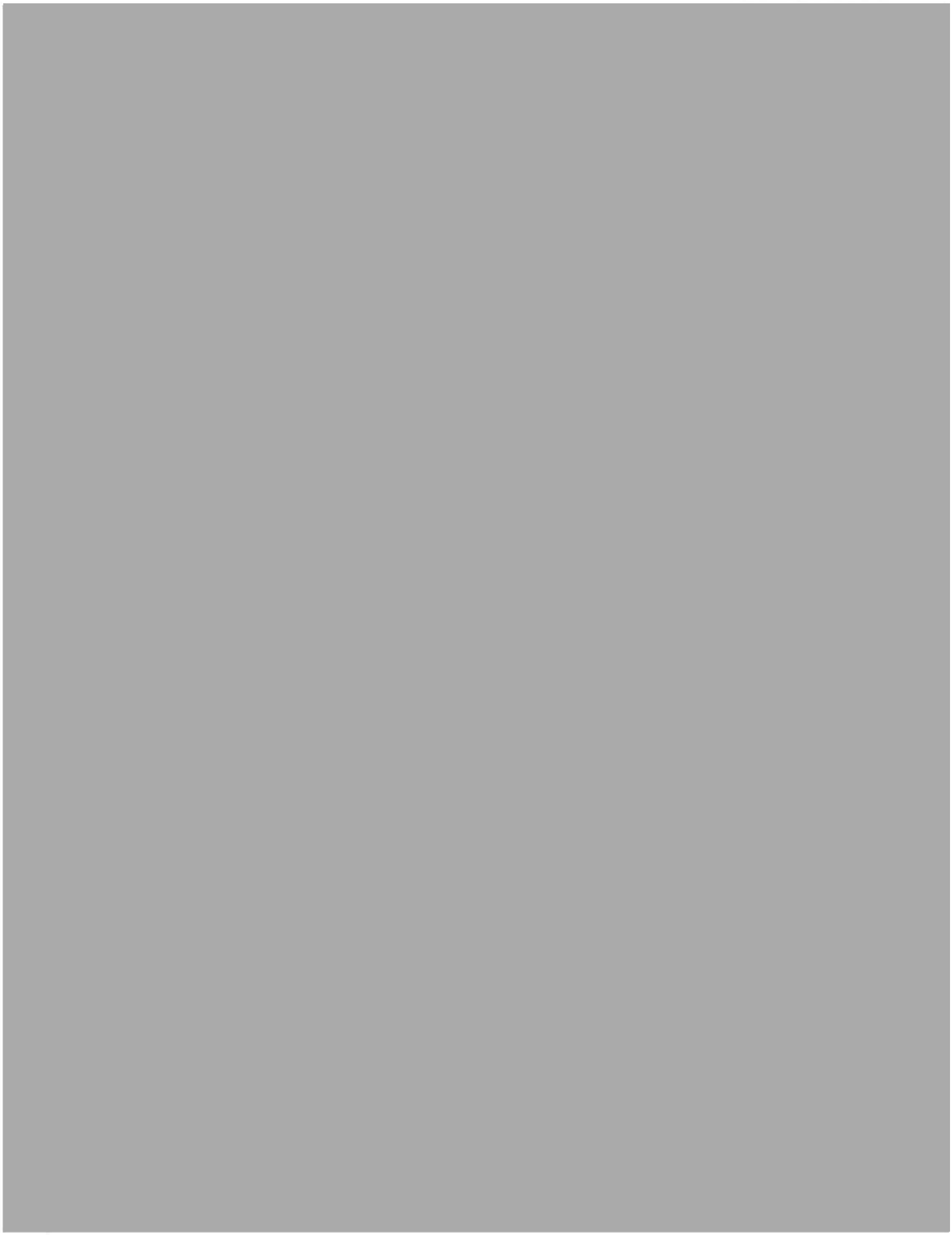
Anger volcano



Appendix 4

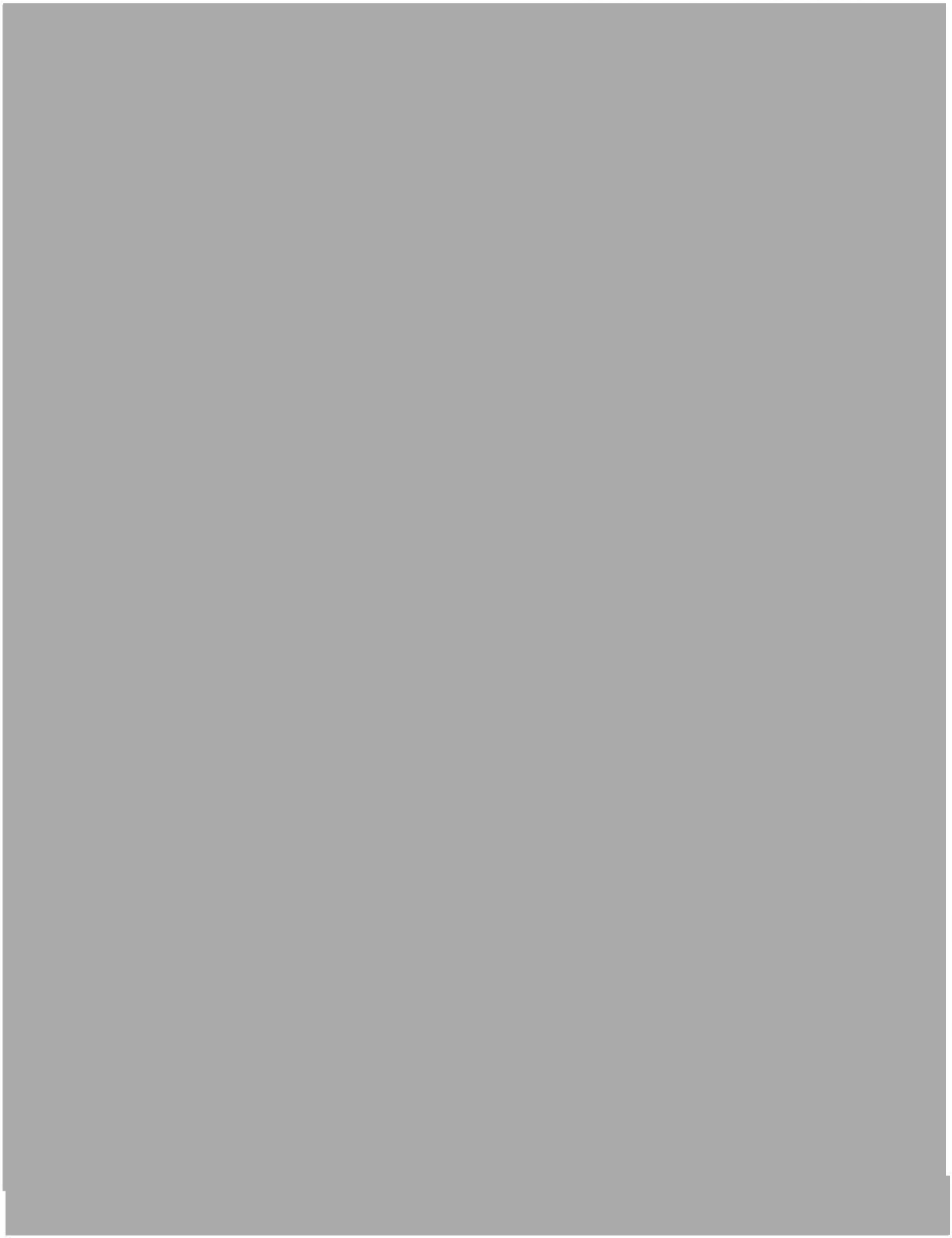


Appendix 4



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Appendix 4



Appendix 4

Appendix 4

[redacted]

Appendix 5: Questionnaires used to monitor progress

The Beck Youth Inventory – Second Edition (BYI-II) (Beck, Beck & Jolly, et al, 2005)

The BYI-II is a widely used measure of distress in children and adolescents ranging between ages seven and eighteen years. It contains five self-report inventories each containing twenty items.

The inventories include:

-Beck Depression Inventory for Youth (BDI-Y) which is a measure of depression including negative thoughts about the self, their life, their future, feelings of sadness and the physical effects of depression .i.e. 'I hate myself'

-Beck Anxiety Inventory for Youth (BAI-Y) which is a measure of anxiety including fears, worry and the physical symptoms of anxiety .i.e. 'I worry people might tease me'

-Beck Anger Inventory for Youth (BAI-Y) which is a measure of anger including negative thoughts of others, feeling angry and physiological arousal .i.e. 'When I get mad, I stay mad'

-Beck Disruptive Behaviour Inventory for Youth (BDBI-Y) which is a measure of conduct including behaviours linked to Conduct Disorder and oppositional-defiant behaviour .i.e. 'I fight with others'

-Beck Self-Concept Inventory for Youth (BSCI-Y) which is a measure of self-perception including one's self-esteem, worth and competency .i.e. 'I do things well'.

Each item is scored on a scale of 0-3 (0 = Never, 1 = Sometimes, 2 = Often, 3 = Always). Higher scores indicate a higher level of trait assessed by the inventory. A total raw score for each inventory is provided by summing the item scores within the inventory. Raw scores are then converted to standardised scores (T-scores) based on US standardisation samples.

It is reported by Beck and colleagues (2005) that reliability of the inventories is high ranging between α =.86 - .92 for ages 11-14 years. They also report significant correlations between the

inventories and other similar scales suggesting good internal and external validity (Beck et al, 2005)

The Children's Automatic Thoughts Scale (CATS) (Schniering & Rapee, 2002)

The CATS is a self-report measure of cognitions about one's self and their life. It contains 40 items which are distributed equally across four subscales. These subscales include:

-Physical threat which involves fearing physical harm to the self or others .i.e. 'I'm going to have an accident'.

-Social threat which involves feeling worried about social situations .i.e. 'I'm going to look silly'.

- Personal failure which involves the degree to which the individual sees themselves as a failure .i.e. 'I can't do anything right'.

-Hostile intent which involves both perceptions of hostility towards the self and intentions of hostility directed towards others .i.e 'I won't let anyone get away with picking on me'.

Each item is scored on a scale of 0-4 (0 = Not all, 1 = Sometimes, 2 = Fairly often, 3 = Often, 4 = All the time). Higher scores indicate a higher level of the trait assessed by the subscale. Total scores for each of the subscales are calculated by summing all of the items within that subscale. Schniering et al (2002) report high levels of reliability with subscale estimates ranging between α =.85 - .92. They also report high intra-class correlations (r = .87 - .91) and discrimination between clinical and community samples indicating good validity.

UNDERSTANDING CONSULTATION USING EDUCATIONAL PSYCHOLOGIST‟S PERSPECTIVES

Abstract

Consultation has been adopted as a method of service delivery across a number of Educational Psychology Services (EPS‟s) in the UK. Research, policy and legislation have contributed to this movement, extending back into the 1980s, growing in the 1990s, to be spearheaded by Wagner in 2000. Since this time, research has continued to contribute to consultative processes. Within the EPS I am based, consultation is utilised but no particular approach is made explicit. The focus of this study was therefore to develop my knowledge and understanding surrounding what consultation is, the role of the Educational Psychologist (EP), where consultation has emerged from and where it is headed in the future. To answer these questions, a review of the literature was made alongside interviews with four EPs, whose answers were thematically analysed. In the main EPs highlighted; structured versus more fluid consultation, the collaborative nature of consultation, time efficiency and the wide membership of consultation, which extends to the young person. They discussed their multiple roles and how the application of psychology and use of interpersonal skills were central. The EPs explained consultation emerged out of dissatisfaction with traditional psychological assessments, which were unfit for purpose. Drivers of the consultative movement included; legislation, policy, key figures such as Wagner (1995; 2000) and the appeal of psychological theories which underpinned consultation. Enabling systems and individual development of practice have contributed to the evolution of consultation. Into the future, the EPs saw opportunities for improvement. Although they were confident of their role within consultation they were less certain about future opportunities to practice consultatively due to the rise in traded services. Their responses were largely consistent with

the consultation literature and indicated room to develop practice surrounding the proper inclusion of young people within consultation meetings in the future.

Introduction

Since the early 1990s culminating in Wagner‟s (2000) article on consultative practice, consultation as an approach to service delivery has been adopted by a number of EPSs in the UK. As a Trainee Educational Psychologist (TEP) within the EPS in which I am based which is part of a West Midlands Local Authority (LA), they too practice a consultative model, meaning that consultation has formed part of my casework. However, within the literature dating back some fifteen years, different models and meanings of consultation have been communicated and emphasised. Within my EPS there is no prescribed and explicit model of consultation leaving flexibility for EPs to choose or develop their own approaches. Therefore in light of the historical context of consultation, the variation in consultative practice in both the literature and my service as well as my developing consultative practice, an opportunity was presented to further my understanding of consultation and consolidate my own approach. This made up the aim of this Professional Practice Report.

Previous research has attempted to explore consultation to gain a greater insight into the processes and component parts of the activity (Leadbetter, 2004). This has included looking at what the activity consists of, the roles of the individuals within the activity and how the activity has evolved overtime (Leadbetter, 2008; Engestrom et al, 1999).

A comprehensive account of activity theory has not been presented here. However, the above aspects discussed and its focus on coordinated activity which has been used to frame research into consultation, have appeal to this professional practice report. Rather than apply activity

theory directly within this report, it can provide a useful context in which to explore the literature and EP‟s views. Key areas will therefore include, what consultation is, what the role of the EP is within consultation, the historical context and evolution of consultation.

What is consultation?

Focussing upon research which has conceptualised consultation within educational psychology practice, consultation involves a help-seeker and help-giver within a problem-solving process, jointly exploring and addressing concerns (Wagner, 2000; Kennedy et al, 2009; Henderson, 2013). Within pure models of consultation, this would usually be with individuals who have an understanding and experience of the young person and problem situation. Direct or indirect assessment of the young person can also take place by the EP followed by intervention and review to move forward (Wagner, 1995; West & Idol, 1987; Sheridan et al, 1996; Wagner, 2000). These variations in consultative practice appear to be widely acknowledged and practiced (Henderson, 2013). It is not, however, restricted to work with the individual, it may also involve two further levels; at the group and organisation-level such as within the family, classroom and the whole school (Wagner, 1995).

In terms of how consultation is delivered, there appear to be all-encompassing approaches, structured and more fluid forms. For instance, Wagner (1995) has described how everything EPs do is consultation, as all aspects of EP work can be incorporated into a consultative framework (Wagner, 2000). According to Leadbetter (2006) three forms of consultation exist: consultation as a model of service delivery, consultation as a defined and agreed task or consultation as a specific approach or skill used regularly across EP work. The first of these relates to movements within EPSs in the UK to include consultative models of service delivery. The second form is recognised by Wagner (Wagner, 1995; 2008). It involves

specific agreements between stakeholders to use consultation. Within this more structured form of consultation, proformas may be used to guide the process (Wagner, 1995; Leadbetter, 2006) and expectations regarding this process are made explicit. The third form described by Leadbetter (2006) describes a more fluid form of consultation. This form is less structure and can regularly occur within EP casework to facilitate the gathering of information and problem-solving.

The principles, philosophy and theories which underlie consultation are surfaced by a number of authors (Wagner, 1995; 2008; West & Idol, 1987; Babcock & Pryzwansky, 1983). Main aspects of these are highlighted by the following four sub-headings.

Collaborative

Collaboration within consultation is underpinned by the notion that those involved within the consultation share responsibility for solving the problem (West & Idol, 1993). Indeed, Wagner asserts that school-based consultation is collaborative, with all involved contributing their own expertise (Wagner, 2008; Gallessich, 1972). In using this collaborative approach, the skills and expertise of stakeholders can also be further developed.

However, Gutkin (1999) asserts that a combination of collaborative and directive actions create the best conditions for effective consultation.

Voluntary

Wagner (2000) states that consultation is a voluntary process for those who take part. Indeed, school staff often request consultative involvement from EPs.

However, it can be questioned as to whether consultation is purely voluntary. As an indirect problem-solving process, often involving SENCOs or parents (Wagner, 2008), opportunity would often be missed to check whether the young people are a voluntary party. Indeed, in being an indirect process, young people, the very individuals the consultation surrounds are often not included (Wagner, 1995). This is in contravention to the rights of the child to express their views on matters affecting them (UN, 1990). It also fails to acknowledge the importance of consulting with children, as outlined in the Special Educational Needs (SEN) Code of Practice person-centred planning agenda (DfE & DoH, 2014). Focus group research including young people has advocated for their inclusion within consultation (Woolfson et al, 2006). This would likely grow in importance in light of the sixteen – twenty-five agenda (Great Britain, 2014; DfE & DoH, 2014). This is because young people would move into systems established in gathering adult views. In addition, with increasing age, young people become more aware of systems of support and are more likely to have developed their aspirations for the future.

Early intervention

Consultation positions itself in opposition to traditional, crisis-management and referral models (Larney, 2003). For instance, a key feature of consultation (West & Idol, 1987) is the development of stakeholder skills which enables prevention and early intervention for future cases, as similar problems can be tackled as they arise (Conoley & Conoley, 1982; Gutkin &

Curtis, 1999). In this sense, consultation is both more efficient than individual casework and a medium via which psychology is shared, relating such approaches to community-based approaches (Orford, 1992).

Application of psychological theory

The use of psychology within consultation is highlighted within the literature. Problem-solving models are an obvious example of how psychology is applied within consultation. An example of such as model is Gerard Egan‟s Skilled Helper model (Egan, 1998) which compares the current problem situation with a preferred situation, collects what is currently helpful to address the problem and actions strategies for ways forward. Rather than focussing upon the problem situation itself, which restricts conversations to what may be wrong with the individual, such models look to wider systems and how change in the young person‟s environment may be helpful. Problem-solving models also have a solution-focussed ethos, focussing upon strengths and when things go well, working towards positive outcomes (Berg 1994; de Shazer, 1985).

Underpinning these consultative models are psychological theories. In a broad sense, consultation has its roots in behaviourism (Gutkin & Curtis, 1999; Zins & Erchul, 1995), as one of its aims is to enable a change in behaviour (Kennedy et al, 2008). More specifically, Wagner (1995; 2000; 2008) proposes a number of psychological theories which apply to consultation, providing a necessary framework in which to manage the complexity of this work. These theories are; symbolic interactionism, systemic psychology, personal construct psychology and social constructionism. The inclusion of symbolic interactionism and social constructionism serves to emphasise the importance and centrality of language. The former recognises how meanings are constructed through social interaction and are particular to

different situations. The latter speaks of the process of deconstructing and constructing meaning. Both may then be utilised to co-construct with stakeholders a more holistic and helpful picture of the problem situation.

Systemic psychology has roots within family therapy and points to the three levels of change acknowledged within consultation including factors at the individual, group and organisational level. Indeed, Wagner (1995) argues that difficulties should be contextualised within the school environment, emphasising the importance of this system within a social-psychological approach. This enables a move away from unhelpful, wholly individual or pathologising constructs. Systemic psychology also points to the relationship between these systems such as how interventions at the individual level benefit all of the children within the school, the circular interaction between school and family systems and at what point within this interaction, concerns are being raised.

Personal construct psychology underpins processes of eliciting the views and constructs of those attending the consultation and the young person (Kelly, 1955). These may heavily influence learning and development as they surround how individuals see themselves, others and the world.

To ensure models of consultation are „articulated from (these) sound theoretical bases" (Sheridan et al, 1996, p.349), continued professional development which allows for critical reflection upon consultative practice is recommended (Moore, 2005; Fraser & Greenhalgh, 2001; Kennedy et al, 2009).

What is the role of the EP?

The above features of consultation are communicated through the role the EP plays. Principally this involves the application of psychological knowledge and applying psychology to facilitate relationship-building. Thus psychology is kept central within effective consultative practice (Boyle & Lauchlan, 2009; MacKay, 2002). Within the broader consultancy literature, West and Idol"s (1987) „Knowledge Base One" and „Knowledge Base Two" descriptions can be used to capture how EP"s apply psychology. Knowledge Base One includes the consultant"s use of interpersonal skills and knowledge of group processes and dynamics. Within this, are the listening, empathy, questioning and problem-solving processes between the EP and school staff (Miller, 2003). It is within this knowledge base that EPs are likely to make use of symbolic interactionism, social constructionism and personal construct psychology. According to Wagner (1995; 2000), the interpersonal skills of the EP also surround being able to help stakeholders externalise and attain a „meta" view of concerns. They support individuals to shift towards an interactionist perspective and encourage self-reflexivity to enable them to understand their role in the problem situation. This process, she asserts is more important than the actions resulting from consultation. Indeed, it can be argued that these process skills, if internalised by stakeholders are the foundations of problem-solving.

Knowledge Base Two involves specific theoretical knowledge and experience relevant to the case. This may be where Gutkin"s (1999) more directive actions may apply, as EPs make suggestions or donations based upon their specialist knowledge and experience of the case and systems around it (Wagner, 1995).

In terms of solution-focussed approaches, these are relevant to Knowledge Bases One and Two. Solution-focussed conversations are central to consultation, framing the questions asked

by EPs surrounding and directly relating to the problem situation. Under Knowledge Base One, this could include the mediation of conversations to positively frame discussion and experiences of the problem situation. For instance, Wagner (1995) suggests reframing problematic behaviour as communication and how it can have a positive meaning. Directly relating to the problem situation, scaling questions (Rhodes & Ajmal, 1995) and exceptions are used to work towards solutions.

To facilitate collaborative work, under Knowledge Base One, EPs employ egalitarian approaches (Wagner, 2000). In doing so, EPs both donate their psychological expertise and empower all of the remaining stakeholders to meet „as equals" (Wagner, 2000, p12), recognising all have expertise to donate. However, due to the central importance placed upon psychology which Wagner argues is intrinsic to school systems (Wagner, 2000; 1995), a „meeting of equals" seems unlikely. The emphasis placed upon psychology could be said to place the EP in a powerful, substantive role within consultation meetings, undermining this goal. This relates to research which describes how schools still recognise and value the expert role of EPs, looking to them to give advice and carry out assessment work (Ashton & Roberts, 2006).

Further principles relating to Knowledge Base One are again, outlined by Wagner (2008). One of these is the constructive principle. This describes how EPs can contribute to the construction of a more positive social world by facilitating joint discussion, making use of explorative and reflective questioning and working to reduce deficit-style language from discourses. Self-reflexivity, enabling critical reflection on practice, across and within complex, ever-changing and exchanging situations is also highlighted by Wagner (2008) as well as transparency. This latter point details the need for EPs to communicate their role to stakeholders, managing their expectations of what EPs do and hope to do through

consultation. This is supported via the use of scripts which Kerslake and Roller (2000) argue have helped maintain consultative practice in the „face of regressive forces" (p.25).

The emergence and evolution of consultation: past, present and future.

The origins of consultation extend back into the 1970"s where Caplan (1970) referred to the co-working of professionals over individual assessment referral. Within the 1980"s consultation was mentioned within policy and theory (DES, 1989; Idol et al, 1986). From the 1990s EPs began to develop their role within consultation (Leadbetter et al, 1991). Onwards from this, and spear-headed by Wagner (2000), consultation became more widespread among EPSs (Leadbetter, 2006; Larney, 2003).

As highlighted above, consultation was an alternative to individual casework. The motivation to find an alternative sprang out of dissatisfaction for traditional EP casework which typically involved psychometric tests and lengthy report writing. This not only affected the morale of EPs, this type of work seemed inefficient and in light of the complexity of problem situations, contextualised by school systems, unfit for purpose. Further reasons for its emergence related to the desire to work creatively, to increase problem-solving capacity and work more preventatively (Wagner, 2000; DfEE, 2000).

Leadbetter (2006) also claims that changes in legislation facilitated the consultation movement. Indeed, the Education Act (Great Britain, 1996) and policy such as the Special Education Needs: Code of Practice (2001) (DfES, 2001) will have supported consultation within EP work from its emphasis upon working in partnership with parents and identification of problem situations and assessment from early years to secondary settings.

Policy such as that reviewing EP work within England (DfEE, 2000) has also strengthened its place amongst EP work.

Consultation has evolved overtime. From the model of consultation put forward by Wagner (1995; 2000), which typically only included those adults supporting a young person (Munro, 2000), consultation has since moved to increasingly include young people. For instance, suggestions have been made to tailor the consultation process more closely to the needs of young people to allow for their participation (Woolfson et al, 2006; 2008). Listening to the views of young people regarding how they would like to be included in consultation, they argue, can enable this. In addition, similarly to the legislative momentum which enabled consultative practice, legislation highlighting the inclusion of young people within consultation is also accumulating (Great Britain, 1989; DfES, 2001; Great Britain, 1996; Great Britain, 2001; Great Britain, 2014). This will likely have encouraged developments within consultation which influence recent EP practice.

As Wagner (2008) pointed out, psychologies have been fundamental to the evolution of consultation. For instance, the psychological principles informing dynamic assessment have been utilised within a Cumbrian EPS to develop dynamic consultation (Hymer et al, 2002). More recently, a study by Davis (2012) has highlighted how mindfulness-based approaches could be supportive of the decision-making and empathising skills required within consultation (Carson & Langer, 2006; Knowles, 2008). However, caution is given within this paper due to the lacking research on the specific components of mindfulness-based approaches which are effective in leading to mindfulness.

Finally changes to the political and economic context have contributed to the evolution of consultation. Such changes which are reflected within national and local budget cuts have driven an increase in trading within EPS‟s (Islam, 2013). Trading places more control into the

hands of schools as the paying customers. This may limit opportunities for wholly-consultative casework redirecting EP time to individual psychological assessments which are often used to secure funding arrangements for young people with special educational needs (SEN). Alternatively, trading may allow for a wider-range of consultative work. Indeed, research has shown that schools have been increasingly interested in working consultatively with EPs (Larney, 2003).

Aims

Within the context of the literature reviewed above, the aims of the study were:

-To explore EP's views and understanding of consultation and their role within it.

-To explore EP's understanding surrounding the evolution of consultation, from its origins to where it is headed in the future.

Research questions

1) How do a sample of EPs within one EPS conceptualise consultation?
2) How do these EPs view their role within consultation?
3) How has consultation evolved?

   -Where did it come from and where is it going?

Methodology

Participants

Four female participants were recruited to the study, all of whom were EPs employed within the same Local Authority, EPS.

Design

Due to the social context of consultation, the potentially different practices of consultation and the focus of this study to gather rich accounts of EP‟s experiences and viewpoints, this study used a qualitative design. Semi-structured interviews (see Appendix 1) were chosen to ensure in-depth, individual accounts. This method of data collection has strengths, generally and in light of the aims of the study. Firstly, interviews allow for the thorough exploration of viewpoints and provide rich data (DiCicco-Bloom & Crabtree, 2006). The inclusion of a semi-structured interview schedule allows for guidance and structure as well as flexibility to adapt questions to responses (Robson, 2011).

A disadvantage of interviews is that they are not a particularly efficient way of collecting data. In addition, from the flexibility afforded by semi-structured interviews (Robson, 2011) and the interactive processes of interviews, which may influence the perceptions of interviewees (Denscombe, 2007), interviewer bias may be invited. Focus groups could have addressed these disadvantages as they are able to collect data simultaneously from a number of participants and the co-construction of responses within a group of participants (Robson, 2011) may guard, to an extent, against interviewer bias. However, in light of the inclusion of an adult sample, who are likely to have varied, established, consultative practices (Leadbetter, 2006), I judged that semi-structured interviews would be the preferred method through which to explore their views.

The interview questions were designed to relate to the aims of the study and dimensions of the literature reviewed. So as not to lead responses and consistent with a semi-structured interview format, broad and open questions were used which can allow for further lines of inquiry. Refer to Appendix 1 to see examples of these questions.

Procedure

In all cases informed, written consent was obtained from the participants (Appendix 2). Each interview lasted approximately thirty minutes and was audio-recorded. All participants were then debriefed about the purpose and aims of the study and presented with opportunities to ask further questions.

Analysis

Interpretive Phenomenological Analysis (IPA) was considered as a method of analysis within this study. This is because IPA focuses upon individuals‟ experiences and perspectives of the world around them (Robson, 2011). However, it also focuses upon generating themes from the data to make sense of phenomena which is normally of great personal significance involving interpretation on the part of the researcher to provide meaning (Howitt, 2013). However, for the purposes of this study and in answering the research questions, analysis which allows for the description of themes was judged more appropriate. Therefore it was decided that Thematic Analysis (TA) should be used. Of most appeal was TA‟s flexibility to incorporate both inductive and deductive processes (Howitt, 2013; Boyatzis, 1998). This enables the description of themes or codes emerging from the data to be placed alongside codes which relate to findings within literature.

To establish rigour within the analysis of data, Braun and Clarke, (2006) argue for adherence to a clear process of systematic analysis and interpretation from the outset. This also relates to soundness and trustworthiness as the journey of interpretation can be made explicit to the reader (Burr, 1995). Therefore, the TA put forward by Braun and Clarke (2006) and Guest et al (2012) was used in this study. This consisted of following stages:

1) Iterative reading of transcripts along with research questions
2) Structuring qualitative data in accordance with questions asked to contextualise themes
3) Annotated ideas within the margins of the transcripts
4) Identifying emerging themes
5) Identifying subordinate codes as higher order themes
6) Identifying super-ordinate codes
7) Representing codes within the codebook (Appendix 3). The codebook is a working document relating to the coding process and an aid to the researcher. The end-product is a list of all of the codes and their corresponding definitions. By presenting these within a codebook, transparency of data analysis is enhanced allowing for greater validity
8) Representing codes within a series of thematic maps which correspond to each research question

Braun and Clarke (2006) highlight the importance of making explicit what counts as a theme, or in this case, a code. They suggest a code relates to an important aspect of the data which

corresponds to the research question and represents a „patterned response" (pg. 10). Within this study, a patterned response such as repetition in the data was not considered crucial to identifying a code, as this may reduce the variation of codes obtainable from the data and may simply be a reflection of EPs knowledge of more obvious features of consultation. Instead codes represented an aspect of the data which related to the research question. Following from these methodological decisions, and in-line with the qualitative frame of this study, code frequencies (the number of times a code appeared within the EP"s responses) were not recorded.

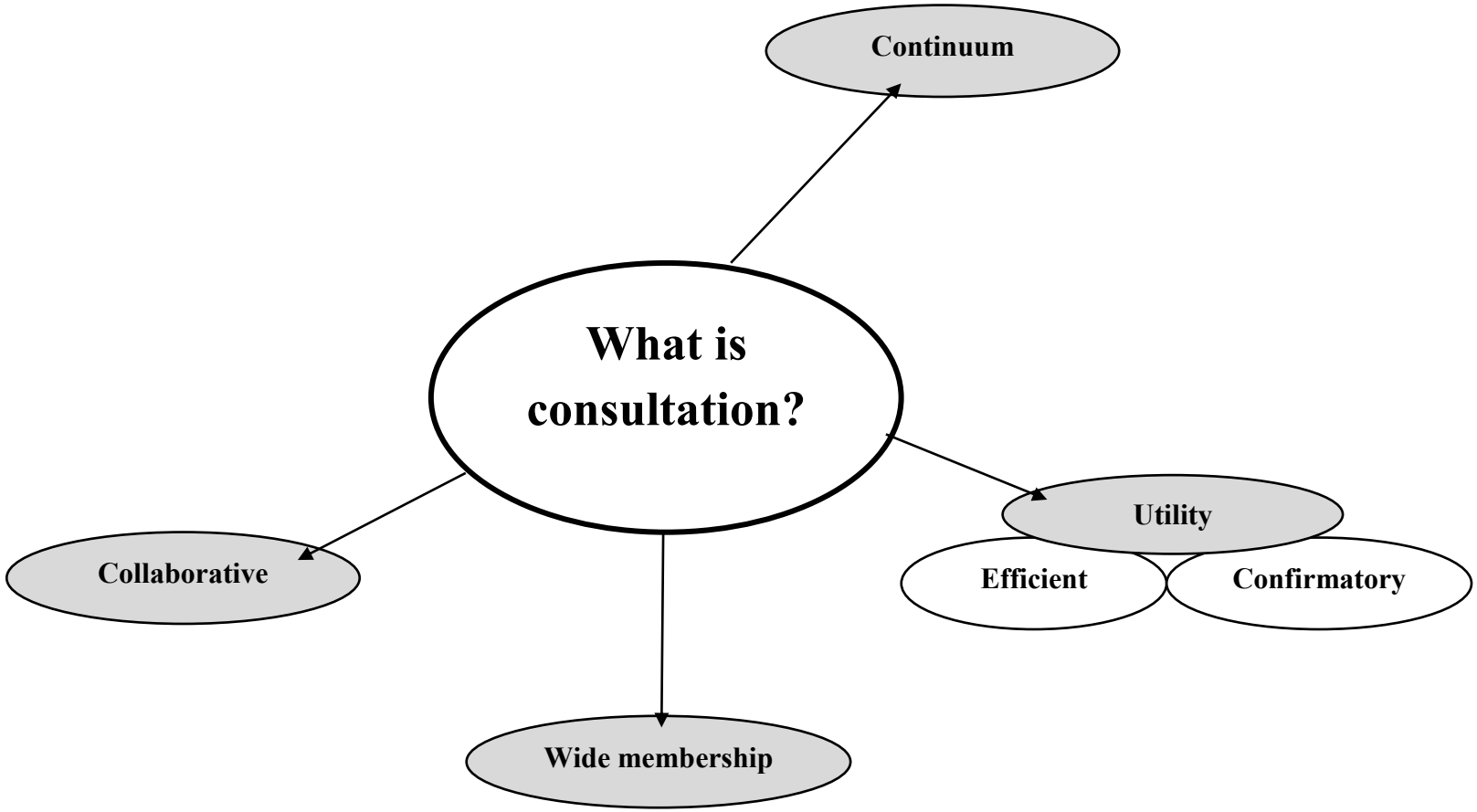
Throughout stages four to eight, themes and codes were checked back with the original data over a period of twelve months. This along with reflexive approaches to data analysis strengthened the reliability of the data as I could maintain distance and ensure my interpretations of the data were not overly biased by my own experiences and assumptions.

To further add to the integrity of interpretation, a coherent story of the data as recommended by Ritchie and Lewis (2003) was prioritised. This will involve dealing with each of the research questions in-turn and grounding codes within previous research. To assist with this, the results and discussion will be combined as recommended by Banister et al, (1994).

Results

The following three maps summarise the analysis relating to the each of the research questions. Discussion follows.

Figure One: Code map representing how a sample of EPs within one EPS conceptualise consultation.



Continuum

When asked what consultation was and how it is structured, the EPs described a variety of ways consultation can be delivered. This ranged from the use of defined psychological models or sessions, to using consultation to assist with everyday EP work, to how everything an EP does is consultation. These comments agree with Leadbetter‟s (2006) descriptions of the existence of more structured as well as more fluid examples of consultation, where, as the EPs indicate, their consultative skills are put to use more flexibly. They also agree with Wagner‟s (1995) position that everything they did applied, in some way to consultation. Taking their descriptions as a whole, the EPs were explaining how consultation and the use of consultative skills exist along a continuum of increasing structure, which is presumably dependent upon purpose and context.

> '...consultation can range in utility...from the interpersonal skills that people use when they are going about their daily business as being an EP...to adopting models of consultation...everything and anything in between.'
>
> '...when you meet with a member of staff or parent...to get to the root of the problem...'

Specifically, under their more defined descriptions they conceptualised how consultation is a problem-solving process, involving a help-seeker and finding a solution to a problem-situation.

> 'Explore the problem and find solutions.'
>
> '…what's going well, what's going not so well...what's helping that to go well.'

This indicates application of specific psychological models within consultation such as solution-focussed and problem-solving models. In this sense, it is not simply a discussion or meeting to share information. It is based upon „sound theoretical (foundations)" (Sheridan et al, 1996, p.349) and is designed to facilitate positive outcomes.

Interestingly, none of the EPs identified the first form of consultation identified by Leadbetter (2006) which described consultation as a whole-service approach. This suggests, perhaps that systems within their EPS are set up to accommodate consultation as a discrete activity. In this sense, consultation is an option on a menu of services offered by their EPS which has likely been motivated by trading. Alternatively it may reflect the more individualised ways in which EPs wish to work, which their EPS has recognised and upheld.

Utility

Under this code, the EPs spoke about a useful feature of consultation which contributes to earlier intervention for young people. This included time efficiency.

> 'The other thing it does is it saves time actually...'
>
> '...immediately the data is triangulated with the parent and the school...it validates everybody's perspective...'

The EPs felt that consultation as a means of problem-solving saves time as relevant stakeholder perspectives and data can be provided and triangulated simultaneously to confirm and disconfirm hypotheses. The more efficient nature of consultation in comparison to lengthy, assessment-heavy reports was indeed an appealing feature in the initial movement within EPS"s (Wagner, 2000; DfEE, 2000).

More efficient, time-saving processes surrounding individual casework frees EPs to make use of their wider skills in more creative ways. This may have motivated the EPs in this sample to highlight this feature, particularly in light of how some EPSs have underplayed EP skills in favour of individual casework (Leadbetter, 2006). For instance, the EPs may have felt that the skills they had gained throughout their doctorate training were being side-lined due to their high caseloads of individual assessments. Consultative approaches would therefore have been viewed as a more favourable work management option which could provide them with time to strengthen and extend other skills, adding to their continued professional development.

Collaborative

In-line with literature defining some of the key aspects of consultation (West & Idol, 1987; 1993; Wagner, 2008; Gallessich, 1972), the EPs within this study highlighted the collaborative nature of consultation.

> '...the solutions are collaboratively co-constructed, so erm, people will have signed up to them because they were their ideas.'
>
> 'I guess it's about moving forward, erm, with an increased understanding, erm, and I guess collaboration as well or as possible really for that to be effective,

Working with stakeholders rather than merely consulting them about the problem-situation was emphasised. This indicated, similarly to previous research (West & Idol, 1987; Wagner, 2008), how the EPs believed they had a shared responsibility for solving problems and believed all members of the consultation had expertise to contribute, as suggested by previous research (West & Idol, 1987).

A further aspect of collaboration involved references to consultation being accessible. This implied, as suggested by research (Wagner, 2000), that the EPs felt consultation consists of a voluntary space in which people can opt to be a part of.

> '...although we probably have all got an idea before-hand but it's enabling people to do it in the shared, space, erm, so already breaking down some of the barriers, or possible perceived barriers between people that sometimes exist...'

Wide membership

In addition to school staff and parents who would traditionally and typically be included in consultation (Wagner, 2000), the EPs in this study identified a wider membership. This also included the young person themselves and wider professional stakeholders. It was explained that all of these individuals in principle could be invited to attend; however, this was dependent upon the nature of the problem situation, the age of the young person and the EP‟s perspective on consultation.

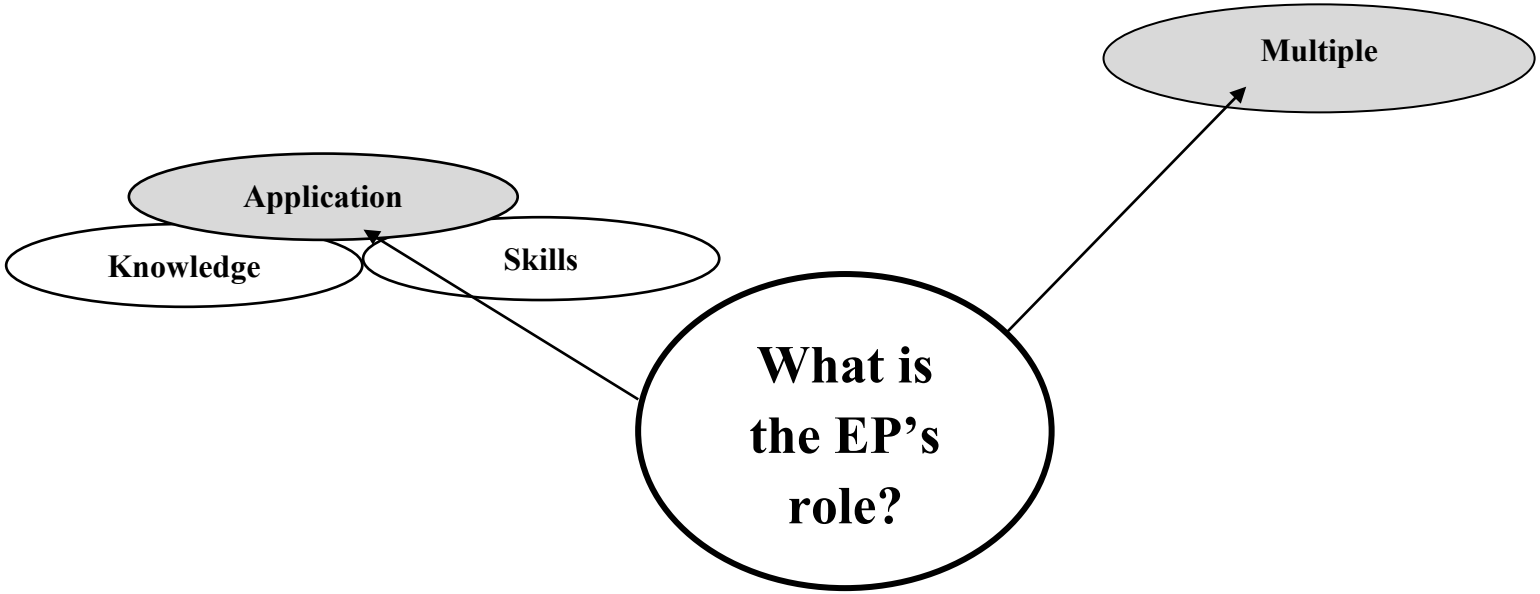
> '...I guess it depends whether you're purist or not...school staff, parents, other professionals...can be the students as well...depending on the nature of what we're trying to sort out...'
>
> 'I've used consultation where secondary-aged pupils have been easily included in the, it's not as easy, with primary-aged, ch, young people...'
>
> 'anybody who's working with that child and parents...'

The inclusion of the child is in-line with the legislative and policy context (DoH, 2011; Great Britain, 2014; UN, 1990). It stands in contrast to the traditional position of consultation (Wagner, 1995) in which only the adults with knowledge and experience of the young person are invited. This suggests perhaps that changes are occurring within consultation to better suit the needs of all. For instance, by including the young person, this has implications for making

the consultative process more child-friendly and in-turn generally more accessible for all. Secondly, it acknowledges the significance of the young person‟s voice, communicating they are being valued. Thirdly, it allows for interventions to be tailored to the individual‟s needs. Indeed, objectives and problem-solving can be checked out, in situ with the young person.

Nowhere amongst the EPs discussion were direct references to the voluntary status of those who attended consultation. This is likely because, as suggested above, it is assumed and implied. Indeed, schools and parents request consultation which implies their voluntary participation. However, the young person may not have been involved in requesting consultation, so their consent to voluntarily participate may not have been given. This raises ethical issues. It may be that the EPs would verbally seek their consent to prior to commencing the consultation. However, in light of the imbalance of power between young people, teachers and parents, young people may feel pressurised to agree to take part. This highlights the need to develop protocol which obtains young people‟s consent to voluntarily participate in advance of consultation.

Figure Two: Code map representing how EPs view their role within consultation



Application

The EPs highlighted how they applied and utilised their interpersonal skills within consultation. Indeed, they believed such skills were critical within consultation, agreeing with Wagner‟s (2008) position that it is the process, rather than the actions that follow which are most important. A broad range of interpersonal skills were included within their discussions. This ranged from applying basic social skills to more specific interpersonal skills essential to consultative processes. The latter of these included skills of facilitation and mediation.

> '...non-verbal skills,... empathising,...empowering...summarising'
>
> 'Very often it's about facilitating that conversation I think sometimes when there are difficulties with relationships ... I think the EP role will be very much about...finding the middle ground and allowing both sides to be able to... talk amicably I think I've had a few situations where...as an EP you're there in the middle trying to mend fences.'
>
> '...my default position would be to think about using consultative skills to create an environment...where people are working together to solve issues.'
>
> '...so the way we are as people, I think that comes across in research, every time, you know ... EP interpersonal skills actually help people to think and... move things forward...'

As well as their skills, the EP‟s also emphasised the application of their psychological knowledge within consultation.

> 'It's...being very much, a face of psychology and practising that psychology...'
>
> 'Solution-focussed, erm and then there's sort of I think it was put forward as an Egan skilled-helper type model.'
>
> '... based on, evidence or models in your head...experiences of other scenarios or thinking about what people are saying to you…It is not a light touch and actually...when I've seen them done well, they are cognitively demanding.'
>
> 'I would find (it) very difficult without...having had the experience of working with lots of children...I've been working as an EP for 10 years so...there is stuff now that...I can contribute...'
>
> 'they're giving you this baton to... apply psychology, cus they're asking for that from a psychologist, that makes sense.'

Generally, the EPs made references to their knowledge of psychological models and how they used their accumulated experiences as an EP to inform ideas, interventions and ways forward.

They acknowledged how a high level of competency is required within consultation. This they felt was a skill which developed overtime and with experience. This suggests EPs refine their consultative knowledge and skills through their practice and may make use of self-reflexivity to do this.

The application of their skills and knowledge echoes West and Idol‟s (1987) dual knowledge-base model of consultation. The emphasis and importance the EPs gave to these aspects of their role is also consistent with literature which presents the EP as central to upholding the process and goals of consultation (West & Idol, 1987; Wagner, 1995).

Multiple

The EPs identified multiple roles for themselves within consultation. The first two of these involved being a facilitator and donator.

> '...therefore not needing to jump in with... oh I saw a child like yours...abcd will work...although that is quite tempting sometimes...'
>
> '...thinking about the role of the EP as not expert, whatever that means but have unique skills that can contribute to the consultation... they're asking aren't they, for, psychology to be applied.'
>
> 'I think... I still struggle with... the balance of...pure facilitation... it's not always that evident and also I think I've got ideas and I wanna contribute them...'
>
> 'I've got experience...they haven't got so for them it's about their own child and they've got that knowledge about those particular circumstances but for me, I've got a broader knowledge about similar things across different situations so that's what I can bring to it.'

The EPs identified how other stakeholders saw them as an expert within consultation. However, they described themselves as being both a donator and a facilitator. Achieving a balance between these opposing roles appears to relate to an on-going objective which both manages and contributes to the consultative process to add value and meet the expectations of schools and parents. Donation does contrast with original models which emphasise the facilitator role of the EP (Wagner, 1995). However, it can be argued that it is the responsibility of the EP to share psychology with members of the consultation. This may include outlining to parents, teachers and young people the relevant psychological theories and research which can reveal more about their problem situation and ways of managing or resolving it. Additionally, models of consultation outlined by Gutkin (1999) which suggest a mixture of collaborative and directive actions, indicate a degree of donation is acceptable and necessary to effective outcomes. However, within this study and as already identified, the EPs may be highlighting donation within their role as a result of the pressure they feel from other stakeholders who perceive them as experts.

A second aspect of their role was accountability. This covered how as EPs, they have a responsibility to clearly explain their role to stakeholders within the consultation.

> 'So...in a consultation or any meeting really, it's about a script in your mind and thinking about that script, introducing yourself... what you're doing and what you think you can offer to that meeting, so it's out there again isn't it?'

In order to do this, mental scripts were referred to, to create a standardisation of practice. This practice agrees with previous research which has highlighted the importance of using scripts to achieve a clear understanding of the role of EPs and the range of work they can do (Kerslake et al, 2000). Scripts also enable informed consent as stakeholders are made fully

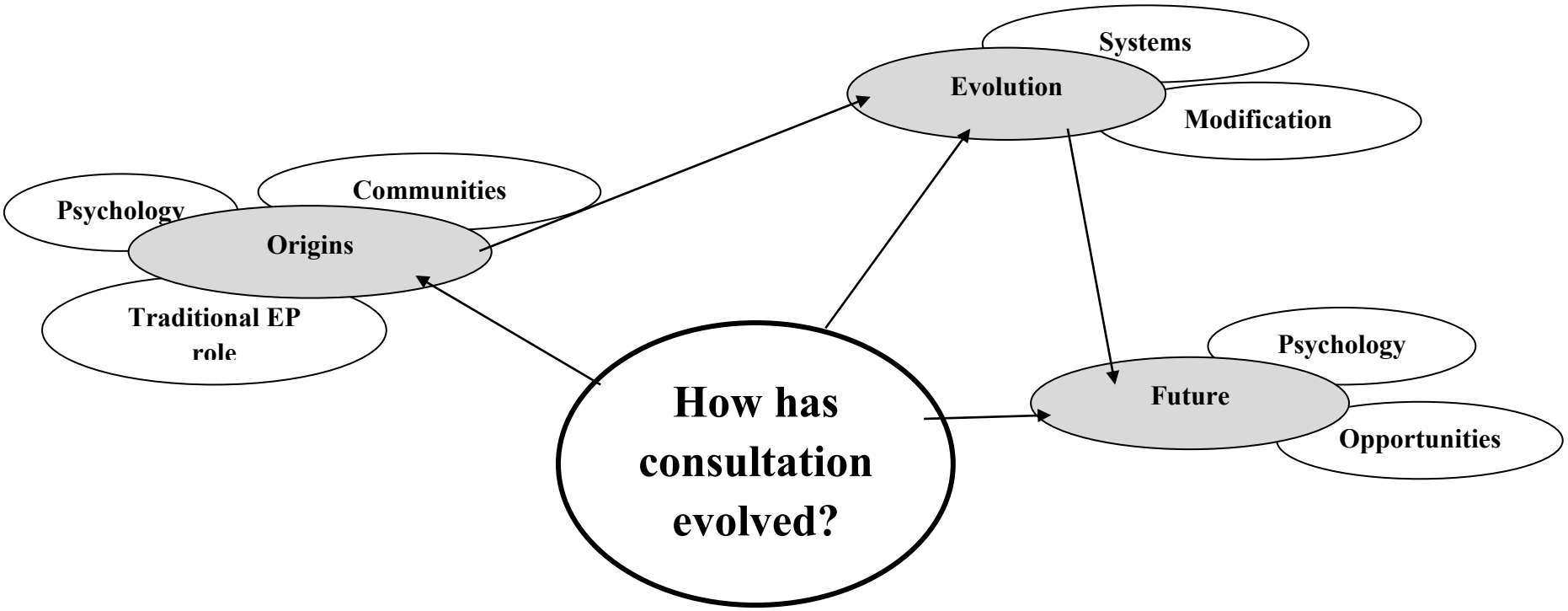
aware of the consultative process prior to agreeing to participate. However, the EPs did not explicitly raise ethical objectives whilst considering mental scripts. This suggests that their reasons for using mental scripts may be more to do with preparing themselves for consultation. Alternatively, informed consent may not have been discussed as requests for consultation usually include written parental and school consent.

A third aspect related to their role as an advocate within consultation. This involved advocating for those within consultation who may be less powerful such as young people and their parents.

> '...sometimes I think it's about advocacy, so sometimes in big meetings or big consultations the... parent might feel disempowered by the number of people in their room or about what's being said about them or their child...'

This aspect of their role relates quite closely to their interpersonal skills and skills of mediation. In particular the EPs spoke about how they felt they were in a position to redress power imbalances and negotiate a more equal playing field so that the consultative space remained safe for people to make their contributions. In this sense, by employing advocacy skills, EPs are enabling social justice and can ensure collaboration remains central to consultation (West & Idol, 1993; Wagner, 2008; Gallessich, 1972).

Figure Three: Code map representing how consultation has evolved.



Origins

The EPs were aware of the origins of consultation as an alternative to the traditional individual, case work role of the EP.

> 'I do think that some of the drive for consultation is perhaps towards...working more efficiently, some of it is about trying to be more effective...'
>
> '...enlightenment of EP profession and moving away from within-child models of working to kind of like systemic and then the Education Act sorted that all out...and maybe the two reviews of the profession well, well that one in 2000 anyway...'
>
> '...the desire to get off the fire-fighting...model...and become...more instrumental early on...'

The EPs appeared to be describing consultation as a tool more fit for their purposes. Its anti-reactionary and anti-medical model parameters were seen as more preferable, effective and efficient than traditional individual assessments. For instance, consultation can provide support at a much earlier stage, not requiring the additional time needed for lengthy individual work (Wagner, 2000; DfEE, 2000). This means resources are put to better and more efficient uses as early intervention will necessarily increase the likelihood of more positive outcomes for children and their families.

Similarly to previous research (Leadbetter, 2006; DfES, 2001), the EPs highlighted the support for consultation from legislation and policy. They also recognised other drives for consultative practice. This included how key figures such as Wagner and her model of consultation in 1995 spearheaded the consultative movement. Within this movement the EPs explained how certain psychological theories allied to consultation such as symbolic interactionism, systemic, personal construct psychology and social constructivism models, began to appeal to groups of practitioners.

'...that's when Patsy Wagner was kind of doing that, I think it was 1995...she started to...change the practice in... Kensington and Chelsea'

'...using... systemic family therapy, personal construct psychology...and symbolic interactionism...they're a little stable of psychologies, together aren't they and some people find them attractive, and connect...'

'...there were like people, you know birds of a feather kind of thing, there were people who were interested in those kind of approaches with those kind of underlying values...'

In agreement with Leadbetter (2006), the EPs did not suggest that such psychology was new, but that these models and psychologies appealed to communities of EPs who then took consultation forward.

Evolution

The EPs made references to enabling systems when explaining the evolution of consultation. Using Cicchetti and Lynch's (1993) ecological systems model, this included enabling processes within their EPS and schools, at the exosystem-level.

'...PEP enabled people to...trial things...and develop things you know so there wasn't a prescribed way of working...'

'...I think within this Service it's changed… it used to viewed or some people have viewed it or it has been used as like a stepping stone or hurdle to get through...'

'...school now have a provision map...so there you can work in a more consultative way...'

Also included within their discussion were references to their own individual development and resultant modifications to their consultative practice. For instance, the EPs described how they developed frameworks to provide them with a structure in which to conduct consultation. Similarly to scripts, this provided them with a helpful prompt in which to navigate clearly and effectively the complexities of the consultative process. They also

indicated how they modified their consultative practice according to personal preferences and practical considerations. This involved adapting and amalgamating different psychological models of consultation to suit their purposes and in accordance with how they viewed and understood consultation. These adaptations communicated they took personal responsibility for the development of their consultative practice. However, there was some suggestion that in doing this the original purposes and meanings of consultation have been lost or confused.

> '...I'm a lot more confident than I was, I still need that structure for me of my form that I've made...'
>
> 'I think it was put forward as an Egan skilled-helper type model but I just blend them altogether'
>
> '...People made it their own...off it went, with those many meanings...(which) confused it as well.'

Another way in which they have developed their practice of consultation is to incorporate more first-hand knowledge of the young person via individual data-gathering or assessment. Explicit acknowledgement was made that this was different to the traditional models of consultation set out by Wagner (1995; 2000).

> '...I've sort of adapted it to what works for me...if I've got first-hand knowledge of that child, now that wouldn't be part of the sort of classic consultation model...'

Comparisons between very pure forms of consultation and their preferences for gathering prior data on the individual do not necessarily represent an evolution in practice. Broader consultative processes have long-since acknowledged the value in gathering data to inform hypotheses for later consultation (Wagner, 1996; 2000; Sheridan et al, 1996). This may relate to limited opportunities for continued professional development.

More representative of an evolution within consultative practice is the inclusion of young people within the consultation meeting. However, despite highlighting the importance of „first-hand knowledge" of the young person, from their earlier comments the inclusion of young people within consultation appears to be restricted to older age-groups. In addition, none of the EPs discussed how they had developed their practice to include young people more successfully within consultation. This suggests espoused theories are used and that little development has actually occurred to enable young people to access consultation.

In addition, in contrast to EPs who have used other psychological theories to develop their consultative practice such as making use of the principles and theories which underlie dynamic assessment (Hymer et al, 2002), none of the EPs in this study did. This may reflect engrained practice within their EPS and limited opportunities for continual professional development, the combination of which may not challenge the status quo on models of consultation to further evolve practice.

Future

When asked about the future of consultation the EPs communicated how they thought psychology would continue to be of central importance. This involved the application of psychology and the effective use of EP"s interpersonal skills. Both of these skills have long been acknowledged as important to consultative processes (West & Idol, 1987; Miller, 2003). This places EPs within a substantive role as facilitators and professionals in possession of psychological knowledge.

'...I think even more so I think in the future...it's also important to keep psychology at the heart of everything.'

'...It's still going to rely on relationships...'

The EPs identified opportunities for consultative work to continue into the future due to changes within current school and political systems. This included the rise in traded services, changes to school funding streams, with the introduction of academies (Great Britain, 2010) and policy-driven plans for person-centred planning (DfE & DoH, 2014; DoH, 2011). In light of changes to statutory routes (Great Britain, 2014; DfE & DoH, 2014), they also considered how in the future consultation work may be protected, as a core activity. However, EP"s also touched on how such school-based and political systems may prevent opportunities for consultation. Indeed, the impetus behind the creation of academies is to transfer more decision-making power to schools (Great Britain, 2010). As paying customers of traded services, they may decide against engaging in consultation, opting instead for individual assessment. This may be because schools feel this would be less exposing than addressing change at the school-level, through consultation. Alternatively, a psychological report over a consultation record links more obviously to funding protocols within LA"s for young people with additional educational needs. Overall, their comments indicate uncertainty surrounding the future of consultation in light of traded services.

'As the funding changes I suppose that'll be the thing (that) influences it...whether when we're bought in by schools...whether that will open up more opportunities or less...'

'...once you've written your statutory report you could go in and do a consultation...'

'...the government's saying but hang on a minute we need person-centred planning and for me core values of consultation will come through there.'

Other future opportunities for consultation surrounded making improvements which not only encouraged greater engagement from schools but also further fine-tuned EP practice. For instance, in terms of the schools, EPs felt they needed to improve the availability of staff. They also felt they needed to improve their knowledge and awareness of consultation which could be achieved if EPs developed clearer scripts to communicate their roles and the objectives of consultation.

> '...availability of staff to get involved in consultation, definitely.'
>
> '...I think getting them to understand what it is and what we're trying to achieve, is very difficult and I would want that to improve in the future and I think that's a very long-term thing...'
>
> 'I think always our... practices whatever they are... improved by scripts about identifying what it is we're gonna do, how we are gonna go about it...'

These suggested improvements allude to the sense of shared responsibility which forms part of consultative processes (West & Idol, 1993). Within this sense parties to the problem-situation including the problem-holder, all contribute in collaborative ways to a problem-solving process.

Many of their suggested improvements arose from their own informal evaluation of consultation. However, they also recognised the need for more formalised processes of evaluation included within consultation. This concurs with research which highlights the importance of evaluation as part of consultative and problem-solving cycles (Larney, 2003; Wagner, 2000; Monsen & Frederickson, 2008).

> '...I've always thought about consultation...(as) the Emperor's new clothing...but actually have you added anything?...maybe...there'd be mileage in interviewing people afterwards, you know, was that consultation useful?'
>
> '...and some very good evaluation... I think that's really, poor, at the moment... because it is about instant, evaluation, how is it for you or whatever and recording that, but it is also long-term evaluation, and thinking about the impact of that on the actual...child…

Conclusion

From this small sample of EPs, answers can be given to the research questions of this study. Such answers are representative of some of the views EPs may hold regarding consultation.

In answer to the first research question, they compared more structured forms of consultation against more fluid forms, discussed the time efficiency benefits of consultation, its collaborative nature and potential for the inclusion of wider professionals and young people themselves within the consultative process.

To answer the second research question, the EPs identified multiple roles for themselves within consultation. They also felt that the application of psychology and effective use of their interpersonal skills formed important parts of their role.

To answer the final research question, the EPs highlighted how consultation emerged out of dissatisfaction with traditional models of individual assessment and the need for a way of working which better suited their purposes. Drivers for consultation included legislation, policy, key figures and the appeal of the psychological theories which underpinned consultation. In terms of how consultation has evolved, acknowledgement was given to enabling exo-systems as well as individual development of their own practice. The EPs were confident about their role within consultation in the future due to the centrality of psychology and effective interpersonal skills to consultation. They suggested ways to improve consultation by becoming more accountable to schools regarding their role, encouraging greater input from schools and evaluating consultation more formally. They were less certain about opportunities to practice consultation in the future. This was due to the rise in traded services which puts much of the decision-making,

regarding the ways in which schools would like to work with EPs, in the hands of school management.

Contextualising the EP‟s views against the research, it would seem that their practice is largely consistent with theory. This indicates that literature from twenty years ago, still has relevance to current consultative practice. An area where theory is not consistent with practice, most obviously and importantly surrounded the inclusion of young people within consultative practice. Although the EPs saw the value and importance of first-hand data about the young person and espoused how young people themselves could attend consultation, in reality the inclusion of young people was largely restricted to older age-groups and collecting data about them prior to the consultation. These points suggest little development has occurred in EP consultative practice and indicate room for future development.

Although a small-scale study, a key strength is the contextualisation of current EP consultative practice against research. This is within the spirit of professional practice reports whose aims are to enhance knowledge, understanding and practice integral to the role of the EP. In the interests of building upon these findings and in light of the difference between EP‟s espoused and actual practice, future research could focus upon ways in which EPs could develop their consultative practice to include young people. To increase validity and capture broader ideas, the views of young people, teachers and wider professionals should be investigated.

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Appendix 1

PPR 3: Consultation: Views of Educational Psychologists.

Semi-structured questions are in black and examples of further lines of enquiry are in blue:

Research question 1

1) What is, in your opinion consultation? (What does consultation typically involve? How would you conceptualise consultation? How would you describe consultation? What are the objectives of consultation/what is it trying to achieve? How is consultation structured?
   Who may take part in consultation? Are there any broader stakeholders consultation work supports/affects?)

Research question 2

2) What would you consider your role to be within a consultation? (From the perspectives of school staff and parents or other stakeholders you may be in consultation with, what are their perceptions of your role? Can you have more than one role?)

Research question 3

3) Why did consultation emerge? (Before you practiced consultation, how was work managed? When did it emerge?)
4) How has consultation evolved? (What has assisted consultation? Do you think changes have happened within consultation overtime? How is your practice different now? How have you evolved your practice? What are the main differences?)
5) How do you see consultation in the future? (What are the challenges, opportunities? What could improve it? How do you see your role in the future?

How will my answers be recorded and will my answers be kept confidential?

The interview will be tape recorded and kept completely confidential. If you consent to take part in the study, your name and personal information recorded on the consent form will be kept separate from the rest of your answers. You will be given a unique participant number which will be recorded at the start of your interview and written on the debriefing sheet. Only you will know that this number relates to your answers. This way your answers are kept confidential.

What will happen to my results?

Your answers will be collected by the researcher, transcribed and stored confidentially on a password protected computer. Once they have been analysed they will be disposed of.

This analysis may be fed back to the EP Professional Group meeting at … and will also be used as part of an academic piece of writing for the University of Birmingham which forms part of my training as an Educational Psychologist.

Some of your answers may be quoted directly back to the EP Professional Group meeting and within my academic work, although this will not contain any of your personal details.

What are the benefits of taking part?

By taking part you are adding to the body of research which describes and reflects upon consultative processes which are integral to and a distinctive part of EP work. This can then be used as a platform for discussion within your professional group meeting to stimulate wider debate and consensus.

Contact details.

The researcher:

Dr. Aimee Harvey

Tel: .....

Thank you for taking the time to read this information.

Consent Form

Study title: The evolution of consultation: EP perspectives.

Name of researcher: _____Aimee Harvey _____

	Please tick
1. I have read and understood the information sheet and I have had the opportunity to consider the information and ask questions.	☐
2. I agree to take part in the above study.	☐
3. I understand that my participation is voluntary and that I am free to withdraw myself at any time.	☐
4. I give my consent to have this consultation tape-recorded.	☐
5. I agree to have my answers anonymously included within an academic piece of writing for the University of Birmingham.	☐

Name of participant	**Date**	**Signature**
……	……	……...……...……
Researcher	**Date**	**Signature**
……	..……	….……...……

Appendix 3

(Codes relate to first thematic map – provided as an excerpt from the Codebook)

Code book

Code	Definition
Object	
Parameters	Use this super-ordinate code when participants reference the application of consultation within their work. This can include references to individual sessions of consultation and the more broader application of consultative skills within everyday EP work.
Continual	Use this subordinate code when the participants talk about how consultation is a continual or ongoing process. Not a discrete activity.
Defined	Use this subordinate code when the participants talk about consultation as a specific, narrower activity. This can include references to models, psychological theory, a help-seeker a problem-situation and findings ways forward.
Broad	Use this subordinate code when the participants talk about the application of consultation skills within everyday EP work. Also use this code when participants talk about how consultative skills can be flexibly applied to different situations.
Nature	Use this super-ordinate code when participants reference their understanding of the way in which consultation is conducted i.e. its very nature.
Collaborative	Use this subordinate code when the participants talk about collaborative processes within consultation. This can include a shared understanding and how consultation is open and accessible.
Utility	Use this super-ordinate code when participants reference the uses or benefits of consultation.
Efficient	Use this subordinate code when the participants talk about information-gathering from a number of sources, simultaneously within consultation.

Confirmatory	Use this subordinate code when the participants talk about triangulation processes and achieving validity within consultation.
Wide membership	Use this super-ordinate code when participants reference the inclusion of wider stakeholders within consultation than traditional models. Also include this code when participants refer to the varied membership of consultation depending upon the problem situation.

EXPLORING GANG MEMBERSHIP USING ECOLOGICAL AND DEVELOPMENTAL PERSPECTIVES

Abstract

There is growing interest in gangs and why young people may join them. From the research that exists, pathways to gang membership are organised across ecological systems and are complex in nature and outcome. This includes the presence of females within gangs who experience different routes and outcomes. The typical adolescent age of individuals who join gangs, also indicates the relevance of normative processes of adolescent development in explaining motivations for membership. Using these initial findings, this Professional Practice Report provides a review of the literature in an attempt more thoroughly to explore pathways to gang membership. To answer the central questions of this report, informed by indications within current research, examination was made as to whether the ecological-transaction model and theories of adolescence could provide an adequate framework and explanation of gang membership. Further review of the literature has revealed how a number of potentiating and compensatory factors, organised across ecological systems contribute in complex ways to gang membership. The ecological-transactional model is argued adequately to capture this. Adolescent developmental processes supportive of socialisation and identity development as well as pubertal processes were also highlighted as relevant to pathways to gang membership.

The role of the EP in contributing to more positive outcomes for such vulnerable young people includes: raising awareness within schools, sign-posting to appropriate agencies and contributing to research on gangs.

Introduction

Public interest in young people joining criminal gangs has increased in the last five years (Cox, 2011; Home Department, 2011). However, this is not a new phenomenon. Research surrounding US-based gangs extends back into the 1940s (Shaw & McKay, 1942). Within the UK, youth criminal gangs have featured across generations, with Teddy Boys in the 1950s, skin heads in the 1960s and hoodies in 2000s. The absence of a universal definition of gangs (Pitts, 2008), subtle differences with general youth crime and public generalisations that groups of youths are necessarily involved in crime (Cox, 2011), makes understanding young people‟s motives for joining criminal gangs hard to disentangle. Within the UK, there are limited police data on gangs and limited research of pathways into criminal gangs (The Centre for Social Justice, 2009; Cox, 2011; Fitch, 2009). Even less is known about females in gangs (Fitch, 2009; Silvestri et al, 2009). Broadly, it seems that in addition to engaging in crime as part of a gang role, females also experience different pathways, take on a wider range of ancillary roles and are more often victims of abuse (Snethen, 2010; Hayward & Honegger, 2014).

A brief examination of the literature indicates that there are known risk factors for gang membership and to a lesser extent, some protective factors. Such factors dovetail into ecological and systems-based models (Fitch, 2009; Hill et al, 1999). Cicchetti and Lynch‟s (1993) model recognises the influence of systems and complexity upon human development and outcome. It is also likely, due to the young age of individuals upon initiation into a gang (Marshall et al, 2005), that developmental theories, which explain normative adolescent maturation could also contribute to explaining membership.

Thus, this critical literature review intends to answer two questions:

1) Can the potentiating and compensatory factors for gang membership, including variations in pathways between males and females, be adequately explained by the ecological-transactional model?
2) To what extent can a developmental perspective explain gang membership for young people?

To answer these questions and in light of the little research which currently exists, research extending back to 1990 will be considered. The ecological-transactional model will structure the review of literature in preparation for the response to question one.

Developmental theories which describe normative adolescent development will then be considered. The aim of this section will be to examine the relative contributions of social, identity and pubertal development to gang membership amongst other potentiating factors.

After answering these questions, and in light of the purpose of this professional practice report, the role of the educational psychologist (EP) to support positive outcomes for young people will be considered.

The ecological-transactional model

Systems

The ecological-transactional model (Cicchetti & Lynch, 1993) describes a series of related systems around the individual. Individual potentiating (risk factors leading to negative outcomes) and compensatory (protective factors preventative of negative outcomes) processes which lead to differential outcomes for the individual are mapped from the individual level up to and inclusive of economic, political and societal forces. These increasing systems are represented as „nested levels with varying degrees of proximity to the individual" (Lynch & Cicchetti, 1998, p. 235). Ontogenic development represents factors at the individual level, the Microsystem encompasses family processes, the Exosystem represents factors which may be influential from the community and the Macrosystem contains the cultural and societal processes which permeate the aforementioned system (Lynch & Cicchetti, 1998).

Complexity

As its key strength, this model acknowledges the complexity of human development. For instance, the processes and factors relevant to each of these ascending systems not only interact but transact with one another, bi-directionally influencing each other (Cicchetti & Toth, 1997). Within this are equi- and multi-final processes (Cicchetti & Rogosch, 1996). The former principle explains how different potentiating and compensatory factors can lead to the same outcome and the latter, how the same potentiating and compensatory factors can lead to a range of different outcomes.

In acknowledging the complexity of human development, the ecological-transactional model attempts an all-encompassing explanation of outcomes. For instance, although it suggests proximal and enduring factors are likely to have a stronger influence over

development, it also acknowledges the mediating and direct influences of more distal and transient factors on development (Lynch & Cicchetti, 1998). Thus, all potentiating and compensatory factors are relevant, which can make being specific about pathways to outcomes, difficult.

Gangs: a definition

According to Howell, 1998 (cited in O"Brien et al, 2013, p. 418) most definitions make reference to:-

„A self-formed group united by mutual interests, that controls a particular territory, facility or enterprise, [that] uses symbols in communication, and [that] is collectively involved in crime".

However, as the Howell (1998) and O"Brien et al (2013) sources are American and Australian, respectively, it is sensible to compare them with UK definitions. The Centre for Social Justice (2009) definition, which has also been adopted by the Home Office, defines gangs as:-

„A relatively durable, predominantly street-based group of young people who see themselves, and are seen by others, as a discernable group and engage in a range of criminal activity and violence. They may also have any or all of the following features: identify or lay claim to territory, have some form of identifying structural feature, and are in conflict with other similar gangs." (The Centre for Social Justice, 2009, p. 21)

Pathways to gang membership: systems of influence

Ontogenic development

Due to the larger numbers of males who join gangs (Goldson, 2011) there is an established discourse that they join in recognition and enhancement of their masculine identity (Hallsworth & Young 2004; Hopkins & Burke, 2005). Although this ontogenic risk factor may be true for some gang members, a feminist critique would offer that this is too narrow a focus (Cox, 2011), particularly in light of the existence of female gang members. However, this is not to say that females would not also be motivated to join a gang for power and prowess.

Well-supported and consistent findings within the literature surround how delinquency and delinquency-related behaviours are predictive of gang membership (O'Brien et al, 2013; Thornberry et al, 1993; Bjerregaard & Lizotte, 1995; Hill et al, 1999; Howell & Egley, 2005; Klein & Maxson, 2006). Within this research, delinquent beliefs/attitudes, violent delinquency, drug and alcohol abuse, gun ownership and previous contact with the juvenile justice system have been found to predict gang membership. Equally however, some of these factors could just be describing a gang member.

Personality factors which may contribute to more deviant behaviours have also been examined. For instance, research has found that having a defiant character (Sanchez-Jankowski, 1991) and a propensity to sensation seek (Moore, 1991; Pennell et al, 1994; Hill et al, 1999) are predictive of gang membership. Such personality characteristics are also likely to be shared by individuals who do not join a gang and are commonly seen in teenagers who commonly experience a sense of invincibility (Wickman et al, 2008) or are developing their adult identity (Lapsley et al, 1989; Lapsley, 1993). Sensation-seeking

may also relate to limited opportunities for youth recreation which has been found to potentiate gang membership at the community-level (Joe & Chesney-Lind, 1995).

It is argued that mental health difficulties are a risk factor for gang membership, with the Centre for Public Health (2015) highlighting childhood conduct disorder and low self-esteem. Convincing evidence is offered by Coid et al (2013) who found that across a range of mental health difficulties, gang members exhibited higher levels than violent and non-violent men. Continued exposure to violent environments and associated adversity may however be maintaining gang members‟ poor mental health. Suggested as protective against gang membership (McDaniel, 2012), youth coping strategies are highlighted. Indeed, coping strategies are an important part of the psycho-educational and cognitive-behavioural processes of therapy (Trower et al, 2011; Kaminer et al, 2002).

More specifically relating to gang membership a hierarchy of mental health and behavioural difficulties have been highlighted. This includes, Oppositional Defiant Disorder leading to Conduct Disorder and ultimately sociopathic behaviour (Taylor, 2013). Psychopathic/anti-social personality disorder may give rise to the callous and unemotional traits which drives delinquency and criminal behaviour. Indeed, low guilt has been found to be predictive of gang membership (Esbensen et al, 2009). However, the Taylor (2013) study collected data from a range of sources, including people closely associated with gang members. In addition, inconsistent evidence has previously been found for the role of psychopathic personality (Alleyne & Wood, 2010; 2011; Hill et al, 1999). This suggests that it may not always be an individual with a psychopathic personality who joins a gang. Alternatively, it may be young people whose beliefs or attitudes are not entirely consistent with a moral order who join gangs. This is supported by the suggestion that beliefs in a moral order or having a moral compass is protective against gang membership (Katz & Fox, 2010). This does however seem problematic as a protective factor. The imposition of

such a moral order would be informed by a dominant middle-class society and legal system which marginalised gang members would likely be excluded from or exist separately to (Cox, 2011; Hopkins Burke, 2005; 2008).

Finally, having a minority ethnic status (Bjerregaard & Cochran, 2012) is also predictive of later gang membership. However, this finding is likely to be a proxy indicator of economic disadvantage (Esbensen & Weerman, 2005; Hagedorn, 2007; Kramer, 2000) which likely relates to restricted opportunities to education, training and employment from institutional racism (Phillips, 2011). This relationship has been overlooked to skew perceptions of ethnic minorities as groups who are particularly prone to gang membership (Silvestri et al, 2009).

Overall, it seems that factors at the ontogenic level potentiate individuals to a certain extent to join a gang. However, this is limited by conflicting evidence, indications factors at higher ecological levels are more influential and their lacking specificity to gang-related outcomes.

Microsystem

At the microsystem level, adverse family environments appear to contribute to pathways to gang membership. Post-natal depression and early trauma, including child abuse/neglect and domestic violence have all been found to feature within the early family history of gang members (Centre for Public Health, 2015; Bjerregaard & Cochran, 2012; Voisin et al, 2014). The relationship between these factors and gang membership is highlighted by Duke et al (2010) who found a dose-response relationship between adverse childhood experiences and delinquency. Such adverse experiences may have provided cognitive blue-prints that the world is unsafe and threatening, necessitating indulging in crime and joining a gang. This agrees with identified risk factors for gang membership such as an insecure

attachment style (Centre for Public, 2015) and low attachment to parents (O'Brien et al 2013).

Related to the above findings, a consistent finding within the research is the absence of a functional, supervisory and validating family environment which can monitor children's actions and decisions, provide a sense of belonging and meet emotional needs (Akiyama, 2011a; Clements & Akiyama, 2011; O'Brien et al, 2013; Centre for Public Health, 2015; Voisin et al, 2014). Indeed, it is suggested that gangs go some way in substituting what is missing at home, with young people perceiving gangs as their family (Joe & Chesney-Lind, 1995) and joining to achieve closeness and a sense of cohesion (Akiyama, 2011a). That effective and close parental monitoring and involvement is considered a protective factor (McDaniel, 2012; Li et al, 2002), adds more weight to how families can influence gang membership outcomes.

Exosystem

Joe and Chesney-Lind (1995) suggested that under-resourced communities create boredom amongst young people. Young people then have to look for alternative recreation which, in the absence of legitimate opportunities may include more deviant and sensation-seeking activities such as petty crime (Hallsworth & Young, 2004).

Spergel (1995) argues that social disorganisation relating to immigration, migration and family dysfunction contributes to gang membership. He believes that poverty theories, on their own, provide insufficient explanations of gang membership and that social disorganisation factors more specifically relate to particular gang outcomes such as violent crime (Spergel, 2007).

A community which has visibly high crime, visible gangs and a consistent police presence can potentiate young people towards gang membership. Joe and Chesney-Lind (1995)

argue that such factors contribute to perceptions that one's community is unsafe, thus motivating young people to seek the protection afforded by a gang. This can involve protection against rival gangs (Akiyama, 2011b; Clements & Akiyama, 2011) or protection against victimisation (Ministry of Justice, 2011). Alternatively, neighbourhood gangs may coerce or intimidate young people to join a gang (Akiyama 2011a).

Within schools, there is mounting evidence of the presence of gangs (Howell & Lynch, 2000). This in-turn increases the chances of other young people joining gangs (Bjeregaard & Cochran, 2012) via the induction of new recruits into gang-associated peer groups. For instance, Esbensen et al (2009) found that delinquent peer groups which work to normalise delinquent behaviour, were amongst factors which independently predicted later gang membership. This has also been found elsewhere (Decker & Curry, 2000), as well as the suggestion that delinquent peer networks restrict opportunities for pro-social modelling, which compensates for risks of joining a gang (Pyrooz et al, 2012; Katz & Fox, 2010).

Educational factors considered to be influential upon gang membership outcomes include commitment to school. It can be argued that there are two dimensions to this attitudinal factor, firstly; low educational aspiration and achievement, and second, low connectedness or unfulfilling relationships with teachers and peers. In a review by O'Brien et al (2013), low commitment to school surrounding low educational aspirations, was found to be a risk factor for gang membership. Bjeregaard and Cochran (2012) also found a negative relationship between how connected an individual was to their school, and gang membership. However, in both of these studies, only weak relationships were found. Despite these correlations, Thornbery (2001) and the Centre for Social Justice (2014) argue that commitment to school is protective against gang membership. It is likely that these conclusions, despite weak evidence, are grounded in the logic that those young people who are conscientious and continue to higher education are unlikely to join gangs.

However it is unlikely they would have the same demographic or economic status as potential or actual gang members. Thus what could be suggested is that educational factors have a more peripheral potentiating and compensatory role in pathways to gang membership.

Macrosystem

Poverty and crime are intrinsically linked (Hsieh & Pugh, 1993; White, 2011), particularly poverty and violent crime (i.e. murder, assault) (Webster & Kingston, 2014). Gang-occupied areas and high unemployment have been found to co-occur (The Centre for Public Health, 2015; The Centre for Social Justice, 2009; Joe & Chesney-Lind, 1995). This is clearly exemplified in a recent study which found a seven-fold increased rate in convictions for violent crimes perpetrated by young people whose parents earned in the lowest income quintile (Sariaslan et al, 2014).

It is argued that low income from limited, legitimate opportunities for financial gain (i.e. employment) in comparison to other groups, creates a sense of frustration as individuals are unable actualise their aspirations (Merton, 1938). This then potentiates individuals to join a gang to resist such social subordination (Burke & Sunley, 1998) and seek financial remuneration via illegitimate means (Ministry of Justice, 2011; Decker & Van Winkle, 1996). A further motivation is that young people who are faced with financial hardships, social disadvantage and inequality, join gangs whose members face the same problems and take the same world view. An example of this is how some gangs share the same minority ethnicity status (Joe & Chesney-Lind, 1995) and are more likely to be socially marginalised (O'Brien et al, 1993;). Discourse which relates gang membership to low social economic status can, however contribute to societal views of an „underclass" and assumes those out of work commit crime.

Relocation out of areas of high unemployment and having positive future plans and aspirations are argued to be protective against gang membership (Ministry of Justice, 2011). However, without the political support of a welfare system, which can accommodate the costs of relocation, or the provision of the necessary support and opportunities to actualise aspirations, this may not be possible.

The influence of the media can also potentiate gang membership via deviancy amplification cycles. For instance, Cox (2011) explained how the media has exaggerated gang problems via sensational headlines. This prompts knee-jerk responses from the government who drive police targets which gangs respond to with increased deviancy reactions. In addition, it is argued that popular media glamourises gangs, reinforcing membership (BBC News, 2003; Adjaye & Andrews, 1997). However, rather than this, it could be that messages within popular culture, such as music may simply be resonating with gang members‟ social position.

Evidence for complexity: Interaction, transaction and relevance of all ecological factors

The sections above have organised potentiating and compensatory factors into ecological layers. Research has acknowledged the influence of each of these layers upon gang membership (Spergel, 1995; Fitch, 2009).

Consistent with the ecological-transactional model (as presented on page three), pathways to gang membership also involve the interaction and transaction of factors across all ecological layers. Firstly this is exemplified by the number of factors involved within pathways to gang membership. A body of research has argued for the relevance of all these factors, suggesting there are no single factors which can sufficiently and independently predict membership (Esbensen et al, 2009; Spergel, 1995; The Centre for Social Justice, 2009; Decker & Curry, 2000; Gordon, 2000; Gordon et al, 2004; Thornberry et al, 1993; Pitts, 2008). These factors are suggested to work in additive and dose-response ways (Esbensen et al, 2009; Duke et al, 2010), to a lesser or stronger extent, to influence gang membership.

Secondly, interaction and transaction processes are indicated by the likely relationships potentiating factors for gang membership have with each other. For instance, in having an ethnic minority status at the individual level, experiences of institutional racism are more likely, restricting opportunities for education and training, employment and income (Phillips, 2011). This reduces their economic capacity, which at the community-level discourages commercial investment, leading to further unemployment, boredom and marginalisation of youth (Joe & Chesney-Lind, 1995). Young people then enter gangs, unchecked by their families whose efforts are expended on multiple low-paid jobs (Joe & Chesney-Lind, 1995). This further reinforces negative societal perceptions of youths and

ethnic minorities, which the media, politicians and social justice system exacerbate (Cox, 2011).

Evidence for complexity: Gender differences, equi- and multi-finality

Gender differences are a further example of the complexity inherent within pathways towards outcomes of gang membership. In the main, females and males experience both similar and different risk factors and outcomes. This resonates with the ecological-transactional models principles of equi- and multi-finality (as presented on page 3).

Being involved in a gang is a largely male pursuit. However, the presence of girls within gangs is of growing concern (Batchelor, 2009; The Centre for Social Justice, 2014; Voisin et al, 2014). A rough estimate of around 12 500 females closely involved in gangs is given by Pearce and Pitts (2011). What is known about how girls get in to gangs and their roles within gangs is largely unknown (The Centre for Social Justice, 2014; Cox, 2011). However, the following research represents some of the attempts to understand gender differences within pathways and outcomes of gang membership.

Risk for gang membership is higher if you are male (Goldson, 2011). In addition, this risk increases with age if you are male (Bjerregaard & Cochran, 2012). Interestingly, research by Beaver et al (2010) identified potential biological drives which underlie male gang membership. This study found that low monoamine oxidase A (MAOA) activity alleles in males, contributed an increased risk of gang membership and weapon use. This genotype-phenotype relationship may also be due to socialisation and evolutionary forces which encourage more direct forms of aggression in males (Campbell, 1999). However, this research did not account for evidence of physical aggression and weapon use in females (Batchelor, 2009).

Poor mental health, living in a fragmented and gang-occupied neighbourhood, having a trauma history, experience of deviant peers and low parental supervision are evident in both male and female pathways to gang membership (Voisin et al, 2014; Bjerregaard & Cochran, 2012). However, research does suggest that female pathways to gang membership are more likely characterised by trauma, including physical and sexual abuse (Archer & Grascia, 2006; Joe & Chesney-Lind, 1995) and dysfunctional family relationships (Hunt et al, 2000, Valdez et al, 2006). Sexual trauma may contribute to the independent relationship Voisin et al (2014) found between reduced sexually transmitted disease prevention and female gang membership.

Adding to the literature on gender differences, Hayward and Honegger (2014) found, higher conviction rates for males, especially for violent crime. Male gang members have also previously committed a greater range of offenses than girls (Joe & Chesney-Lind, 1995).

Females have been found to be more likely to have a boyfriend (Voisin et al, 2014) or sibling within the criminal justice system. Indeed, Joe and Chesney-Lind (1995) found 90% of their female sample had siblings in a gang. However, they also found similarly high percentages for males.

Research has also identified differing roles of males and females in gangs. For instance, Batchelor (2009) identified how as well as occupying male roles, centring around committing crime and acts of violence, females can have two other gang-associate roles. The first role is more peripheral and facilitatory, assisting in hiding weapons, drugs and money for instance. Their second role is to provide sexual gratification to male gang members or to encourage the induction of new gang members (The Centre for Social Justice, 2014). This often involves abuse, assault and exploitation (Beckett et al, 2013). It

is argued that a pathway into this second role stems from early abuse which conditions females into accepting future abuse (The Centre for Public Health, 2015). However, a history of abuse does not appear to offer a sufficient explanation. Case study evidence has indicated how girls from loving family homes have suffered horrific sexual abuse as a consequence of entering into romantic relationships with gang members (The Centre for Social Justice, 2014).

Response to question 1

In light of what is known about the potentiating and compensatory factors for gang membership, they are organised across layered ecological systems. The complex interplay of these factors is evidenced by the varying influence of a large number of factors, their additive effects, the way they interact and transact with each other and the equi- and multi-final ways in which they work for males and females.

The all-encompassing nature of the ecological-transactional model captures this summary description of pathways to gang membership.

Adolescent development

In comparison to non-gang members, youths who join gangs face more adverse circumstances which potentiate their membership. However, as membership of gangs occurs during adolescence and early adulthood (Marshall et al, 2005) the same processes of adolescence, namely socialisation, identity formation, biological, physical and sexual maturation may be contributing to decisions to become gang members.

Socialisation processes involve membership of a peer group who share things in common, allowing for social recreation and learning about others (Elkind 1967; 1978). Such groups also serve to meet emotional needs, providing containment and support (Stanton-Salazar & Spina, 2005). The same social and emotional appeal appears to be apparent for gang members. For instance, they too share common, demographic, social and economic characteristics (The Centre for Public Health, 2015; Bjerregaard & Cochran, 2012). They participate in social recreation (Joe & Chesney-Lind, 1995), learn of rival gangs (White & Mason, 2006) and become socialised into criminal activity (Krohn & Thornbery, 2008). Support is offered to gang members by the gang as a whole, who replace family bonds (Joe

& Chesney-Lind, 1995) or seek violent reparation for threats to members (White & Mason, 2006).

The formation of an identity, as a key objective of adolescence (Zarrett & Eccles, 2006; Erikson, 1968) is facilitated via peer groups which enable learning about the self and differentiation of an identity (Steinberg & Morris, 2001). Similar, to non-gang socialisation, the socialisation processes of gangs (Blakemore & Blakemore, 1998; Stretesky & Pogrebin, 2007) and experiences of in-group and out-group rival gang politics (Garot, 2007), contribute to a gang identity. These identities are displayed through the type and colour of clothing worn (Hethorn, 1994). Having such a gang identity brings recognition (Clements & Akiyama, 2011) and respect (Hallsworth & Young, 2004) incentivising young people to join.

Hormonal and physical changes during puberty which prepare young people for adulthood drive adult behaviours (Schulz &Sisk, 2006; Sisk & Foster, 2004; Martin, 1996). Agency over one‟s life and sexual experimentation are examples of these behaviours and concerns. It may therefore be that in joining a gang, young people can achieve agency from parents and gain an outlet for sexual experimentation.

The consolidation of adolescent processes results in successful maturation towards adulthood (Selman, 1980; Harrop & Trower, 2001). A similar journey seems to be true for those who have previously been gang members. For instance, some ex-gang members have highlighted how becoming a parent meant they outgrew gangs or that gangs no longer served a purpose to them (Ministry of Justice, 2011). This suggests how developmental maturation may provide a useful context in which to understand pathways to gang membership.

Response to question 2

It appears useful to discuss processes of normative adolescent development when thinking about the reasons why young people may choose to join gangs at this time in their lifespan development.

However, it is important to consider how the adversity and disadvantage gang members have faced may combine with these developmental processes to create a different set of motivations and objectives. For instance, as part of identity development, individuation away from parents is normally motivated by the desire to gain greater independence (Lapsley et al, 1989). For gang members who may have suffered early abuse and trauma in the family home, individuation into a gang may also be to escape oppression and enhance safety-seeking. Poverty and limited legitimate opportunities for financial gain may also motivate socialisation processes, rather than just a desire to belong or have friends. Finally, due to the criminal component of gangs, adolescent processes are likely to be criminal in nature. A prime example of this is the sexual exploitation of females in gangs.

The role of the EP

Although the role of the EP has now extended to working with young people aged sixteen to twenty-five (DfE & DoH, 2014), from the profile of potential or current gang members, it seems unlikely EPs would support such individuals in further or higher education provisions. Thus, direct contact with potential or actual gang members would be minimal.

It is more likely EPs would be made aware of the presence of gangs within schools via conversations with school senior management or class teachers. At this point, the role of EPs could be to raise awareness of risk and protective factors for gang membership, including the different pathways and outcomes for males and females. This could be done via training which presents research that is contextualised by ecological and developmental models.

EPs could also signpost schools to relevant agencies situated across ecological levels who could work with individuals and their families to prevent gang membership. Such agencies and professionals may include; social care, the Child and Adolescent Mental Health Service (CAMHS), housing support, local Members of Parliament, professionals allied to the Common Assessment Framework process, voluntary agencies including Child-line, Samaritans and domestic violence charities and the Connexions service.

In contributing to the limited knowledge of pathways to gang membership in the UK, particularly surrounding female gang membership, EPs could focus their research efforts upon strengthening what is known for these vulnerable young people. Using what is known regarding ecological risk and protective factors, combined with normative adolescent developmental processes, EPs could conduct qualitative research with current gang members or those at high risk from becoming gang members. Qualitative methodology which includes the use of interviews, would best acknowledge the

complexity of gang membership pathways as the detail of individual experiences can be captured.

Conclusion

A review of the literature has revealed how a number of potentiating and compensatory factors, organised across ecological systems contribute in complex ways to gang membership. Such complexity is evidenced by the large number of factors identified, their relationship with each other, the variable degree of influence such factors have upon gang membership, and gender differences in pathways and outcomes of gang membership. The ecological-transactional model adequately captures, frames and explains these findings and suggestions within the research.

Developmental theories of adolescence also provide an appropriate context in which to think about why young people may join gangs. However, in-light of the adversity and complexity identified, different motivations may additionally underline and change the nature of typical processes of adolescent development within pathways to membership.

The role of the EP in contributing to more positive outcomes for such vulnerable young people includes: raising awareness within schools: sign-posting to appropriate agencies, and contributing research on pathways to gang membership. All aspects of this role are informed by EP"s doctoral training and research experience, which places them in a strong position to contribute to future preventative initiatives.

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