How do counselling psychologists working with children and adolescents describe and give meaning to their experiences? An interpretative phenomenological analysis

Michelle A. Fontaine

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Abstract

This study qualitatively explores the experiences of six counselling psychologists working with children and adolescents with regards to philosophy, policy, training, practice and professional identity. Interpretative Phenomenological Analysis was employed to analyse participant data. Participants were HCPC accredited counselling psychologists in individual clinical practice with clients aged 0–19. Participants worked in primary care, private practice or 3rd sector practice. Recruitment was through the Counselling Psychologists UK Facebook page, The Division of Counselling Psychology (DCoP) annual conference and a special interest group of the DCoP. Four superordinate themes emerged from the data: 1) 'Personal and professional growth and development in working with children' – exploring the value attained from trainee placements and the significance of wider professional support; 2) 'Working with children is "a different ball game"' – describing how clinical work with children and adolescents differs from work with adults; 3) 'Developing a professional framework for working with children' – exploring the importance of taking a developmental approach and working with the clients' lived experience; 4) 'Opening the doors to counselling psychologists working with children' – exploring the construction of identity through professional development. Participants seemed to take pride in working in a niche area of the profession and felt that counselling psychology could make a unique contribution. However, challenges and difficulties during training and post-qualification appeared to raise the question as to whether working with children was seen as being outside the boundaries of the role of a counselling psychologist.

Key words: counselling psychology, children, adolescents, Interpretative Phenomenological Analysis

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Chapter 1.

Reflexive Statement

Finlay (2002) stresses the importance of reflexive analysis at the pre-research stage and asserts that researchers need to reflect on the topic of study and their relationship to that topic from the moment the research is conceived. At the time of starting my literature review I was a first year trainee completing two clinical placements, one of which was with Place2Be working in a therapeutic context with children. Prior to starting the training I had worked as a teacher for 12 years and had completed a Masters in Psychoanalytic Developmental Psychology. Furthermore, during my first year of training I was teaching in an exclusion unit. My work and education has inspired my interest in the emotional difficulties experienced by children and, as a trainee completing a placement with children, I wanted to explore the experiences of counselling psychologists working with this population.

Through my role as a teacher I have worked alongside clinical and educational psychologists but never counselling psychologists. As a result, my assumption was that counselling psychology is not a suitable profession for working with children and I wondered whether counselling psychology identified as a profession that did not work with this population. Assuming this viewpoint brought with it some resentment towards the disciplines of clinical and educational psychology where child and adolescent work is much more prevalent. Although I was attracted to the practice and philosophy of counselling psychology, for example the humanistic values base, emphasis on the therapeutic relationship and focus on wellness as opposed to pathology, I was interested in exploring my assumption that counselling psychology has been considered less suited to therapeutic practice with children and adolescents than other professions and

questioning whether counselling psychology had been overlooked as having something different to offer.

My assumptions and personal experience influenced the way I approached the topic. While attempting to bracket off my assumptions and approach the literature with an open mind, I found myself searching for evidence of the suitability of counselling psychology for work with children and adolescents. I took a defensive approach to the literature not wanting to acknowledge that perhaps due to systemic obstacles with regards to training and due to the historic identity of the profession within the British Psychological Society (BPS), my qualification may not be perceived as suitable to work with children.

Through a literature search I found that although a few researchers have argued that counselling psychology is suited to child and adolescent work, there has been no empirical research conducted. This lack of research suggested to me that perhaps the work of counselling psychologists with children is a relatively new branch of the profession and as yet no empirical research has been conducted. It also suggested a possibility that this area of the profession does not hold as much significance within the profession as work with adults. Although I felt disappointed that this area had not been more widely researched I was also excited that the lack of empirical research meant that I was in a position not only to contribute to research literature but also to promote consideration of the practice, profession and training of counselling psychology with children and adolescents.

My choice of the profession of counselling psychology over another discipline, such as educational psychology, was guided not only by my attraction to the philosophical underpinning of the profession but also to the potential to work across the lifespan. With a wide range of experience and a keen interest in the wellbeing of

children it is possible that I will want to work therapeutically with this client group post-qualification. However, with a cap on the number of clinical hours with children that can be counted it has been difficult to ensure that I obtain appropriate experience. Although this cap has now been lifted we are yet to see any potential impact on training programmes. Furthermore, with the academic syllabus, at least on my training programme, focussed on adults, this raises the question as to the choice of counselling psychology for those who intend to work with children and/or adolescents upon qualification.

My topic choice was based on my interest in exploring the suitability of counselling psychology to child and adolescent work, particularly the humanistic philosophy and focus on the facilitation of wellbeing as opposed to sickness. I felt that counselling psychology had something different to offer and was keen to explore the practical experiences of counselling psychologists working with children. With experience of working with children in a non-medical setting I was also keen to question and explore the assertions of the profession with regards to a non-medical approach towards the facilitation of wellbeing.

Shaw (2010) asserts that adopting a reflexive stance in qualitative psychology allows researchers to be aware of their presuppositions. Aware of my assumptions and their impact on my initial approach to the literature, I ensured that I engaged in reflexivity throughout the research process through keeping a reflective journal (appendix A) and have summarised my concluding reflections at the end of the discussion. My hope is that this research will provide a platform from which to raise awareness of the contribution made by counselling psychologists to child and adolescent work. I hope that I will not only make a unique contribution to research literature but I will also bring to light the potentially unique contribution that

counselling psychologists can bring and, in places, arguably are bringing to child and adolescent work, at least in private practice where most of my participants worked. In this way it is hoped that there will be an increase in the value and importance placed on working with children and adolescents. Finally, I hope that this research may contribute to a future review of training in counselling psychology, thus informing some of the work done to generate changes to training, based in part on an acknowledgement of the potentially important role played by counselling psychologists in this area in health care and non-health care settings such as education.

Chapter 2.

Introduction

One in five of the population in England and Wales are children aged between one and 15 (Office for National Statistics, 2012). The Good Childhood Report, published by The Children's Society in 2012, highlights the importance of fostering wellbeing in children not only to improve current levels of subjective wellbeing, found to be associated with poor mental health (Promoting Positive Well-being for Children, 2012) but also to prevent the resulting negative outcomes on their future development. The lifespan approach of counselling psychology places importance on providing early intervention to foster development in children (Sinitsky, 2010) with an emphasis on process and the importance of growth, change and development (Davy and Hutchinson, 2010). Indeed Davy and Hutchinson (2010) stress that without early intervention children may be "at risk of presenting with pervasive and expensive problems in adolescence and adulthood" (p.2).

Applied psychologists working with children in the UK are mainly educational and clinical psychologists (Davy and Hutchinson, 2010) and there are a range of services, initiatives and intervention packages aimed at improving mental health. Davy and Hutchinson (2010) report that work with children has a "lower profile" (p.1) within the BPS Division of Counselling Psychology (DCoP) than adult work and as such, there is limited literature concerning the experiences of counselling psychologists working with this population.

The profession of counselling psychology in the UK has been argued to have its origins within humanistic philosophy and is underpinned by working with and being in relationship with each individual (Strawbridge and Woolfe, 2010). In this way, it is suggested that counselling psychologists aim to work at the individual level to

understand mental health problems and thus improve psychological functioning and wellbeing. Lennie (2013) reports "counselling psychology emerged as a distinct profession because of its explicit acknowledgement of the importance of the relationship in working psychologically with any individual" (p.2). Indeed, the Division of Counselling Psychology (2013) describes the profession as a combination of the traditional practice and research of scientific psychology along with the principles of the counselling relationship. Thus, it arguably prioritises the client-therapist relationship in its way of approaching psychological work. Although historically the philosophy of counselling psychology is based on humanistic values, current practice now incorporates other disciplines such as psychoanalysis, clinical psychology and psychiatry and it has been suggested that this has resulted in a blurring of roles between counselling psychology and other mental health specialities (Gazzola, De Stefano, Audet, and Theriault, 2011). Furthermore, although counselling psychologists are required to understand theories of lifespan development (Health and Care Professions Council, 2013) the absence of mandatory clinical experience with children in current training programmes (Lennie, 2013) means lifespan awareness may not extend far enough beyond theoretical sensitivities, and can also be argued as provoking confusion as to whether counselling psychology is a profession that works with children.

With its humanistic values base, anti-psychiatry approach and focus on the therapeutic relationship (Strawbridge and Woolfe, 2010) it can be argued that counselling psychology offers a non-medical model for working with children across a variety of contexts. Indeed, it has been suggested that counselling psychology makes a unique contribution to the facilitation of wellbeing in children through a shift from focussing on pathology to focussing on the individual's subjective experiences (Sinitsky, 2010). The school setting has been suggested to provide a non-pathologising

context with a theoretical aim of promoting the wellbeing of the child (Bor, Ebner-Landy, Gill and Brace, 2002). It could be argued that fostering development in children and promoting subjective wellbeing within a school may enable the philosophical underpinnings of counselling psychology to be practiced without a focus on pathology. However, with limited literature on the work of counselling psychologists with children and adolescents, exploring the context of the work and the application of professional philosophy in practice, little is known about the contribution or impact of counselling psychology on this area of the profession.

Counselling psychologists working with children and adolescents has been highlighted as an under-researched group (Riha, 2010). There is minimal literature exploring the experiences of counselling psychologists engaged in such work with literature being limited to personal accounts such as Haywood (2010) and Sinitsky (2010). While there is also limited research concerning the experiences of clinical and educational psychologists working with child and adolescent populations, research exists exploring the scope of the field of clinical child psychology and the specific role of the clinical child psychologist in the USA (Jackson, Alberts and Roberts, 2010). Furthermore, literature exists presenting the personal view of two assistant educational psychologists (Counsell and Court, 2000) as well as literature discussing some of the issues and tensions faced by educational psychologists working with children in care (Norwich, Richards, and Nash, 2010). Such research provides a platform on which to explore the experiences of counselling psychologists working with children and adolescents, with a particular emphasis on the specific contribution made by counselling psychology to the field of children's mental health as well as some of the issues that affect the practice of counselling psychology with children and adolescents.

The literature review will therefore provide a rationale for the present study through an exploration of literature and research evidence concerning the philosophy, training and practice of counselling psychology in relation to working with children[1]. It will also look at the position, suitability and relevance of counselling psychology amongst other psychological disciplines working with children.

[1] Henceforth, the word 'children' will be used to represent children and/or adolescents aged 0-19.

Chapter 3.

Literature Review

3.1 Overview of the Literature

The literature review will begin by presenting a historical context for working therapeutically and psychologically with children. It will then discuss training in counselling psychology in the UK. Next, it will consider the practice of counselling psychology with children drawing on personal accounts. Consideration will also be given to the anti-psychiatry approach to wellbeing. It will then look at theoretical approaches to working with children with consideration given to government initiatives. The following section will focus on how counselling psychology can find its place amongst other disciplines of applied psychology that are more prominent in working with children. Finally, the review will consider the availability of counselling psychology literature and research concerning children, with reference made to outcome studies as well as the literature available on the work of other psychological disciplines and mental health practitioners. The review will then be concluded and the research question presented.

3.2 Historical Context

3.2.1 The history of psychology in schools. Strawbridge and Woolfe (2010) describe the profession of counselling psychology as "opposed to responding to sickness and pathology" (p.4). In comparison, research by Farrell (2010) maintains that historically school psychology offered a medical model for working with children. The development of the IQ test came as a result of an interest in the measurement of intelligence to identify children who might need to be educated in a special school. This impacted the profession of school psychology and in 1913 the London County Council appointed the first professional educational psychologist to test children's suitability for

education in a mainstream school. With the view that only trained psychologists could administer IQ tests, school psychology as a profession was established in the UK.

Although Bor et al. (2002) view the school as a non-pathologising context it can be argued that the development of school psychology, as with other areas of psychology, followed a deficit model in that the aim was "to 'diagnose' children as being mentally retarded or having specific learning disabilities and in need of special educational provision" (Farrell, 2010, p.584). This perhaps reflected the state of the research evidence, which often focused on disorder more than wellness, a trend that only changed significantly with the rise of the positive psychology field (Gable and Haidt, 2005). In this way, school psychology was not concerned with promoting the wellbeing of the child, but instead was influenced by the medical model, viewing problems to be "centred within the child" (Farrell, 2010, p.586). Educational systems are thought of as allowing counselling psychologists the freedom to practice without the constraints of the medical model (Danchev, 2010). However, it can be questioned whether such systems, and indeed other systems where counselling psychologists are engaged in practice with children, provide a non-pathologising context, free from medical model influences.

3.2.2 The history of counselling in schools. School counselling in the UK began following the 1963 publication of The Newsom Report by The Ministry of Education, which highlighted the needs of children who were failing to reach their full potential. The recommendation was for the employment of professionally trained school counsellors, leading to the foundation of the Association of School Counselling and the establishment of counselling training. Although the provision of counselling in schools grew rapidly in the 1970s, during the 1980s the number of trained school counsellors declined and it was felt that counselling and pastoral care should be integrated into

teaching practice. However, teachers' workloads and additional pressures meant that they often found it difficult to take on this aspect of their role. School counselling thus began to take a more prominent role in meeting the emotional and psychological needs of pupils. Bor et al. (2002) suggest "the development of a separate specialty of counselling in schools has in part resulted from the decline of the traditional pastoral roles that teachers used to take on" (p.1). Additionally, Danchev (2010) suggests that the upsurge in prominence of school counsellors is due to the increase in therapeutic training courses and the significant impact of trainee counsellors and counselling psychologists on placement in schools.

The National Institute for Health and Clinical Excellence (NICE) recognises that "good social, emotional and psychological health helps to protect children against emotional and behavioural problems, violence and crime, teenage pregnancy and the misuse of drugs and alcohol" (National Institute for Health and Clinical Excellence, 2009, p.5). A recent publication from the Department of Education (2015) promotes counselling as part of a whole school approach to mental health and wellbeing. It provides practical and evidence-based advice to ensure that school-based counselling services achieve the best outcomes with recognition that schools may draw on different service delivery models such as counsellors, school nurses, other healthcare professionals or voluntary sector services.

3.3 Training in Counselling Psychology in the UK

The counselling psychology section of the BPS was established in 1982 and currently counselling psychology is one of the youngest and third most popular applied psychology professional training qualifications in the UK, being surpassed by clinical psychology and organisational psychology (Lennie, 2013). The BPS counselling psychology training webpage states that "counselling psychologists work almost

anywhere there are people" (BPS, 2013). Additionally, Swanepoel (2013) emphasises the contribution of counselling psychologists to multidisciplinary teams across the developmental lifespan and suggests that "the focus on life course concerns, developmental theory and the influence of context" (p.12) means that counselling psychology is well placed to work within services from child to older adults. While this may suggest that the practice of counselling psychology is generic across a diverse range of client groups, questions are raised as to whether training in counselling psychology provides grounding in theoretical knowledge and experience for clinical practice with children.

To practice as a counselling psychologist, a trainee will have completed a doctoral level training programme approved by the Health and Care Professions Council (HCPC). Although there are variations amongst training institutions, training in counselling psychology covers four main components; theoretical knowledge and philosophy, research, skills development and personal development (Lennie, 2013). The skills development component requires trainees to undertake supervised clinical placements. However, whilst training in clinical psychology typically includes a core clinical placement with children and families, there is no expectation of a trainee placement with children in counselling psychology training (Jones, 2011). Additionally, prior to changes in policy which removed the cap on the number of clinical placement hours with children that could be counted towards qualification (BPS, 2014), trainee counselling psychologists received less credit towards their qualification from child work than work with adults. Furthermore, Sinitsky (2010) reports that NHS placements with children are given to clinical psychology trainees as a "primary duty" (p.55) whereas this is not currently the case in counselling psychology training. It can be suggested that these policies and difficulties may have consequently resulted in

placements with children appearing less appealing to counselling psychology trainees. Additionally, they raise questions of the value placed on work with children within the profession and whether indeed counselling psychology has positioned itself as a profession that does not work with this population.

Kegerreis (2006) argues the importance of specialist training for those working as counsellors for children stressing that "working with children and adolescents demands a great deal that cannot be adequately provided in a course primarily geared to adult work" (p.406). She points out that within the field of psychotherapy, child psychotherapy is a distinct discipline requiring separate training. However, applying this argument to counselling psychology would somewhat assume that counselling psychology training should be primarily compared to psychotherapies rather than other applied psychology training programmes.

With no requirement within the HCPC Standards of Proficiency for Practitioner Psychologists (2013) for counselling psychologists to be proficient in psychological models for children, it can be argued that training in counselling psychology is primarily geared towards working with adults. This makes it uncertain whether newly qualified counselling psychologists feel they have the necessary knowledge, skills and experience to work with children and furthermore whether those who do go on to work with children feel the need to complete additional training post-qualification to make up for a perceived skills deficit. Indeed, Cross, Frankland and Walsh (2004) assert that the setting in which a counselling psychologist works depends both on their training and their post-qualification experience. This is evident in the personal account of working as a counselling psychologist with children presented by Heywood (2010) in which she reports that "it is essential to have had additional training in child protection and useful to have done some sort of parenting training" (p.315).

3.4 The Practice of Counselling Psychology with Children

In a personal account written for a special edition of Counselling Psychology Review about children and families, Sinitsky (2010) reflects on her work with children and considers whether counselling psychology is "congruent" (p.52) with therapeutic work with this population. She presents an argument regarding an area of counselling psychology that is much less prominent and suggests the idea of the existence of a "discourse" around "the lack of a role of counselling psychology in working with children and families" (p.55). Although at the start of her training Sinitsky was told that counselling psychologists do not work with children she decided to challenge this advice. Sinitsky works for a voluntary organisation that offers therapy for children and families and school-based services. Her paper aims to "challenge the myth" (p.52) that working with children does not fall within the boundaries of the role of a counselling psychologist. She comments on the effectiveness of counselling psychology in working with this population, through describing the contribution of the profession to the therapeutic work.

Sinitsky (2010) stresses a view that the psychological knowledge base of counselling psychology provides an understanding of child and adult development while the phenomenological underpinnings encourage an emphasis on clients' subjective experiences. While this view appears to support the philosophy of counselling psychology and in particular the emphasis on working at an individual level, the question exists as to whether training in counselling psychology does indeed provide an understanding of child development. With training focussed on work with adults one can question whether work with children falls within the boundaries of the role of a counselling psychologist. Furthermore, Mrdjenovich and Moore (2004) assert that working in an area uncharacteristic of the profession may have implications for

continued identity with the counselling psychology discipline. This raises questions as to whether the profession holds an identity as one that does not work with children and presents implications for developing an individual identity.

3.4.1 Adopting an anti-psychiatry model. The Division of Counselling Psychology (2013) describes counselling psychology as a diverse discipline with a "focus on working with an individually tailored psychological formulation of an individual's difficulties to improve psychological functioning and wellbeing". Swanepoel (2013) maintains that counselling psychologists hold in mind the notion of diagnosis while emphasising the contextual understanding of the client and establishing the therapeutic relationship. Furthermore, Strawbridge and Woolfe (2010) assert that counselling psychology is focussed on the individual and not the problem and as such has "a developing interest in facilitating wellbeing" (p.4). It can be argued that such statements define the profession as one that emphasises a focus on problems and difficulties at the individual level and not diagnosis. In relation to her work with children Sinitsky (2010) reports that counselling psychologists are effectively able to fulfil the role of moving away from a focus on pathology to focussing on clients' subjective experiences and she suggests that the combination of counselling psychology's phenomenological underpinnings and behavioural science heritage enables "the application of psychological knowledge and theory in a way that reflects a shift from focussing on pathology towards a focus on understanding children and adolescent's subjective experiences and facilitating their wellbeing" (p.55).

The argument for an anti-psychiatry approach to mental health is seen in the work of child and adolescent psychiatrist Sami Timimi (2014) who suggests that "there is little evidence to show that using psychiatric diagnostic categories as a guide for treatment significantly impacts on outcomes" (p.209). He cites outcome evidence to

suggest that it is not the correct match of treatment to diagnosis that determines outcomes but other factors such developing a strong therapeutic alliance. Child psychiatry is argued to have its origins in exploring the inner world of the child, mother-child relationships and the dynamics of the family (Timimi, 2006). Shifts occurring in socio-economic structures in Western society since the Second World War have resulted in an increase in the number of children being "labelled as psychiatrically 'ill'" (Timimi, 2006, p.40). Timimi argues that much of current mainstream theory and practice in child mental health can be understood as a response to the culture in which we live. He describes changes in the organisation of family life over the last 70 years, through mothers joining the workforce, changes in relationships between adults and children, changes in parenting styles as well as the growth of consumerism. Timimi (2009) further suggests that cultural and environmental changes have led to increases in certain emotional and behavioural problems, which have consequently changed the perception of childhood behaviour. Thus, changes in Western society have helped to create anxiety about children's behaviour and wellbeing and as a result has shifted parenting from taking place within the family structure to taking place within the professional realm. As Western culture has changed, so too has the role of child psychiatry with a move towards the "pathologising of young people and the control of the young through psychiatric technologies" (Timimi, 2006, p.37).

Bor et al. (2002) have identified the school as a non-pathologising context and although personal, social, health and economic (PSHE) education is a non-statutory subject (Department for Education, 2013) there have been school-based initiatives aimed at supporting the mental health and wellbeing of children, such as Social and Emotional Aspects of Learning (SEAL) introduced into primary and secondary education in the UK in 2005. While Hammersley (2010) postulates that counselling

psychologists should not run programmes within schools, Weare and Markham (2005) suggest that effective programmes promote the mental health of all children. Likewise Dawson and Singh-Dhesi (2010) recognise "that children and young people's mental health and emotional wellbeing is central and underpins all the work around improving achievement and outcomes" (p.296). This viewpoint, taken alongside the philosophy of counselling psychology could suggest that fostering the emotional wellbeing and resilience of all children would represent a true shift from a focus on pathology. In practice this would mean that as well as working with children who have been referred, counselling psychologists would support all children in the promotion of wellbeing. It could thus be argued that the philosophy of counselling psychology offers scope for working with children as a non-clinical population in such a way as to facilitate the subjective wellbeing and promote the emotional resilience of all children within a school setting. Working in such a way would reflect a shift from the deficit model of school psychology described by Farrell (2010). However, it would also represent a shift from a focus on the subjective experience of the individual and the development of the therapeutic relationship.

3.5 Approaches to Working with Children

It has been proposed, "that therapies used with children are often slightly modified versions of adult-oriented therapies rather than approaches designed for and researched in relation to children and their families" (Davy and Hutchinson, 2010, p.2). Adult therapy models are largely based on language skills, however children have differing levels of language development as well as differing emotional and social development (Stormshak and Dishion, 2002). Farrell (2010) suggests that if school psychology were to move away from the medical model and adopt a more systems approach this would provide a more collaborative way of working with all those

involved in children's education. This collective approach to working with children is supported by Stormshak and Dishion (2002) who present research-based evidence for the efficacy of an ecological model for interventions with children and families within an educational setting. They maintain that children develop within the context of relationships and that these relationships can sustain, promote or discourage maladaptive behaviour. Their argument is that for treatment to be successful it needs to pay attention to these relationships and they note that few studies into the effectiveness of individual work with children have found long-term benefits without including other levels of the child's ecology.

Stormshak and Dishion (2002) stress the importance of family participation while acknowledging that families are rarely involved unless the child presents a serious danger to the school environment. They address the difficulties of an ecological approach in that while they believe that "targeting family issues is the single most important point of therapeutic intervention for children" (p.201) they recognise that not all members are willing participants within this collaborative framework. This is also supported by Quinn (2010) who suggests that in many cases no matter what work the child does on himself, conditions at home will stay the same and therefore the child will remain in the same position.

With a focus on theoretical approaches to working with children Quinn (2010) reports that much of the therapeutic work takes place through the medium of individual play therapy. She maintains that for many children no work can take place with the family and so it is "up to the child … to grasp responsibility for their existence, in a sense of their inner world and the way they view themselves and the world" (p.45). Written from the perspective of an experienced child psychotherapist and trainee counselling psychologist Quinn's paper seeks to show how existential-

phenomenological psychotherapy can bring about significant alleviation of children's distress. She stresses that in phenomenological work the emphasis is on the here and now experience of the child and therapist together. It can be argued that such work is supportive of the philosophy of counselling psychology in that emphasis on the here and now experience represents a shift from a focus on pathology towards a focus on the individual's subjective experience and the therapeutic relationship.

3.5.1 Government initiatives. The Department for Education (2015) suggests that high levels of mental health issues means that "children and young people do not always get the help that they need as quickly as they should" (p.6). It further reports that "school based counselling is one of the most prevalent forms of psychological therapy for children and young people" (p.8) with 86% of schools providing access to a counsellor. The Good Childhood Report (2012) suggested the introduction of a government initiative whereby a child psychologist is attached to every school. It could be argued that counselling psychology is well placed to take on this role, not only to deliver government initiatives but also to offer training to other school-based facilitators such as teachers and learning mentors. Sinitsky (2010) comments that through offering supervision and consultancy to other professionals working within government initiatives, counselling psychology can create a vital link between community programmes and health services. Such work would support the contribution of counselling psychology to multidisciplinary teams and provide a model of a collaborative approach to the promotion of the subjective wellbeing of children. However, it is uncertain whether training in counselling psychology equips practitioners with the skills required in order to offer this contribution.

3.6 The Applied Child Psychologist

The BPS (2013) states that counselling psychologists work almost anywhere there are people, in a variety of settings, including education. However as a discipline of applied psychology that is less prominent in its work with children (Davy and Hutchinson, 2010) consideration is given here to the practice of counselling psychology in comparison to clinical and educational psychology.

The HCPC Standards of Proficiency for Practitioner Psychologists (2013) maintains that both counselling and clinical psychologists must understand theories of lifespan development. However, a specific difference in the proficiencies is that clinical psychologists must "understand psychological models related to clients of all ages" (HCPC, 2012, p.27) while training in counselling psychology does not include developing a knowledge base of the psychological models of child development and psychopathology. These differences in proficiencies have implications regarding the position of counselling psychology as a profession working with children and provoke questions regarding how counselling psychologists working with this client group perceive themselves. Indeed, Moore and Rae (2009) suggest that the positioning of counselling psychology holds a place of importance for counselling psychologists. Their research into the construction of identity in relation to other professionals found that counselling psychologists perceive themselves as outside the mainstream of more established schools of therapy such as counselling and psychotherapy, claiming a right to professional freedom.

In an article produced by Jackson, Alberts, and Roberts (2010) clinical child psychology is presented as a recognised speciality in the USA. Training involves completing a Ph.D. in clinical psychology with focus on child psychology. As such, the authors argue that this speciality "is perfectly suited to the skills of the clinical child

psychologist" (p.76). They assert that clinical child psychologists provide evidence-based interventions and treatments with an emphasis on developmental psychopathology guided by a "focus on mental and physical health of youth and developmental changes across multiple contexts of functioning". Similarly, in the UK with training in clinical psychology geared towards developing proficiencies and a psychological knowledge base across the entire age range it may be perceived as being more suited to working with children than counselling psychology.

Swanepoel (2013) argues that what differentiates a counselling psychologist from a clinical psychologist "is not competencies, therapeutic approaches or client groups but rather the difference in focus and philosophical grounding of their work" (p.2). The practices of both counselling and clinical psychology aim to enhance and promote psychological wellbeing. While clinical psychology applies the scientific knowledge base of psychology to "clinical" problems (BPS, 2013), it is argued that counselling psychology, although mindful of diagnosis (Swanepoel, 2013), is guided by a humanistic values base and "a developing interest in facilitating wellbeing as opposed to responding to sickness and pathology" (Strawbridge and Woolfe, 2010, p.4). This difference in philosophical underpinning is seen in the standards of proficiency in reference to clinical psychologists using "psychometric" procedures (p.13) to develop psychological formulations and counselling psychologists conducting "psychological assessments" (p.13) to develop formulations. Furthermore, Strawbridge and Woolfe (2010) identify the emphasis on the therapeutic relationship as an additional priority characterising the discipline of counselling psychology while also acknowledging the difficulty in defining the difference between the disciplines of clinical and counselling psychology.

While the professions of counselling and clinical psychology both require competencies in lifespan development it is only training in clinical psychology that includes a core clinical placement with children (Jones, 2011). It could be argued that such experience is invaluable to clinical practice with this client group. Therefore, although authors such as Sinitsky (2010) and Swanepoel (2013) suggest that working with children falls within the boundaries of the role of the counselling psychologist it is possible that many newly qualified counselling psychologists may be entering such work with limited clinical experience of children as well as without an understanding of childhood psychological models.

Educational psychologists in the UK are employed to tackle the problems encountered by children and adolescents aged 0 – 19 (0 – 24 in Scotland) (Boyle, 2011) and as such, standards of proficiency and clinical placements are centred on this population. However, while counselling psychology aims to improve psychological functioning and wellbeing (Strawbridge and Woolfe, 2010) the remit of an educational psychologist is in "enhancing children's learning and enabling teachers to become more aware of social factors that affect teaching and learning" (BPS, 2013). With educational psychologists working to promote wellbeing in children within academic settings it can be argued that counselling psychology provides scope to facilitate wellbeing across multiple contexts and as such, can find its place as offering a unique contribution amongst other disciplines of applied child psychology.

3.7 Evidence from Research Literature

3.7.1 Outcome studies. Davy and Hutchinson (2010) report that there is a limited evidence base for psychological therapy and counselling for children compared to adults, however consideration is given here two outcomes studies into the effectiveness of therapeutic interventions for children. In the USA child therapists have

used play therapy as a therapeutic intervention since the early 1900s, although it was not established as a specialised treatment until the formation of the Association for Play Therapy (APT) in 1982 (Bratton, Ray, Rhine and Jones, 2005). The formation of the APT and the development of play based therapy programmes let to a growing interest in play therapy in the USA and a need for empirical evidence to support its use. Through their study Bratton et al. (2005) present a meta-analytic review of 50 years of outcome research in the efficacy of play therapy. Previous research either had an inadequate research design or small sample size and many studies did not produce statistically significant results. The meta-analysis allowed the researchers to overcome the problem of small sample sizes by combining findings across studies to determine an overall treatment effect. The researchers conducted extensive research both online and offline and of published and unpublished outcome studies. 93 documents dating between 1953 and 2000 met all the study criteria and were included in the review. Bratton et al. found a significantly positive treatment effect for play therapy interventions with children suffering from various emotional and behavioural difficulties. However, they note that there are several factors to consider when interpreting the results. The review was conducted on 93 distinct outcome studies with variation in the duration of treatment, the treatment protocols and the description of interventions. Furthermore, some of the therapy was carried out by a mental health professional while other interventions were carried out by a 'para-professional' (a trained and supervised teacher, parent or peer mentor).

In the second outcome study considered, Pattison and Harris (2006) present a review of research evidence on counselling and psychotherapy for children, commission by the British Association for Counselling and Psychotherapy (BACP). The research centred on the key question 'is counselling effective with children and young people?'

and focussed on which type of counselling worked, whom it worked for and for which issues. The review included studies based on outcome research conducted with male and female children aged 3-19 in short, medium or long term group or individual counselling or psychotherapy with practitioners who had received specific training in the therapeutic approach used. The children presented with issues such as behaviour problems and conduct disorders, emotional problems, medical illness, self-harm and sexual abuse. Measures included outcome measures, psychometric testing, client self-report and therapist report. Pattison and Harris (2006) found that outcome studies provide evidence that "counselling is a positive and effective intervention across the full range of issues presented by children and young people" (p.235). However, it was noted that there was a greater body of evidence for cognitive behaviour therapy and a lack of research evidence in support of other therapeutic approaches.

The above reviews provide useful insights into the effectiveness of counselling and psychotherapy with children however they highlight the need for continued and more extensive empirical research into other therapeutic approaches with children as well as the effectiveness of models involving a collective approach to working with all those involved in the system around the child. Furthermore, when considering the meta-analytic review conducted by Bratton et al. (2005) it could be argued that by including both published and unpublished works the results will be unbiased, however, it is worth considering whether a large-scale clinical trial would produce the same results. Consideration also needs to be given to the effect of combining the results of different types of studies with different study designs and research parameters.

There are a number of outcome studies available concerning a range of professionals, however this gives rise to questions about how counselling psychologists

can contribute to developing an evidence base for the work of counselling psychology with children and the effectiveness of current healthcare interventions.

3.7.2 The contribution of counselling psychology. Davy and Hutchinson (2010) believe that counselling psychology has a lot to offer in developing evidence bases for therapeutic work with children. The authors assert that counselling psychologists, as well as having an understanding of different psychotherapies, are also professional psychologists and as such, are in a position "to adapt, evaluate and innovate aspects of psychological therapies so that counselling work with children can be informed by well grounded evidence from psychological research" (p.2). The authors note that there is less investment in psychological services for children and suggest that government initiatives such as adult-oriented Improving Access to Psychological Therapies (IAPT) offers financial incentives for government investment by returning inactive adults to work. Similar therapeutic work with children does not offer the same short-term financial incentive, which results in less investment in such services. It can however be argued that while psychological services for adults might provide short-term financial incentives, improving levels of subjective wellbeing for children and preventing negative outcomes could avoid social and economic costs in the future (The Children's Society, 2012). Indeed, it is worth noting the IAPT programme was extended to include children in 2011.

Writing for the special edition of Counselling Psychology Review Riha (2010) reports that "there has not been any research on counselling psychologists working with children" (p.50). Like Sinitsky (2010) she questions whether the contribution of counselling psychology is overlooked and presents a paper concerning the deficiency in literature regarding the experiences and challenges faced by counselling psychologists working with children. From the perspective of a trainee counselling psychologist

Riha's (2010) paper aims to consider the lack of attention given to work with children, taking into account the prevalence of children with a clinically recognised mental health disorder in the UK. She questions why so few counselling psychologists go on to work with children and comments that research literature has not addressed this question. One of the reasons she suggests for this is that the majority of counselling psychology programmes in the UK do not have compulsory modules on working with children and that there is a limited number of placement hours with children that can count towards qualification, which may deter trainees. In this way, like Sinitsky (2010), she questions the generic nature of training in counselling psychology and it could be suggested that historically counselling psychology has not identified as a profession that works with children. Additionally, it could be argued that the limited evidence base for therapeutic work with children alongside limited government investment in psychological services for children places less value on working with this population and may therefore also be a contributing factor as to why so few counselling psychologists go on to work with children.

It is worth noting that although there is literature concerning the clinical work of clinical psychologists with children, young people and families no research was found with reference to the experiences of clinical psychologists working with children. In contrast, the experiences of educational psychologists have been explored by Norwich, Richards and Nash (2010) who present a paper discussing some of the issues and tensions faced by educational psychologists working with children in care, and Counsell and Court (2000) whose paper explores the training and practical experiences of two assistant educational psychologist.

3.8 Conclusions and Research Question

Although counselling psychology theory, philosophy and competencies may suggest that work with children falls within the boundaries of the role of a counselling psychologist there is limited literature exploring the work of the profession with children. Indeed, Sinitsky (2010) considers whether the voice of counselling psychology needs to be heard more clearly in light of the growing number of government initiatives aimed at the development of the wellbeing of children. It can be argued that historically training in counselling psychology has not been geared towards working with children. This is evident in the absence of a requirement to complete a trainee placement with children and the previously restricted number of hours that could be counted and it could be inferred that historically the identity and purpose of the profession has been the facilitation of wellbeing in adults. Furthermore, this leads to uncertainty as to whether the current political and professional framework for training places less value on work with children.

Historically psychological work with children in schools was based on pathology and while it may be argued that with its humanistic values base and questioning of the medical model (Strawbridge and Woolfe, 2010) counselling psychology offers a non-pathologising model for working with children in academic settings and beyond, there is no empirical evidence to support this assertion. This review has considered literature regarding a focus on subjective wellbeing without a focus on pathology and has questioned whether counselling psychology does indeed offer a non-medical approach to fostering wellbeing across multiple contexts. This review has also considered the disciplines of clinical and education psychology and while it is evident that these professions have competencies specifically related to work with children it is argued that the phenomenological underpinnings of counselling

psychology provide the basis of a philosophical approach suited to work with this population, where importance is placed on working at the individual level, developing the therapeutic relationship and facilitating wellbeing through working with all levels of a child's ecology. Furthermore, although this review has highlighted limitations in counselling psychology training it has presented literature suggesting that counselling psychology is well placed to promote the facilitation of wellbeing in schools through whole-school programmes, supervision and consultancy.

Much of the literature for this review has come from a special edition of Counselling Psychology Review. Some of the contributing authors have recognised a gap both in the research literature concerning counselling psychology and children and also in the clinical practice of counselling psychologists with children. In addition, also recognised is the existence of a possible disparity between the philosophical underpinnings of counselling psychology and clinical practice as well as a gap in professional policy and training, which appears to position work with children as less important within the profession, presenting implications for the development of a professional identity. Indeed, it can be suggested that this gap in literature may be representative of negative attitudes within the profession towards clinical practice with children. While the articles presented in this special edition give us some insight and description into the practices of counselling psychologists working with children they do not provide an exploration of how these professionals position themselves and make sense of their experiences.

The BPS (2013) describes counselling psychologists as "a relatively new breed of professional applied psychologists" (BPS, 2013) and thus counselling psychology can be described as an emerging profession. The review of the literature has raised a number of questions. However, as an area where little research exists one issue that

could be particularly useful to look at is how the experiences of this low profile group of counselling psychologists working with children within a relatively new profession are talked about and given meaning to. This study therefore seeks to address the following research question:

How do counselling psychologists working with children and adolescents talk about and make sense of their experiences within an emerging profession?

Conducting this doctoral research will contribute to literature concerning the work of counselling psychologists with children and serve to provide qualitative evidence about the experiences of counselling psychologists working with this population. It will provide an exploration of the lived experiences of a small, specific group of counselling psychologists, giving some insight into training and skills development, clinical practice and perceived professional positioning. As a broad and exploratory study into an under-researched area of professional practice this research will also provide a foundation on which to base further research into the work of counselling psychologists with children.

Chapter 4.

Method

4.1 Overview

The objective of this research is to understand how counselling psychologists working with children describe and make sense of their experiences. It aims to explore experiences of professional development and clinical practice using a qualitative research methodology. This research employs the use of semi-structured interviewing and Interpretative Phenomenological Analysis (IPA). This chapter will firstly describe the methodology and method, giving a rationale for methodological choices. It will then offer a description of recruitment, data collection and analysis procedures.

4.2 Rationale for Qualitative Methodology

Qualitative research methods allow us to access unquantifiable knowledge in order to explore and understand how people give meaning to their daily lives (Berg and Lune, 2014). The literature review found that the work of counselling psychologists with children is an area of professional practice where very limited research currently exists. Rizq and Target (2008) advocate the appropriateness of qualitative research "where the field of interest is characterised by complexity, ambiguity and lack of prior theory and research" (p.67). Additionally, Willig (2008) suggests that qualitative research is concerned with the quality and texture of experience. As such, a qualitative mode of enquiry is considered suitable to the aims and objectives of this study, providing an exploratory method of investigation into a specific area of professional practice.

Qualitative research aims to understand what is going on for people and between people. It is concerned with the way people communicate meaning in social contexts rather than working with pre-defined variables or establishing cause-effect relationships

(Willig, 2012). As such, the focus of qualitative research and analysis is to "capture the richness of the themes emerging from the respondents talk" (Smith, 1995, p.9). In contrast, quantitative research methods allow the researcher to quantify or measure phenomena in order to make claims and predictions about the object of study (Langdridge and Hagger-Johnson, 2009). The aims and objectives of the current research and the focus of qualitative research on meanings and description suggest that a qualitative research methodology is most suitable. Furthermore, the use of qualitative research methodology will provide rich descriptive accounts of the experiences of counselling psychologists engaged in a specific area of professional practice. However, it is not intended to be the basis of broadly generalisable conclusions.

4.3 Overview of Methodology and Method

The aim of qualitative analysis is to try to understand the content and complexity of the beliefs and constructs the participant has about their mental and social world (Smith, 1995). Qualitative methods provide an inductive approach to research in that they do not aim to test a hypothesis but rather seek to capture the quality and richness of individual experience. One approach to the study of experience is phenomenology (Smith, Flowers and Larkin, 2009). Phenomenological approaches to research have their roots in phenomenological philosophy, originally developed by Husserl in the early part of the 20th century. Husserl's philosophical basis was the rejection of the presupposition that there is something underlying or more fundamental than experience and focussing on *what* is experienced as a starting point for any investigation (Ashworth, 2008). Husserl used the word epoché to mean the process by which we attempt to abstain from presuppositions or preconceived ideas we have about what we are investigating (Willig, 2008). Although critics of the phenomenological approach have challenged the possibility of ever achieving this, hermeneutic

phenomenologists employ a more reflexive notion of epoché that recognises the role of the researcher in co-constructing the findings. In this way, the participant's account becomes the phenomenon that the researcher engages with and the researcher's interpretation becomes an integral part of phenomenological analysis (Willig, 2008).

Willig (2008) argues "that research questions about the nature of experience are more suitably addressed using phenomenological research methods" (2008, p.46). Phenomenological research is concerned with understanding the meanings and essences of first-person accounts of life experiences and as such, is interested in participant's subjective experiences of the world and the exploration of 'experience' in its own terms (Smith et al., 2009). The aim of phenomenological research "is to capture as closely as possible the way in which the phenomenon is experienced within the context in which the experience takes place" (Giorgi and Giorgi, 2008, p.28). IPA is an approach to phenomenology stemming from the hermeneutic tradition, developed by Jonathan Smith in 1996 (Smith et al., 2009). The aim of IPA "is to explore in detail how participants are making sense of their personal and social world" (Smith and Osborn, 2008, p.53). IPA aims to interpret personal accounts and involves the detailed exploration of participants' personal experience and how participants make sense of that experience while recognising the researcher's view of the world and the nature of the interaction between researcher and participant (Willig, 2008). In this way, conducting the proposed study will provide an insight into the lived experiences of counselling psychologists working with children as well as how they make sense of their personal and social world (Smith, 2008).

4.4 Rationale for IPA and Alternatives Discounted

Choice of methodology was based on the aims and objectives of the research and research epistemology. Smith et al. (2009) suggest that IPA offers a detailed

analysis of the lived experience of a small number of participants and was selected as the most appropriate research method for the current study. However, attention will be given here to alternative qualitative methods.

Qualitative methods stem from a focus on 'construction' or 'interpretation' and allow the researcher to investigate an individual's grasp of their world (Ashworth, 2008). While phenomenological research is concerned with understanding the meanings of individual experience in its own terms discursive approaches to psychological research focus on how individuals use language to make meaning and challenge the idea that language is used to simply describe events and phenomena (Langdridge and Hagger-Johnson, 2009). Central to discursive psychology is the concept that the meanings of mental representations, objects and events are created and negotiated through language and as such discourse analysts believe that discourse should be the focus of study. Foucauldian Discourse Analysis (FDA) is one approach to discursive psychology. Its roots are in the post-structuralist philosophy of Michel Foucault, which inspired the social psychologists of the 1970s to challenge cognitivist assumptions and explore the relationship between language and subjectivity. Psychologists then began to see language as not just a way of talking about things or psychological states but also serving to construct objects themselves. Language can be used to describe the same event in different ways and as such FDA emphasises the use of individual discourses and discursive resources in the construction of social reality (Willig, 2001). Unlike IPA, discursive approaches to psychological research aim to produce an understanding of the way participants construct social reality through language (Willig, 2008) rather than the exploration of experience in its own terms. As such, discursive psychology was not considered to be an appropriate methodological choice for the current study.

Grounded Theory (GT) has often been described as the main alternative research method to IPA (Smith et al., 2009). Both GT and IPA provide an exploratory, descriptive and inductivist approach to research and Smith et al. (2009) suggest that there is considerable overlap between both modes of enquiry. However, it is suggested that an IPA study aims to provide "a more detailed and nuanced analysis of the lived experiences of a small number of participants with an emphasis on the convergence and divergence between participants" (Smith, et al., 2009, p. 202). GT on the other hand has a primary focus on generating a theoretical-level account of the phenomenon under investigation. Based on a larger sample GT provides a high level conceptual account with theoretical claims being illustrated by individual accounts. Therefore, as well as an exploratory focus GT also provides an explanatory framework.

Smith and Osborn (2004) suggest that IPA is a favourable approach to research if the area of study is under-researched or new. Currently there is no empirical research available regarding this area of professional practice and indeed Davy and Hutchinson (2010) suggest that work with children has a low profile within the DCoP. In this way, IPA provides an opportunity to conduct an exploratory study in order to obtain rich details concerning the general experiences of participants rather than a conceptual focus with the aim of developing a theory or a model of process, as with GT. Furthermore, unlike GT research, which is concerned with how different factors within a sample effect social and psychological processes or behaviours, IPA research aims for a fairly homogenous sample (Pietkiewicz & Smith, 2012).

The emphasis of the current research on the participants' understanding of their own experience of working with children and the exploration of experience in it's own terms (Smith et al., 2009), rather than the participant's construction of social reality through language (Willig, 2008) or the conceptualisation of data into a theory (Smith,

2008), therefore suggests that the research question is suited to IPA rather than a discursive psychological approach or GT.

4.5 Epistemological Position

Epistemology can be defined as theory of knowledge (Carter & Little, 2007), that is, the view the researcher takes to the acquisition of knowledge. Counselling psychology philosophy emphasises the importance of understanding the subjective experiences of others (Strawbridge and Woolfe, 2010) and the combination of objective, subjective and intersubjective experience is considered to be important within the context of research activities (Orlans, 2013). Davy (2010) asserts that "constructionist psychology suggests that stories are the primary means by which we attempt to understand experience" (p.154) and considers individual experience to be a socially constructed phenomenon. As such, the current research draws on a social constructionist position, compatible with the emphasis of counselling psychology on the social construction of identity and experience (Woolfe, Strawbridge, Douglas and Dryden, 2010).

Willig (2008) suggests that in one respect IPA can be said to take a realist epistemological approach in that the objective is to produce knowledge concerned with what and how people think about a particular phenomenon or experience. However, IPA is interested in participants' subjective experience of the world and does not share the positivist view that the external world directly determines our perception of it. Smith et al. (2009) assert that IPA is concerned with the exploration of meaning making through the construction of a narrative and thus adopts a social constructionist approach. IPA also recognises the researcher's view of the world as well as the nature of the interaction between researcher and participant (Willig, 2008). In this way, IPA research involves a double hermeneutic in that in addition to a concern with how participants

perceive objects or events "IPA also recognises the central role for the analyst in making sense of that personal experience" (Smith, 2004, p.40). Thus the knowledge produced by IPA research is reflexive, acknowledging its dependence on the researchers' own standpoint (Willig, 2008) and compatible with a social constructionist approach.

4.6 Procedures

4.6.1 Research design. Semi-structured interviews were conducted with six participants. The audio-recorded interviews were transcribed and then analysed using IPA (Smith and Osborn 2008).

4.6.2 Sampling and participants. Sampling gave rise to a homogenous sample of six HCPC accredited counselling psychologists engaged in individual clinical practice with children. Smith et al. (2009) suggest a sample size of between 3 and 6 participants allowing for analysis "to reveal something of the experience of each of those individuals" (p.3) as well as allowing for an examination of the similarities and differences between individuals. In line with the theoretical underpinnings of IPA, participants were selected purposively on the basis of having current experience of individual practice with children and being at least two years post-qualification as a counselling psychologist. Rather than producing data that are representative of all counselling psychologists meeting the criteria, the aim of purposive sampling is to increase the richness of the data allowing the researcher to understand and describe a particular group in depth. Participants practiced in different settings in and around the UK and are described in table 1. Pseudonyms have been used to enable descriptive analysis without the use of codes while maintaining participant anonymity.

Table 1: Description of research participants

Participant name	Age	Gender	Length of time in practice	Length of time in practice with children	Current setting
Joanne	34	Female	3.5 years	3.5 years	Voluntary sector
Beth	47	Female	21 years	20 years	Private practice
Mary	40	Female	6 years	6 years	Private practice
Sally-Anne	41	Female	9 years	9 years	Primary care
Crystal	32	Female	4 years	4 years	Private practice
Meredith	34	Female	10 years	9 years	Private practice

4.6.3 Recruitment procedures. Participants were recruited by publishing a recruitment advertisement on the Counselling Psychologists UK Facebook page and through the discussion forum of a special interest group of the DCoP focussing on work with children. The research was also publicised through a poster presentation at the DCoP annual conference. Nine responses were received, one through the recruitment advert, six through the special interest group and two through the conference. Of the nine responses, six matched the inclusion criteria. One was filtered out due to not reaching the criteria of being two years post-qualification and two due to not being currently engaged in individual practice with children.

4.6.4 Materials. The following materials were used in the research (appendices B-G):

- Recruitment advert
- Participant information sheet
- Consent form
- Debriefing form
- Distress protocol
- Interview schedule
- Digital recorder

4.6.5 Ethical considerations and procedures. University Research Ethical approval (appendix H) was obtained prior to recruitment. Prior to each interview the participant was informed of the subject area under investigation, the purpose of the research and the research methodology and confidentiality procedures. Participants were informed that they could withdraw up until 4 weeks after the interview and that any related data would be destroyed. Participants were also made aware that they had the right to request access to the final study upon completion. After being informed of the purpose of the research and the process of data collection participants were asked to sign a consent form. Interviews took place at a location of the participants' choice and focussed on the lived experience of training and clinical experience of counselling psychology with children. Each interview lasted approximately one hour and was recorded using a digital recorder. Following the interviews, recordings were stored securely each with an assigned case number.

4.7 Data Collection

4.7.1 Interview procedure. Most IPA studies have been conducted using semi-structured interviewing, allowing the researcher and participant to engage in a dialogue about the phenomena being investigated (Smith and Osborn, 2008). Although semi-structured interviewing is described as being non-directive (Willig, 2001) it allows the researcher to steer the interview to obtain the sort of data that will answer the research question. The present study used a semi-structured interview schedule comprising of four main questions focussing on current practice, professional identity, training and philosophy of practice with additional probes and prompts used depending on the responses given.

Participants were encouraged to speak openly and freely about their experiences and through the conversational nature of the interviews the researcher was able to

modify questions in light of responses and to probe important areas that arose (Smith and Osborn, 2008) allowing for an emphasis on narrative.

4.8 Data Analysis

Although the Jefferson system of transcription is widely used Langdridge and Hagger-Johnson (2009) state that there is no universal system for transcription. In IPA the level of transcription is generally at the semantic level including false starts, pauses and laughs (Smith and Osborn, 2008) (see appendix I for transcription conventions). The audio-recorded interviews were transcribed in their entirety to include these elements (see appendix J for a sample analysed interview transcript). To maintain confidentiality any identifying information such as names or places of work were omitted from transcription. Transcripts were then read in order to gain an initial understanding of the experience of the participants.

Conducted on a small sample IPA provided an idiographic approach working at the individual level to provide detailed analysis of each personal account before moving on to analyse the next account and then finally conducting a cross-case analysis. In this way, analysis did not attempt to make generalisations on large populations but remained focussed at the individual level, aiming to explore how counselling psychologists working therapeutically with children understand their own experiences and construct meaning through language. This allowed for deep exploration and understanding of each participant's unique experience as well as highlighting similarities and divergences.

Analysis followed the six procedural steps outlined by Smith et al. (2009). Stage one involved reading for meaning. This stage began with reading the transcript while listening to the recording in order to gain an initial understanding of the text. The

transcript was then reread a number of times and notes were made of recollections of the interview experience itself.

Stage two saw the beginning of an initial level of analysis with the right hand margin being used to note anything interesting or significant such as initial thoughts, reflections, associations and observations with further exploratory notes being added with each subsequent reading. Three levels of annotation were used, descriptive, linguistic and conceptual with interpretation being inspired by attending to the participants words rather than being imported from outside (Smith et al., 2009).

Stage three was concerned with developing emergent themes that characterised each section of the text and involved drawing out patterns of meaning from the transcript. At this stage the analysis was more interpretative with a focus on what was felt about what the participant was saying. The aim was to see the world through the participants' eyes and bracket off own preconceptions with no attempt being made to omit or select passages for special attention at this stage. The transcript was reread and the notes in the right hand margin summarised and condensed and the left hand margin used to code units of meaning into themes. Psychological terminology was used to produce a higher level of abstraction.

The fourth stage involved searching for connections across emergent themes by thinking about them in relation to each other. Firstly the emerging themes were listed in chronological order and then cut up so each theme was on a separate piece of paper. Then, using a large space, similar emerging themes were clustered together. The main approach used to cluster themes was abstraction. This involved identifying patterns between emerging themes and grouping them together. Another approach used was subsumption where an emergent theme acquired superordinate status as it helped to bring together a series of related themes. Thirdly, through polarisation transcripts were

examined for oppositional relationships between emergent themes. This was achieved through focusing on difference instead of similarity. Clusters of themes were then labelled in a way that captured the overall meaning. Throughout this stage it was important to repeatedly check back with the original transcript to ensure that the connections worked against what the participant actually said. Finally, a summary list of emergent themes was produced (appendix K). Clusters of themes were labelled including superordinate themes and emerging subthemes. A table of themes was produced along with illustrative quotations including page numbers and identifiers (appendix L). At this point subthemes with weak evidence or those that did not fit the emerging structure were discarded.

Stage five involved moving to the next transcript. In keeping with IPA's idiographic commitment, bracketing ideas emerging from previous transcripts allowed each case to be analysed in its own terms. Stages one to four of the analytic process were then completed for each transcript (see appendices M-R for theme tables for each participant).

The final stage of analysis involved the comparison and integration of themes for all participants and told us something about the meanings given to the experiences of counselling psychologists working with children. Themes were modified, re-clustered and renamed to produce a table of superordinate themes including subthemes, along with identifiers for the entire data set that captured the meaning of the phenomenon for all participants (appendix S). Superordinate themes were then checked against the transcripts to ensure that the richness of each account was not lost in the integration of themes. Final superordinate themes were significant to all six participants.

4.9 Quality Procedures

4.9.1 Reliability and validity. Willig, (2008) describes validity "as the extent to which our research describes, measures or explains what it aims to describe, measure or explain" (Willig, 2008 p.16). The author conducted all analysis with no external reliability of analysis being conducted by an independent researcher. Therefore, the appropriateness of connections made between the original transcripts and themes and the appropriate clustering of themes into categories cannot be validated. However, validity has been promoted through the author's engagement in reflexivity throughout the research process including the continuous review of the author's own role in the research. Furthermore, the presence of a good paper trail from the raw data to the final interpretation documents the process of analysis and indicates that all interpretations are grounded in empirical data (Marks and Yardley, 2004).

Chapter 5.

Analysis

Four superordinate themes emerged from analysis of the data from the six participants: 1) Personal and professional growth and development in working with children; 2) Working with children is 'a different ball game'; 3) Developing a professional framework for working with children; 4) Opening the doors to counselling psychologists working with children. Within the four superordinate themes 12 subthemes were identified. Each superordinate theme included material from each participant (see Table 2 for list of superordinate themes and subthemes).

Table 2: List of superordinate themes and subthemes

Superordinate theme	Subtheme	Participant, page and line number	Quote
1. Personal and professional growth and development in working with children	• Training guides learning through placement experiences	Meredith: p. 15, li. 479	I think most of my learning was in placement
	• The importance of supportive systems in child work	Beth: p. 4, li. 126	Support from social services, keyworkers and so forth
2. Working with children is 'a different ball game'	• The minefield of child protection	Sally-Anne: p. 10, li. 299	There's a minefield really isn't it
	• The complexities of working with parents	Beth: p. 8, li. 237	There's so many complex dynamics
	• Confronting own limitations	Joanne: p. 4, li. 105	I think I fell short with kind of specialist work
3. Developing a professional framework for working with children	• The philosophy of counselling psychology in practice	Mary: p. 23, li. 718	It's about the relationship with the child and the family
	• Taking a developmental	Joanne: p. 20, li. 739	Very different … wherever they are in

	approach		their development
	• The impact of child work on work with adults	Crystal: p. 21, li. 675	Being more aware of the child … can be helpful … for your client as an adult
4. Opening the doors to counselling psychologists working with children	• Participants' pride in the profession and finding a niche in working with children	Meredith: p. 8, li. 251	There's something quite exciting about being in a new and emerging area
	• The struggle to hold onto a sense of self and identity	Crystal: p. 23, li. 741	Something I've struggled with … who am I as a clinician?
	• Seeking acceptance and validation within the profession of mental health	Sally-Anne: p. 20, li. 609	It can be hard to hold onto the idea that you're doing a good job
	• Progression and development: changing the image of counselling psychology	Mary: p. 15, li. 535	Looking at some of the forms of psychopathology that you might see in children

5.1 Superordinate Theme 1: Personal and Professional Growth and Development in Working with Children

The personal and professional development of some participants was facilitated through the support, encouragement and guidance of other professionals both during training and post-qualification. This superordinate theme is compiled of two subthemes that give an account of the value of trainee placements and the significance of wider professional support when working with children. The first subtheme 'training guides learning through placement experiences' explores participant narratives that suggest that most of the learning about working with children seemed to come from trainee placements. Participants also noted the support and inspiration of line managers and

supervisors and the importance of placements for their future professional and personal development.

Central to the second subtheme, 'the importance of supportive systems in child work', is the idea that supportive systems are necessary both professionally and for the wellbeing of clients. Organisational structures offering professional support appeared significant to some participants for professional and personal growth and development while the impact of the absence of a supportive system was considerable for others. This subtheme also discusses the importance of supportive systems around the child, including multi-disciplinary working.

5.1.1 Subtheme 1: Training guides learning through placement experiences. Although there have been recent changes to the clinical placement aspect of training in counselling psychology it does not include a mandatory placement with children. Additionally, all six participants completed their training prior to these changes when, for some participants, there was a limit to how many placement hours with children could be counted. However, all six participants completed placements with children. Crystal commenced her training with the intention of working with children upon completion. She structured her placements to ensure that she obtained appropriate experience by allocating "half of [her] hours as working with children" (1:17-18). While Crystal chose to structure her learning around her interest in children, Sally-Anne completed a trainee placement with children as a result of an unexpected opportunity. She describes being given a "chance" to work with young people, implying that although she may have had an interest in working with children her training up to this point had not been structured around working with children:

> they happened to get a contract with XXX that worked with young people. Erm, so that was my first chance at working with young people (1:16-19)

Sally-Anne's placement experience with children came as a result of external factors, however it can be suggested that this opportunity motivated her to continue to work with this population. In contrast, for Joanne there appears to be an internal motivation to learn as much as she could about working with children from the outset. The value of her placement experience is expressed in the extract below as she talks about how little university workshops on working with children added to her learning in comparison to the placement and independent reading and research:

> they didn't make any difference to me. It was really the placement erm the assignment reading, the research, those kind of things were the ones that really, yeah taught me the most (11:353-358)

Meredith also describes most of her learning as coming from her placement, but additionally talks of the value of supervision. These experiences gave her a sense of being capable and it is intimated that through positive placement experiences and supportive supervision she developed a sense of being good enough:

> I think most of my learning was in placement and the reading and the supervision. I think that was most of where my confidence really came in to be able to feel you know that I was you know e- e- embarking in an area where I was, felt capable (15:479-484)

It is understood that supervision was considered to hold immense value for learning. Sally-Anne described her supervisor as "brilliant as a supervisor" (20:598) and explained that "discussing cases in supervision really was the main thing" (8:235-236). In the extract below, Meredith emphasises the importance of supervision and expresses a sense of value in being supervised by a counselling psychologist and it is understood that supervision by a counselling psychologists also working with children was considered the "right" supervision for her professional development:

> I feel very lucky as well that I you know did have the right, and I had a fantastic supervisor […] I had a really good supervisor and she was er a counselling psychologist also working with children so she could really understand my, my sense of professional development […]. So that was really, really helpful (19:624-634)

Crystal's professional development was facilitated through a combination of an inspirational line manager and a placement and supervision that was congruent with her philosophy of practice:

> there was a, a fabulous woman kind of spearheading it all who was very inspirational, […] I liked it so much that I stayed there for three years […] I was also offered erm psychodynamic supervision, which is the way I wanted to work (4:103-109)

Crystal remained at this placement throughout her training and it can be suggested that this placement and in particular, supervision, made a substantial contribution to her future practice. Indeed, in the following extract she further emphasises the importance of trainee placements and supervision for future practice. Her use of the word "luck" suggests that not all placements provide positive learning experiences for trainees and conveys her happiness with her experience:

> I think it's luck on placements and supervisors really that that gives you the education that you kind of want to kind of take forward (14:439-442)

Like Crystal, Meredith describes the facilitation of progression in professional development through placement and supervision. It can be suggested that as her cases became more "complex" and the supervision became more "intensive" she was able to progress both personally and professionally. This is evident through the sense of pride

with which she appears to be describing her experiences as she progressed towards supervising her own trainees:

> I think it grew with my competencies over the years. […] I was becoming more and more confident in the work and you know the cases were get- becoming more complex, the, you know the supervision was becoming more intensive you know I was doing supervision, erm supervising other trainees (15:489-496)

5.1.2 Subtheme 2: The importance of supportive systems in child work. This subtheme focuses on the wider support participants suggest is necessary when working with children. In the first extract Sally-Anne emphasises the importance of good supervision, but more significantly for her the importance of working within a supportive team. She appears to be working in an environment where her philosophy and way of working differs from that of her colleagues, resulting in the need to defend herself. She describes her colleagues as having "strong personalities" and it can be inferred that Sally-Anne feels devalued by her team and struggles to make herself heard:

> so important to have good supervision. And it can be hard to, to erm. You have to stand u-, I have to stand up for myself and stand by my ethics etcetera. And it can be hard when you're in a really busy team with strong personalities. Erm (…) so that c- can be some of the difficulties (24:741-747)

Sally-Anne identifies the lack of team support as a difficult aspect of the work. Meredith supports this view and considers working within a supportive system as "the key thing". For Meredith having the right support is both important and necessary when working with children:

> I had the right support around me and I, I think that's the key thing I th-, you can't do this work without the right support (19:614-616)

For Meredith and Beth the absence of a supportive system is noticeable when working in private practice. Beth considers the importance of ensuring she has "colleagues who work alongside you" (12:351) while Meredith suggests that working in private practice requires discernment in taking on appropriate clients. In the following extract Meredith appears to passively suggest the potential danger of working in what she describes as "isolation":

> I think you've also got to be careful about how much isolation you work with and, and what the issues are and where actually a wider network is necessary (13:409-412)

The importance of a supportive system has been identified for working within an organisation and for private practice. However, Meredith suggests that creating a "strong structure" (12:392) requires support beyond the scope of the organisation itself. This is supported by Beth who stresses the importance of multi-disciplinary working through "support from social services, key workers and so forth" (4:126-127). As Meredith describes the "partnership links" that can be forged when working as part of a service, the isolation in private practice is further emphasised:

> systems are quite important when you're working, you know you've got to think about the type of work you take on privately because it is important to have the right setting and the right support […] Working in a charitable setting is quite useful because you're building partnership links (12:382-390)

The above extracts illustrate how systems support work with children. However, the following extract encourages consideration of the impact of systems from an alternative perspective. Mary speaks with compassion as she appears to suggest that a rigid system disregards the autonomy of children and more seriously, may result in early discharge from the service:

> I find it quite sad sometimes when a system is pretty ridged and it takes a young person longer than the required time to engage so they're then discharged. […] there does need to be flexibility. Er, and perhaps more dialogue with actually young people about what they want (14:483-491)

Crystal recounts a "frustrating" (6:172) experience of working within an unsupportive system. Through her account of the "restrictions" (6:171) of her setting it appears that she faced a number of challenges to her work due to the politics and culture of the setting. It is assumed that the system Crystal was working within was not in accord with her view of the therapeutic process and that her experience was extremely negative:

> all the things you could imagine in terms of therapy not really going within a school in terms of the, the system doesn't necessarily really allow for it (7:198-201)

Working within a school Crystal experienced her colleagues as unsupportive and displaying "very little understanding" (6:192) of the therapeutic framework. Thus while this subtheme has considered a wider a system as necessary when working with children it has also explored the instances where systems have been experienced as unsupportive and perhaps even detrimental to the wellbeing of the child.

5.2 Superordinate Theme 2: Working with Children is 'a Different Ball Game'

Distinct challenges and complexities appeared to distinguish working with children from working with adults. This superordinate theme is compiled of three subthemes describing how clinical work with children differs from work with adults procedurally, emotionally and pragmatically. The first subtheme 'the minefield of safeguarding' describes how safeguarding children is seen as more complicated, rigorous and stressful. There appears to be a suggestion of a heightened element of risk

and recognition of the vulnerability of children and thus the complexity of safeguarding. Participants address the issue of ethical considerations and obligations with regard to disclosures. Additionally, participants report the need for specialist training in safeguarding children.

The second subtheme explores participants' experiences of 'the complexities of working with parents'. Narratives report how the practical and relational difficulties of working with parents compound clinical and safeguarding responsibilities to clients. This was described as occurring both through the practicalities and policies regarding parental involvement as well as parental pathologising of the child and parent-child attachment relationships.

This superordinate theme also encompasses a sense of all six participants' experience of working with children as presenting a challenge and a threat to their sense of self-efficacy. This is explored through the third subtheme 'confronting own limitations'. Participants' limitations and skills deficits were objectively realised through being rejected from jobs due to lacking specific skills or subjectively realised through feeling unprepared to work with children and within family systems and also being constrained by the unsupportive context of the work.

5.2.1 Subtheme 1: The minefield of child protection. Working with children seemed, for some participants, to elicit feelings of anxiety and fear. The following extract appears to convey Sally-Anne's sense of being overwhelmed by the complexity and unpredictability of dealing with risk when working with children:

> There's a minefield really isn't it when you think about (laughs) all the child protection stuff, confidentiality, thinking about families you know seeing the child in the context of their family. All the possible problems you might encounter, social services, suicidal kids (10:299-305)

Through Sally-Anne's description of child protection as a "minefield", it is interpreted that working with children is seen as being characterised by unseen hazards that could explode without notice. The system surrounding the child, in particular the family context, seems to Sally-Anne to represent a dangerous uncertainty while yet being central to the work. Meredith appears to share this same sense of fear as she describes her experience of child protection in her work with victims of domestic violence:

> you've got huge child protection element always lurking in the background that's always like a shadow (laughs) around the work, er that you can't ignore (13:397-400)

Both Sally-Anne and Meredith laugh as they use metaphors to describe the concept of child protection within their work and it can be inferred that this is an attempt to conceal or supress the anxiety presented by issues of child protection. The lurking shadow Meredith describes brings a sense of danger and her portrayal of child protection seems to suggest a representation of risk as a predator waiting in ambush. Part of the challenge for Meredith lies in the maintenance of boundaries in the therapeutic relationship while at the same time ensuring safety through addressing disclosures:

> how to maintain that confidentiality but also being aware of the need for permission […] I think what's challenging about children's work full-stop are the legalities around it […] so you've got to be really careful about who you're speaking to, what you're saying, what your responsibilities are around if things, if you're getting disclosures (11:340-356).

Meredith's use of the term "full-stop" emphasises the gravity of this challenge and as she goes on to describe the need to be "careful" this is further suggestive of the

sense of danger when managing risk. It can also be inferred that Meredith experiences a conflict of interest with regards to confidentiality and the management of disclosures and that this in turn can have an impact on the therapeutic relationship. In this regard working with children is experienced as more complicated than working with adults; a view that is shared by Sally-Anne:

> it's a different ball game isn't it than working with adults in the sense that I think ethically it can be a lot more complicated. […] and that can be really stressful, when if, if, if you've got an ethical dilemma about confidentiality, a child that's self-harming, you know wh-wh-what do you do with it? You can't give them the re- the responsibility that you can with an adult (10:306-319)

Sally-Anne describes how stressful this element of the work can be and her question, "what do you do with it?" is considered to represent a feeling of being overwhelmed by the issue of safeguarding. Sally-Anne describes difficulty in making decisions regarding confidentiality while Mary describes how continuing to work therapeutically with a child at risk could be "damaging" (14:469), emphasising that safety is paramount. Working with children appears to present a challenge to the ways in which participants keep children safe and the following extract illustrates the challenges of starting work with children post-qualification:

> you're learning about the law, you're learning about data protection, you're learning about […] the legal aspects of confidentiality. There are things that I had to learn on my own in in a really quite a painstaking way. Getting out books you know, ringing people, checking things, you know it was a really intense. […] you couldn't be working blind you needed to know (24:784-802)

Meredith stresses how crucial child protection is and how much there is to take into consideration. She reports undertaking a vast amount of independent learning and research, which she describes as "painstaking" and "intense". Her reference to "working

blind" suggests that the absence of previous adequate training in child protection had resulted in an impaired ability to appropriately safeguard children. Mary shares this view of the necessity of training in child protection, suggesting that working with children is a specialised discipline and that practitioners need to be trained in the management of risk:

> most definitely there needs to be more training in child protection (15:528-529)

5.2.2 Subtheme 2: The complexities of working with parents. Four participants spoke about working with parents from whose narratives emerge the difficulties but also the importance of parental involvement, particularly in private practice. Although for Meredith, family centred practice involved working "with mum and child in the room together" (16:567) she described working with parents as an "added issue" (14:427) implying that parents are something additional to think about. For Crystal, the move from a school to private practice presented a challenge with regards to the level of parental involvement:

> working with children now in private practice is really different to working with them in these settings that I did before because there used to be quite minimal contact with the parents (15:460-464)

It can be interpreted that Crystal experiences the increased contact with parents as an additional challenge and both Crystal and Meredith describe juggling meeting the expectations and demands of the parents with meeting the needs of the child:

> they kind of have these huge expectations and they want you to kind of jump hoops and say yes sir, no sir. […] there's much more to think about when working with a child now cos you're not, you don't tend to be working with the

> five year old you tend to be working with the five year old and the parents (Crystal, 15:469-477)

> I think was, was a tricky part, navigating the role of the parent and the role of the child (Meredith, 11:338-340)

While navigating this role can be challenging and complex, Beth considers working with parents as a necessary component of working with children. She feels passionately that child work that does not include working with parents is unhelpful:

> I've always felt unless you're gonna work with the family um then you're just placing the child in exactly the same position. And that's my issue with child as I said child-centred that becomes quite extreme (9:256-261)

Beth appears to disagree with therapeutic work that focuses solely on the child without any parental involvement. For her the drive of change comes through working with the whole system around the child:

> I get a lot of parents you know saying 'will you see him?' But, but I try and say look I need to see the whole family I need to understand what's going on. Um, this isn't just about pathologising the child it's, it's understanding the whole system (12:396-401)

For Beth, working with parents alongside the child provides richness to the work that gives her a deeper understanding of the difficulties the child is experiencing. Her work encompasses a holistic approach allowing her to observe and explore parental motivations, family dynamics and attachment relationships. She describes working with parents as "fascinating", giving a sense of the importance of working with parents:

> there's so many complex dynamics I think you know a parent says […] I want you to see my child for X and they present it in a particular way. And you meet them and it's really fascinating and I think quite telling to see how they're

> behaving towards their child and the things that they haven't told you or the things that you, you're noting […] how motivated they are to really support their child or, or to learn about their different facets (8:237-247)

The extract above illustrates the usefulness of working with parents to gain an understanding of the child's difficulties. Beth recognises the difficulties faced by many parents and although she suggests that parents may see the problem as lying within the child she acknowledges that parents want the best for their child and have a desire to bring about change. Below, she describes something of the vulnerability of parents and their need for support in helping their child:

> even the most **dys**functional families I- I do think the majority that I've worked with, still the motivation somehow to- to help their child but they just don't know how on earth to do it (9:265-269)

5.2.3 Subtheme 3: Confronting own limitations. Working with children appeared to take participants out of their comfort zone as all six described some sense of feeling unprepared for the challenges and complexities of the work. In Sally-Anne's early work with children she was confronted with a sense of herself as lacking competence in working within this area of the profession:

> it's different and you can feel quite deskilled. I would say it can be quite anxiety provoking working with children when you haven't been before (10:294-297)

At the start of her work with children Sally-Anne feels unprepared. She is flooded with a feeling of foreboding and anxiety, a feeling that can be assumed to be shared by Mary who twice throughout the interview described her experience of working with children as a "steep learning curve" (3:97/4:115). It can be suggested that Sally-Anne and Mary are overwhelmed by the challenges at the start of their therapeutic work with children and perhaps feel both practically and psychologically unprepared. In

contrast, Crystal describes a different experience. Undertaking both adult and child trainee placements she expresses:

> I found working with children easier when I was training because it felt less confronting than working with an adult. […] I was more at ease with it so it was something that felt easier (2:33-39)

In the above extract Crystal is describing her placement experience while Sally-Anne and Mary describe their first jobs as counselling psychologists working with children and it can be suggested that their experiences were different as a result. Indeed Mary goes on to talk about how she "hit the ground running" with her first job, emphasising the depth and enormity of the challenge:

> I ended up in a state primary school in {geographical area}, which was erm, extremely interesting, extremely challenging to be your first job, sort of hit the ground running. (3:86-89)

Meredith also describes a steep learning curve as she talks about setting up a specialised service for children. She confronts her limitations through independent learning, allowing us to see something of the investment and dedication she has put into ensuring she has the relevant skills and competencies:

> I've set up services, and that's sometimes a really steep learning curve and you're so busy investing in getting up to speed and, and you know your CPD […] reading everything under the sun […] it's been quite a lot of input (2:43-49)

Meredith recognises the enormity of the challenge and how hard she had to work to overcome her perceived limitations. This is illustrated in the following extract through the use of the phrase "I had to admit" and her repetition of the term "full-on":

> I had to admit I was working full-on, it was, it was definitely full-on. But I think because I was so enthusiastic at the time and I was enjoying what I was doing (20:668-672)

Limitations and deficits were for some participants seen as a result of inadequate training. Crystal appeared to find the learning on her training course irrelevant to her work with children:

> I don't really think my course was, what I learned from going in on {day of the week} was that effective in helping me transfer my skills (15:446-448)

This view was shared by Joanne who expressed that there was "very, very little on the course about working with children" (8:279-281) and seemed to experience workshops around working with children as making an unnoticeable impact to her knowledge and skills:

> it just becomes a drop in the ocean and it doesn't make much of a difference. (10:349-351)

Joanne describes a lack of direct teaching provided by her training. She talks of coming to the realisation that counselling psychology does not emphasise working with children and expressed that it was up to her to undertake independent reading and self-study. Beth too questions how much teaching about working with children is available through training and the consequence of this for future work:

> in terms of the training how much do you really um know? And I don't think as a result a lot of counselling psychologists feel confident to take on some cases (13:452)

It can be suggested that some participants felt unprepared, ill-equipped and lacked confidence to take on work involving children. Furthermore, from the extract

that follows, it can be suggested that training in counselling psychology left a deficiency that presented obstacles to finding employment:

> I did fi- check if I could apply for a CAMHS position in the NHS but they didn't, they, I wasn't eligible for that (3:98-101)

Joanne goes on to describe her training in counselling psychology as "holding [her] back" from obtaining particular specialised roles and her narrative below conveys a sense of feeling inadequate:

> most of them were looking for skills around assessment psychometrics. So, and I didn't have those. So I think I fell short with kind of specialist work […] So I think the lack of a specialism and the lack of er of psychometrics was holding me back (4:102-109)

Beth also describes a skills deficit in terms of play therapy and working with emotional dysregulation in children. She talks of feeling unprepared and, like Joanne and Meredith, undertook additional independent learning:

> I probably tracked quite a few people and tried to sit in on sessions […] that was very much self and I think a lot of people would probably say the same too because you don't learn that on the course (25:761-766)

5.3 Superordinate Theme 3: Developing a Professional Framework for Working with Children

The need for development of a professional framework for working with children appeared to be central to the individual philosophy of participants. This superordinate theme is compiled of three subthemes exploring the importance of making room for the client and working with the client's lived experience. The first subtheme 'the philosophy of counselling psychology in practice' has an emphasis on working holistically with an individualised client focus and encompasses the

experiences of all six participants. Participants talked about how the philosophy of counselling psychology allows them to work flexibly and creatively tailoring interventions to individual presentations. Adopting an holistic approach to clinical practice participants describe taking into account the client's individual experience including the system around the child, such as parents and family dynamics. Additionally, participants stressed the importance of the therapeutic relationship and the use of self in facilitating change.

Within a framework of working creatively and keeping the client in mind participants described using a variety of therapeutic approaches. This was discussed within the context of 'taking a developmental approach', which forms the second subtheme. This subtheme explored participants' narratives about the importance of theories of child development, attachment and early intervention.

The final subtheme 'the impact of child work on work with adults' captures a sense of the value found in working with children for work with adults. Participants described how through working with children their work with adults has been enriched. Narratives explore how the experience of working with children has supported development of a deeper understanding of unconscious communication and projections and has encouraged the use of more creative interpretations in adult work.

5.3.1 Subtheme 1: The philosophy of counselling psychology in practice.

The therapeutic framework of all six participants was constructed with the philosophy of counselling psychology as a foundation. While participant accounts reveal the individuality and scope for creativity of this philosophy in practice, there appeared to be a shared confidence in the ethos of the profession as a whole. Counselling psychology offered Meredith a distinct and unique way of working with children that she believed differed from other psychotherapeutic practices. From the

extract below it can be intimated that she is keen to defend counselling psychology as a profession bringing something of specific value to working with children:

> it's the awareness of therapeutic relationship and I, I know, you know child psychotherapy courses will also have that focus too erm but we are looking at the relationship as, as the basis. We're working with you know what's being brought in the room. And we're able to bring those qualities of, of, of different techniques be it the integrated kind of approach that you can have. […] I think that's the thing that makes us different. But because we are holistic we can tailor and I think we can tailor quite well and we can work with what we're seeing and what's there (10:308-325)

Meredith identifies the qualities she believes counselling psychology brings to the therapeutic endeavour and seems to be emphasising the suitability of the profession for working with children. The passion with which she expresses her narrative can be seen to suggest that she has set counselling psychology apart as a profession that places the child's needs at the centre of the work in a way that she has not observed with psychotherapy. She describes tailoring her approach to what is brought to therapy, stressing the importance of an individualised focus. This is also critical to Mary who suggests that "there isn't a one size fits all" (21:750). For Meredith, counselling psychology is found to provide "more room for the person" (31:1042). She considers the importance of the child's lived experience and the following extract strongly emphasises subjective experience as a core component of her individual philosophy:

> I think for me it's really working with somebody's lived experience and, and, and my philosophy is about we've got to see it from their perspective there is that element of empathy and, and, and that element of walking in someone's footsteps. I think that's so important that's probably the core for me (30:1006-1013)

Mary suggests that "if you take on a child you take on the family too" (5:169) and it can be suggested that working with a child's lived experience involves working with the family. Below, Beth expresses a belief that an individualised focus on a child that does not include working with the family does not take into account the completeness of the child's experience:

> I've always felt it was important that you work with the family. I know there's lots of individualistic views on child-centred uh practices which I find a little bit (coughs) wh- you know what does it mean? It's, it's great to be child-centred in terms of uh pitching yourself where the child is at. But sometimes child-centred also means you know th-there's a sense of not seeing the whole (7:197-206)

It can be suggested that Meredith's belief regarding holistic practice is in agreement with Beth's concept of not seeing the whole. Her narrative about working with lived experience and walking in someone else's footsteps suggests the practice of working with the family within child work. Indeed, in the extract which follows Meredith talks of the "reality" of the child's circumstances and it is assumed that although she does not describe working with the family she views the child as part of a family system that needs to be taken into consideration:

> keeping the child in mind thinking what is, you know, there's the reality of their circumstances (11:357-359)

Within child and family work Mary seems to suggest that the quality and impact of the work lies and in the strength of the therapeutic relationship. She recognises the challenges of working with a family, and it can be suggested that for her the therapeutic relationship is integral to change:

> It's about the relationship with the child and the family and if that is robust enough to withstand some of the things that go on then you can bring about change (23:718-721)

There is a shared emphasis on the importance of the therapeutic relationship in work with children and Meredith suggests that there is a marked difference in the therapeutic relationship in work with children to that in work with adults:

> there's that huge relational aspect I think in children's work which you wouldn't have in the same way in the adult work (12:373-375)

Crystal also talked of the centrality of the therapeutic relationship for work with children and she suggests that without the relationship you do not have therapy. However, for Crystal developing a therapeutic relationship with children required addressing the inequality of the adult-child power dynamic and creating a safe and trusting environment before any therapeutic work could begin:

> but first and foremost is the relationship, I mean it's the relationship with anything but I mean especially with kids it's just kind of finding something to engage with them on a level. Erm where it doesn't feel like the sort of sitting in kind of a position of authority with, with another adult […] I always try to build a relationship before kind of in some ways doing therapeutic work (10:318-327)

Sally-Anne also emphasises the therapeutic relationship, describing it as being more important than techniques:

> not labelling people, respect for people, erm, understanding people, it's about understanding, offering that relationship where someone feels safe enough to talk about whatever's hurting them the most. Erm, and that's the most important thing cos otherwise nobody's going to get to the root of it and I think there's so much emphasis on the relationship and you know absolutely that is the prime thing with children with adults, erm (..) rather than techniques (17:505-515)

Sally-Anne's focus on the therapeutic relationship as "the prime thing" and her disagreement with labels is considered as opposing the medical model and the adoption of protocol driven techniques. This view is supported by Beth whose comments imply a belief that the profession is currently rather too close to the medical model and perhaps a desire for the profession to move away from the concepts of diagnosis and pathology:

> we're still a little bit too associated I think with the medical model than I'd like (13:393-395)

Not all participants shared this viewpoint and it could be inferred that Crystal considers counselling psychology and diagnosis to be compatible. In her narrative she appears to be suggesting that she does not hold a non-medical view of counselling psychology. Her philosophy seems to be encompassed by respect for the medical model and belief in the utility of diagnosis:

> I do think it can be helpful having a er a diagnosis sometimes, but I don't think that necessarily stands in kind of erm opposition with counselling psychology (11:324-346)

Joanne expresses disagreement with the medical model but speaks of its utility in that it is a "language" that people understand within the field of mental health. It can be inferred that for some counselling psychologists a degree of acceptance of the medical model is necessary in order to be understood and included:

> the medical model is kind of erm, not relevant to me. It is important in the way that that's the language that many people speak and that many clients speak that language as well (19:681-686)

The extracts above highlight differences in participants' individual philosophy, in relation to the medical model. While Crystal and Joanne recognise a role for the medical model within counselling psychology, Beth emphasises how as a counselling psychologist her practice differs from the medical model. In the extract below Beth reflects on therapy as a relational experience, recognising that she is part of the encounter and emphasising the use of self and engagement in reflexive practice. She draws on psychodynamic concepts to support her to explore the relational context of the therapeutic endeavour. For Beth, this connection to the child and family not only sets her apart from more medicalised disciplines but is also valued by parents. This suggests that although the medical model may be a language that parents understand, what parents value more is the therapeutic relationship:

> I always feel and I think this is where we are different from the medical model and what I take from the my psychodynamic training is that we, we are always part of the encounter, we're always part of so I suppose, I'm thinking of the word countertransference and, and it's not that, I don't use it in terms of oh this is what the child is evoking in me. It might be but it's also what gets evoked in me by this child so very much the relational wh-what does it make me feel? And I think, I think that's um a useful position as a clinician and I think people value that I think parents value it (30:915-928)

5.3.2 Subtheme 2: Taking a developmental approach. For some participants there was the opinion that the prevention of later difficulties had the potential to be facilitated through early intervention. Indeed for Mary there was a strong belief that through early intervention there could be a reduction in the number of adults presenting with mental health problems:

> I was seeing these people and thinking, if you'd had help at eight you might not be here now […] I became increasingly frustrated and very passionate about the idea of early intervention (8:247-252)

Mary's frustration suggests that she felt discontented working with adults whom she felt could have been helped at an earlier age, before their difficulties had become so severe. This frustration led to a passion for working with children and the extract below illustrates how through taking a lifespan approach to facilitating wellbeing Mary has been able to use her theoretical knowledge of working with adults in her work with children:

> I think you need to know, perhaps even some of the adult theories to integrate into the child (17:603-606)

The integration of adult theories into work with children is important for Mary and it can be suggested that this knowledge enhances her work with children. For Beth, the consideration of the stages of child development is "invaluable" (23:863) and encourages her to think beyond what the child is currently presenting. The value of the developmental stages model is realised for Beth in the utility of having a basis for the identification of normal patterns of childhood development. The extract below illustrates how central this is to her work in her description of herself as a "developmental psychologist". It is understood that for Beth, fundamental to working with childhood mental health is the creation of a framework with a developmental structure based on theories of child development:

> I think I've always been a developmental psychologist and I think that's always informed my work. And I think there is a kind of methodology that I learnt from my early training um which is very much about thinking OK uh what's the norm for this age? How has this child veered away from it? And even if they're

> functioning OK socially is there a side that's not, you know at the, at the sort of age appropriate level (6:165-174)

Joanne also recognises the importance of the stages of development and through the adoption of a lifespan approach she considers the developmental processes experienced by young children through to older adults:

> I think work with people just is very different for each erm wherever they are in their development or in their life […] would be very different to work with a three year old compared to a 14 year old and a 70 year old (20:738-745)

Through the adoption of a lifespan model Joanne adapts her therapeutic approach to the developmental stage of the client. In the extract below it is intimated that non-verbal communication is an important part of the therapeutic endeavour. Joanne's suggestion of the need for many different words for the word listen suggests that relating to and being with a client differs according to their stage of development:

> I think listening is different at different stages. […] I think we should have many different words for the word listening (laughs) because it's so different that when you listen to a child you listen with your eyes as much as your ears (20:748-754)

It is understood that working with children involves observing and interpreting non-verbal communication, as well as listening. For some participants this is facilitated through a play therapy approach. While Mary describes using play therapy with younger children, below Beth describes integrating her developmental approach with the use of appropriate play therapy techniques and resources relevant to the child's developmental stage:

> a kid who may be functioning at a younger age um, that may, may love to play with some younger, younger children's toys […] Or a kid with boundary issues for example we might use more tactile things (6:182-188)

It is assumed that for Beth this approach to play therapy allows both younger and older children to communicate in a way that is meaningful to their stage of development. Beth appears to express a strong passion for and dedication to a developmental model for working with children. This is further demonstrated through her expression of the importance of the inclusion of theories of child development on training courses:

> I feel it's really important to, to do you know, er direct work on this is what happens you know the- the developmental stages (27:815-818)

5.3.3 Subtheme 3: The impact of child work on adult work. The previous subtheme illustrated that for some participants working within the lifespan approach was pivotal to their work. For the five participants who contributed to the present subtheme there is a sense of the enrichment of adult work through working with children. For Mary, the value gained through working with children is evident in her work with her adult clients, who are parents of children:

> I think even for people working with adults, they're still going to be working with people that have children (7:237-239)

The importance of working with children for adult work is more significant for Meredith who describes a shared opinion amongst colleagues of the added value and influence that working with children brings to work with adults:

> hundred per cent I think it enriches your work with adults and I know a lot of my colleagues who also work with children feel the same (14:447-450)

Meredith is certain of the value of her work with children for her adult work. This is evident below through her expression of working with children as "vital" to her work with adults, implying that work with children not only enriches work with adults but that it is critical to the work:

> having that element with, with children I think it's incredibly important. I think it really helps us to understand our adults. It feels vital to me (23:758-761)

Like Meredith, Joanne describes something of the understanding of her adults that she gains from her work with children. Her work with children appears to have changed the way she understands her adult clients and their difficulties as she considers both what they say and the way they behave in a way that perhaps she had not considered before her experience of working with children:

> having worked with children for a while I understand adults differently, I can see the child in the adult in a different way and I kind of think had this person been a child right now they would have been you know and then I, then I can translate the way that they are being in the room into behaviour (21:777-783)

In the extract below Beth shares this awareness of an enriched understanding of adult clients through her work with children. Her narrative is interpreted as suggesting that her experience of working with children facilitates an exploration of the developmental adversity that the adult may have experienced as a child and supports her to encourage the adult to process this experience in the here and now:

> with adults it's, it's really helped me to think at times, how do I go back and address this in a way that you know again they may not have had the language to at the time and as an adult they're gonna put a different take on it. So absolutely I think it's, it's really er, it's been a lovely way of, of weaving the two together (22:669-676)

Meredith has used her understanding and knowledge of working with children to support her work with adults who have experienced childhood trauma. She considers how childhood maltreatment may have affected her clients in their adult life. Like Beth she describes helping her clients connect to their inner child and processing adverse childhood experiences as an adult looking back:

> working with adults you really can see the child and there is something really, has been really facilitative to the work because you're really able to help people connect back with that if that's, if that's helpful part of the work, you're really able to touch on that and access that part of them in a way that perhaps you wouldn't have been able to before (15:462-470)

Crystal's work with children appears to adopt an interpretative therapeutic stance whereby drawing on the use of internal processes such as defences and internal working models has contributed to a deeper level of understanding to her adult work:

> the way kids communicate is through much, much more unconscious communications and projections and erm, I think just having that more kind of erm blunt or clear experience of that with a child can help you to understand a bit more what may be going on in the room with an adult, help you to kind of pick apart a bit and think about the unconscious communication underneath. […] There's the more childlike side and the more rational side and kind of being more aware of the child and what may go on in the internal mind of the child can be helpful in trying to think about what's going on for your client as an adult (21:653-679)

Participant narratives have illustrated the immense value found in working with children for their work with adults. For Meredith, the benefits of working with children on her work with adults was unexpected and in the extract that follows she expresses disappointment that all trainees are not able to gain experience of working with children:

> I think as a, as a training it would be a shame not to have a mandatory element around children's work because, I can say that with hindsight because I've seen how valuable it's been for me. And there are people that I've supported on placement who have said they've gained so much. It's not for them, **but** they've learnt so much that they will take into their adult work. […] And there's also something very valuable about the direct contact with a child and then working with, with an adult. So you're seeing almost a version of that child as an adult (21:693-707)

The final extract gives a sense of the impact that working with each client group has on the other and captures Joanne's opinion that one should not exist without the other:

> I think the two belong together (…) working with an adult you need to work with the child that they once were and working with a child you need to work with the adult they can become or they are becoming (7:232-236)

5.4 Superordinate Theme 4: Opening the Doors to Counselling Psychologists Working with Children

Working with children was considered by participants to be a new and emerging area of the profession of counselling psychology. This superordinate theme explores participants' experiences of constructing an identity through their professional development and raising awareness of the work of counselling psychologists with children. The first subtheme 'Participants' pride in the profession and finding a niche in working with children' explores narratives about identifying with the profession and feeling proud to offer a unique contribution as a counselling psychologist working with children. It captures a sense of the value that participants feel they are able to bring to the work. Participants describe working with children as a niche area and for some working with this client group was seen as a vocation.

The second subtheme ‘the struggle to hold onto a sense of self and identity’ explores the process of developing an identity as a counselling psychologist. Some participants appeared to struggle with how to define themselves while for others not having a title of ‘child psychologist’ presented some difficulty in developing an identity. Furthermore, in contrast to the subtheme ‘the philosophy of counselling psychology in practice’ which considers the unique role of counselling psychology in working with children some participants appeared to question whether the title of counselling psychologist fits with working with children. Also explored is the idea that how other people and professionals perceived participants posed somewhat of a threat to their identity.

The third subtheme is called ‘seeking acceptance and validation within the profession of mental health’. This subtheme explores the meaning given by participants to their experiences of working within a new and emerging area. Some participants appeared to feel deskilled and devalued in comparison to other professionals working with children. Participants appeared to experience other professions as regarding counselling psychologists as less competent and described a need to fight to make others aware of how they can contribute through raising awareness of the work of counselling psychologists with children.

The final subtheme ‘progression and development: changing the image of counselling psychology’ considers participants’ meaning making of how the profile of counselling psychologists working with children can be raised and how the work can be supported and encouraged. It explores participants’ suggestions for changes to policy and training in order to support work and research with children, including the role of the BPS and the recognition of continuing professional development (CPD).

Participants' sense of the potential impact of adapting training to incorporate working with children is also explored.

5.4.1 Subtheme 1: Participants' pride in the profession and finding a niche in working with children. It seemed that for some participants working with children as a counselling psychologist gave a sense of providing something of worth to a specialist area of the profession. The extract below reveals Joanne's enthusiasm for her work through her expression of excitement at working within this field. It can be suggested that for Joanne working with children provides a feeling of belonging to the profession and allows her to make a specific impact within the field of counselling psychology:

> I kind of feel like I'm part of something a little bit new within counselling psychology, which is very exciting (5:163-166)

Meredith appears to share the same excitement as Joanne with regards to working in a "new and emerging area". She sees her work as "unique" and it could be inferred that for Meredith, counselling psychology brings distinctive expertise and skills in comparison to other professions. It is understood that Meredith is describing counselling psychology as providing a model of "best practise". In the extract below she appears to express a sense of pride both in the profession and in herself:

> So there was something quite exciting about being in a new and emerging area. And the service that I set up is still running. […] So a lot of professionals that were working with children didn't always have the expertise of working with children in this quite unique set of circumstances. And weren't always aware about what the needs might be and how certain types of you know thinking around therapy might not always be helpful, may not in my view be the best practise (8:251-263)

The depth of Meredith's pride is seen in the following extract. She suggests that counselling psychologists not working with children are "missing out" and it is understood that she experiences working with children as both valuable for the clients and for herself:

> I just feel it's such an exciting area and I think there's an element of people don't know what they're missing out on in terms of personal development. […] And being able to make a difference at a particular time in the lifespan (32:1056-1062)

The value in the training and work of counselling psychologists with children is also emphasised by Mary who in the following extract appears to differentiate herself from other therapeutic disciplines based on her knowledge of psychopathology. It could be assumed that Mary is expressing pride in the profession by suggesting that an awareness of psychological theory enables her to work in the "best interests of the child":

> I think what perhaps I do as a psychologist more so than perhaps someone who is a therapist is, is being very aware of the whole model of trauma arousal. […] I think as a psychologist you know having that model in mind as to actually what's going on rather than just purely going with the process sometimes you have to stop and think actually is this in the best interest of the child. (17:581-594)

While Mary's clinical practice is informed by psychological theory, Beth appears to place importance on psychological research. It is interpreted that Beth values the scientist-practitioner stance taken by the profession, which she suggests is "quite unique to counselling psychology" (23:859-860). It could be inferred that Beth experiences a sense of pride in the uniqueness of the profession and that the influence of research distinguishes counselling psychology from psychotherapy:

> I think as a counselling psychologist what I value the most is that there is always the research and you're always thinking OK this is how I've been working but you know there's new updates or there's new ways of working. […] I think as a psychotherapist you're not so informed by the research it's much more case material but it does mean that you can then become a bit static. (28:842-853)

Pride in the profession is also expressed through a sense of confidence in the philosophy of counselling psychology. Mary appears proud of the emphasis of the profession on individuality and flexibility through a focus on "what [the client] might need and how they present" (18:639-640). This is supported by Meredith who suggests that it is "a great strength" that counselling psychology focuses on the individual experiences of the client:

> counselling psychology had a place for working with the ambiguity and working with the unknown because we're working with the person and there's a very holistic element. And I think that is a great strength (8:272-277)

Not all participants considered counselling psychology as bringing something unique to working with children. Indeed, for Crystal, counselling psychology was not a profession that she connected with working with children. In the following extract she appears to suggest that working with children is a specialism she connects more with psychotherapy:

> counselling psychology in itself no because all of the experiences I had working with children I was always supervised by psychotherapists. […] it's not something that I connect to counselling psychology (23:715-720)

For Joanne, working with children appears to provide a sense of belonging to the profession, enabling her to develop an identity. It can be suggested that as well as experiencing the profession as unique Joanne sees herself as unique through working in

this specialised area. It is understood that specialising in a niche area provides a strong sense of identity:

> that's my thing. My colleagues, my classmates […] They would think that oh XXX has found her niche you know and that's nice to have found your niche […] I think counselling psychology is very everything and anything a little bit. It touches on different approaches. It works with different, in different contexts with people across the lifespan and so sometimes I think for newly qualified counselling psychologists it's a bit of finding their way as to what they really wanna do whereas for me it was already there. So it feels like I have an identity, kind of a strong identity (6:186-201)

Sally-Anne also shares this sense of belonging and pride and says of working with children as a counselling psychologist that she "absolutely loved it really, just felt like I'd found my niche" (2:30-31). Likewise, Meredith describes a strong identification with the profession and appears proud to call herself a counselling psychologist:

> Researcher: And you, you used the term child psychologist as you were talking just then is that how you see yourself, how you would describe yourself?
> Participant: Not quite, no I think people describe **me** that way but I, I wouldn't necessarily see myself that way, I do see myself as a counselling psychologist. And I feel that I'm offering something different perhaps (4:89-96)

Although there is a sense of pride about belonging to the profession of counselling psychology and working within a specialised area not all participants commenced training in counselling psychology with the intention of working with children. Indeed, Joanne suggests that if she had intended to work with children she might not have trained as a counselling psychologist. This suggests that although for some participants counselling psychology is considered to bring something unique to the work the profession is not widely connected with working with children:

> I hadn't planned it. I think if I had known that I was that interested in working with children I might have chosen a different route than counselling psychology (1:24-27)

Mary also explains that she did not begin her training in counselling psychology with the intention of working with children and it can be suggested that like Joanne working with children was something that she became interested in through her training:

> I wouldn't say I set out to say at the end of the course I want to be working with children it's just how it mapped out (6:191-194)

Crystal's earlier narrative suggested that working with children is not something that she connects with counselling psychology and it could be assumed that both Joanne and Mary shared this opinion at the start of their training. The concept of working with children falling outside of the boundary of the role of a counselling psychologist is also present in Meredith's experience of obtaining work post-qualification and she describes having to sell "what we could offer as counselling psychologists" (16:524-525). While this supports an idea that counselling psychologists are not associated with working with children it is also considered to illustrate a feeling of pride in the profession as she promotes the work of counselling psychologists. In the extract below Meredith appears to express pride in her qualification and what it stands for and confidence in promoting her identity as a counselling psychologist:

> when I actually got my job it was advertised as a clinical or educational psychologist. […] I almost had to educate them to let them know that you know I'm a counselling psychologist (laughs). This is what we do, these are the similarities and perhaps the differences. And so erm I think from day one I had to sort of create something new. (5:139-149)

Meredith describes creating something new and it could be inferred that she had to find meaning as a counselling psychologist working with children. Her confidence in her identity and the role of counselling psychologists in working with children is understood to be evident in her investment in creating a specific role for counselling psychologists in this field. For Joanne, it is understood that she found meaning in her role as a counselling psychologist working with children through her involvement in a BPS networking group with an interest in this area of the profession. It can be assumed that the group provided a feeling of inclusion and a sense of doing something worthwhile. Joanne's narrative also suggests that she believes there is a need for the recognition, promotion and development of the work of counselling psychologists in this area of the profession:

> I er joined a networking group in the BPS and it, suddenly have a whole new world of er possibilities in terms of both training and er having an impact on counselling psychology training courses, er being part of committees and reviewing policies (5:156-162)

5.4.2 Subtheme 2: The struggle to hold onto a sense of self and identity.

Through considering the role of counselling psychology in working with children, and participants' personal connection to the profession, participants explored how they saw themselves as professionals working within this field. Crystal suggests that "it is really hard for counselling psychologists to find a role working with children" (23:731-733) and, in contrast to the previous subtheme, this subtheme explores the difficulties faced by some participants in developing an identity. This appears particularly significant for Crystal and it could be assumed through the extract below that she chose the training in counselling psychology because it was her only option in the absence of specialised training as a child psychologist:

> when I was thinking about becoming a psychologist I initially wanted to be a child psychologist but then you can't actually train as a child psychologist. So then fell into erm, so then did the adult psychology training (1:12-16)

Crystal uses the words "fell into" before reframing her sentence and it could be inferred that there is a sense of regret in training as a counselling psychologist. Her use of the phrase "adult psychology" is also considered to support her opinion that counselling psychology is not a profession she connects to working with children. Later in her narrative Crystal appears to question her identity as a psychologist. Furthermore, she also appears to question whether her training in counselling psychology was indeed the right training for her:

> but I think it has been something that I've struggled with in the last year in particular in terms of, am I, you know, what is my clinical, I don't what the word is, what like, erm like, who am I as a as a clinician? Erm because I don't feel like a psychologist, a counselling psychologist, yet I'm not, I'm not th-, I'm not yet there at being a psychotherapist even though I see that as where I would want to be (23:741-750)

Crystal asks the question "who am I?" (23:745) and as she describes her struggle with her identity she also appears to struggle to express herself. It is understood that there is a great deal of confusion for Crystal in developing an identity and knowing who she is as a professional and indeed she suggests that she does not see herself as a counselling psychologist. This identity struggle also appears evident in the narratives of other participants. Sally-Anne suggests that "it can be hard sometimes to hold onto that sense of self" (20:593-594) while Joanne maintains that you "constantly have to question yourself and, and the work that you do" (23:826-827). Part of Sally-Anne's difficulty is understood to be with her identity within the workplace. Working in an organisation where she is the only counselling psychologist it appears that Sally-Anne

experiences a sense of disconnect from the rest of her team, which, it could be inferred, leaves her feeling unsure of herself:

> I'm the only counselling psychologist in our service, […] it is quite isolating. […] I think it can be difficult with er, when you're thinking about your identity. […] I don't really have any friends that I see regularly that are counselling psychologists. (6: 172-187)

Similarly Beth expresses that through her experience of being the only trainee on her course completing placements with children she was left with "a string of experiences that you can't really process" (21:631-632). Although Sally-Anne appears to experience some difficulty in holding onto her identity she expresses a sense of belonging to the profession. It appears that for the development of her identity it is important for her to connect with other counselling psychologists, something she facilitates through attending the DCoP conference. In the extracts below Sally-Anne expresses her identity with and passion for the profession:

> things like the conference are brilliant cos you come together and you feel like you're understood […] just coming from the same sort of perspective as everybody else, which is nice (7:189-194)

> I love being with counselling psychologists (laughs). I love erm like I love the conver- cos I just feel like I'm with people that understand where I'm coming from and come from the same place (18:539-543)

The struggle to hold onto to a sense of self and to develop an identity appears to be unique to each participant. Mary makes sense of her identity through her work rather than her title. Although she begins by saying that she is not "bound to the identity of being a counselling psychologist" she appears to make sense of this through an

understanding of her personal philosophy of counselling psychology, which emphasises "what's underneath" rather than labels:

> I wouldn't say I'm someone that's particularly tightly bound to the identity of being a 'counselling psychologist' ((*gestured quote marks using two fingers on each hand*)). Erm, I don't think I'm desperately bound to the label. […] Although I trained as a counselling psychologist I'm, I wouldn't say I'm particularly attached to the title. […] it's about my work with the clients. […] I personally don't like being put in boxes […]. And I don't like to do that to my clients. […] I think labels can inform things […] one could say that counselling psychology is a label too. Erm, but it's actually about what's underneath (22:788-810)

For Beth too identity is more than a label. Through her unique training pathway Beth qualified as child psychotherapist then as a counselling psychologist and is understood to hold a dual identity:

> Researcher: So do you identify as a counselling psychologist who is working with children or as a child psychotherapist?
> Participant: Yeah, I mean that that's a good question again, probably both (13:402-406)

Beth's comment "that's a good question" suggests that she believes there is value in thinking about identity. She identifies as a counselling psychologist and in the extract below appears to suggest that some of the confusion with the identity of counselling psychology comes from perceptions of those outside of the profession:

> I think there is a generic issue about people not knowing about counselling psychology (12:344-346)

It can be suggested that Beth's identity as a counselling psychologist provokes confusion outside of the profession and that maintaining a dual identity provides a more

coherent sense of who she is. Indeed, both Beth and Crystal appear to suggest that identity confusion goes beyond individual identity and is as a result of difficulty in defining the profession as a whole:

> I think that's been a struggle to say what counselling psychology is say versus clinical (Beth, 14:420-422)

> in some ways I'm not really sure what a psychologist is […] I think psychology is quite undefined in some ways and I think that's a bit of a problem for it (Crystal, 19:572-588)

Crystal expresses that when considering her career she had an interest in children and an interest in psychology. She asserts that she finds it "quite bizarre that there isn't a child psychology course" (6:490-491). Crystal understands this confusion as not only relevant to her but also relevant to people looking for the right professional support. As well as a lack of identity with the profession it could be assumed that for Crystal there is also a sense of disappointment:

> it's hard for people to know who they should go to, to ask for this kind of help. But then if there was a title of child psychologist then people would know where to go (25:795-799)

5.4.3 Subtheme 3: Seeking acceptance and validation within the profession of mental health. Difficulty developing an identity and holding onto a sense of self was for some participants connected to feeling deskilled and devalued as a counselling psychologist working within the field of child mental health. It could be assumed that Crystal may have experienced a sense of feeling devalued during her training as she considered that others may have perceived working with children as an "easy option" (17:521). During Mary's training she experienced interest in the work she was doing with children and her placement "wasn't seen as being any different from any other

placement" (10:345-346). However, in contrast, Joanne's narrative below is understood to describe division among staff with regards to whether working with children was within the role of a counselling psychologist. Indeed, she expresses that some members of staff felt that a placement with children should not be allowed:

> there were disagreements amongst them about how much we should be focussing on working with children. So some of them felt this was a completely different area, field of work and we shouldn't really er, we shouldn't really allow people to go on a placement when we haven't got the training and the workshops and all that in place. Whereas others felt that this was a great opportunity (14:471-480)

Working within the profession of child mental health Meredith suggests that "the difficulties can be about telling people that counselling psychology exists" (8:226-228) and it can be suggested that for Meredith the idea of acceptance and validation is in relation to the profession as a whole. This view is shared by Beth who describes the challenge of "people understanding our profession" (12:368) suggesting emphasis on the idea of how counselling psychologists are perceived by others. Working within a primary care setting Sally-Anne appeared to experience her supervisor, who was not a counselling psychologist, as unaccepting and it could be implied that she felt devalued as a counselling psychologist within her setting:

> he still sees things a lot differently to me and doesn't understand why I work as I do sometimes and I think sometimes that can make, make, if things are going a bit wrong it can be difficult. […] It, it can be hard to, to hold onto the idea that you're doing a good job (20:605-611)

Sally-Anne expressed that her supervisor does not understand the way she works and as the only counselling psychologist within her service it could be inferred that this led her to question her sense of self-efficacy. In the absence of a shared philosophy of

practice Sally-Anne described looking for "validation that [she was] working in an OK way" (6:183) and it could be assumed that within her organisation she experiences feelings of not being good enough. It can be suggested that as well as feeling devalued Sally-Anne also feels unappreciated. In the extract below it could be assumed that she feels anger as she describes being paid the same salary as professionals she considers to be less qualified:

> when you think about how much training we have to go through and the- there's you know, I'm not putting these other professions down but erm I don't really know how much psychotherapeutic training you know maybe a nurse has (….) then, then, then they can be on the same banding doing the same job (19:569-576)

Sally-Anne hesitates as she speaks and there is a sense of discomfort in what she is saying. As she speaks about not wanting to put other professionals down it could be implied that she feels put down as her qualification appears to be unrecognised. For Meredith, it is suggested that validation comes more readily from professionals outside the field of psychology and it is understood that she believes that the value of the work of counselling psychologists with children is unrecognised:

> perhaps not so much by professionals I don't think. I think pe-, I, I, professionals within psychology I don't mean professionals outside of that because I've worked successfully with social workers, with teachers (6:173-178)

It is suggested that some participants thought that their competencies were questioned in comparison to other professionals. Indeed Beth describes her sense of the perception of counselling psychologists as "less trained" in comparison to clinical psychologists which could imply a concern that others might think that she is not good enough. This view appears to be shared by Sally-Anne who suggests organisational

favouritism towards clinical psychologists. However, while Sally-Anne considers things to have changed, Beth suggests that this view is still held:

> not seeing it lower than, or less than or less **trained** as, which you know is still there (Beth, 14:424-426)

> I think there is a bit of, or there was a bit of, um, favouritism for the clinical psychologists seeing that as better at the time (Sally-Anne, 3:67-69)

For Meredith, the lack of recognition of the work of counselling psychologists with children is evident within the profession at policy level. She expresses a strong view suggesting that as a counselling psychologist working with children she is penalised and not given equal access to CPD. Her use of the word "marginalised" suggests a sense of being excluded:

> maybe marginalising them in other areas. Erm perhaps not like so actively but I think it's definitely, there's something subtle there. […] there should be opportunities for us to be able to go off and do some supplementary courses and things. You know whether that's an add-on for child work er to give that greater recognition if necessary (28:922-930)

For some participants importance is placed on raising awareness of the work of counselling psychologists with children. Mary believes that counselling psychologists working with children has become much more of a "hot topic" (10:338) and significance is placed on making others more aware, suggesting a need "to kind of open people's eyes a little bit more" (14:503-504). Joanne appears to be enthusiastic about raising awareness and working towards "a growing identity in counselling psychology around working with children" (24:887-889). In the extract that follows, her narrative suggests a desire for the work of counselling psychologists in this area to be actively pushed forward and promoted, much like a political campaign:

> it's almost like raising awareness and driving the agenda working with children and families within the division, BPS division. It's kind of political actually (5:179-182)

5.4.4 Subtheme 4: Progression and development: changing the image of counselling psychology. The concept of the progression and development of the profession of counselling psychology with regards to work with children featured in the narratives of five participants, giving some idea of the passion, drive and enthusiasm participants have for working within this area of the profession. In the following extract Meredith appears to acknowledge that although she chose to complete a training course that was not associated with working with children she is committed to changing this image and proving that working with children does fall within the role of a counselling psychologist:

> you know on some level it is an adult course that's what you're signing up to do. But erm, the thought that it couldn't fit anywhere else, there was a, a real kind of sense of that's all it is it's an adult course and that's it you know you couldn't touch, go near children […] in terms of therapy, erm er in terms of your competence. So I don't think it's associated with children work. Erm and I think it's certain people erm that do work, certain counselling psychologists that do work with children they're the ones that are out there changing that image (26:858-870)

Meredith describes counselling psychology as "an adult course" and suggests a perception that counselling psychologists do not work with children. Beth too appears to acknowledge the profession as being geared towards work with adults, however she suggests that focussed training on working with children will be "beneficial to everyone" (26:804). It is understood that Meredith disagrees with the idea that

counselling psychologists cannot "go near children" (26:863) and her narrative below gives a sense of rebellion against a perceived perception:

> I'm very much, I suppose the group of people that want to you know er pursue the role of counselling psychology w- work with children and I think it's a ver- has a very valuable place (6:160-165)

Although it can be interpreted that Meredith suggests an existing idea that counselling psychologists are not allowed to work with children Joanne suggests that "there is a lot of interest for work with children" (13:438-439) at the trainee level. For some participants there appeared to be the opinion that changing the image of counselling psychology could begin with making trainees aware of the potential of the profession. Mary and Joanne both suggest that trainees could be encouraged through the provision of a taster early on in their training:

> a taster at the beginning of their training, and makes them a little bit more aware of the potential of what you can do (Mary, 15:512-513)

> I think that's where the power of those workshops can do for people who are already, who are wondering whether this is something they want to learn more about they can give a taster and they can encourage people to learn more (Joanne, 10:340-345)

The encouragement of trainees seemed to be at the forefront of Joanne's narrative about progression and development. In the extract below it is interpreted that Joanne perceives working with children to be excluded from training. Although she suggests the inclusion of workshops focussing on working with children, what appears to stand out from her narrative is the idea of a "shift in thinking" such that through taking a lifespan approach to wellbeing, teaching in counselling psychology could include a focus on the individual from birth to older adult. Pertinent here is the idea that

although the philosophy of counselling psychology suggests a lifespan approach there is the perception that working with children is discouraged at the trainee level:

> And, first step is for universities for, for courses to be encouraging of that because they tend to be discouraging […] it's just about keeping it in mind you know the whole lifespan and the whole person in mind from the beginning of life onwards er and that's a shift in thinking rather than er something that can just be added on at the end of the curriculum. I think it's a just a shift in thinking about a person as a whole person. Erm and in addition to that, erm, offering more workshops specifically to working, work with children (17:554-574)

The idea of workshops specifically dedicated to working with children is shared by Mary who suggests "looking at some of the forms of psychopathology that you might see in children" (15:535-536). For Meredith however an additional emphasis is on concepts such as child protection, which she describes as "missing" and it can be intimated that the absence of specific training around safeguarding was seen as a gap in her training:

> around child protection and things. Because these are the practicalities that have often been missing from courses (24:777-779)

There was a sense among participants that work with children should be encouraged and supported. Indeed, most participants suggested ways in which training can be developed to support this work. However, there was also the idea that the current training programme does not have the capacity to "study it in enough depth" (Crystal, 14:430). It could be assumed that Joanne believes that some may perceive including additional teaching into the training will be like watering down the profession:

> I think some people find that counselling psychology should be more focussed on adult work, that if we get too broad, which we are already very broad. If we

> kind of get even more broad that it kind of loses some of its depth and some of its specialism (6:218-223)

Crystal suggests that the training is already "rammed full of things that you touch on" (13:410-411) and Meredith also questions how much scope there is to include a focus on children into the three-year training:

> I think we have to be realistic about how much you can squeeze into (laughs) three years. […] there's child psychotherapy trainings that are four years plus, just focussing on children's work (23:744-749)

Crystal and Joanne appear to consider that work with children could be supported through the development of a new training course with a specific focus on children, implying the suggestion of a new, specific psychological profession specialising in working with children:

> having a child psychology course. Erm which may be bought in, you know did sort of infant observation (Crystal, 24:760-762)

> I think there is er the market for a university specialising in working with children (Joanne, 12:433-434)

The suggestions above can be considered as representative of an overall suggestion of the need for change at policy level. Meredith suggests the need for "wider change" (27:888) that is filtered down through dedicated journals and tailored CPD. Similarly, Joanne suggests that the BPS has a role to play in supporting universities to deliver training. With regards to BPS policy changes, Beth views the recent lift to the cap on qualifying trainee placement hours with children favourably and suggests that this will produce better clinicians:

> I think it's great I think, that it's been lifted now […] if you're really serious and you want to work with kids of course you need to have some sense of the adults because your gonna work with the parents. Erm, but it is important to get as many hours in just to have er I suppose the range of experience. Because if you're working with an adolescent it's very different to with a five year old. […] Um so I think, I think lifting the hours will, will actually mean that we have better, better observations […] and better clinicians. (23:689-702)

It is understood that the changes to the number of hours are seen as a step forward for the profession. Joanne suggests that the profession could be further enhanced through research. As well as emphasising the importance of research with children and the research skills of the counselling psychologist, Joanne appears to be suggesting that through research the role of the profession of counselling psychology with children will be further promoted:

> I think erm it's great if counselling psychologists do more research with children because there is very little of it out there and I think they are not only great researchers […] they are in a good place to, they are well equipped, skilled, trained to, to collect data in that way and to analyse it in a conscientious kind of way (14:512-521)

5.5 Summary of the Analysis

Analysis of participant narratives provides an exploration of the process of finding meaning as a counselling psychologist working with children. Although there was emphasis on the unique contribution of counselling psychology to the field of child mental health, participants raised the question of the existence of a role for counselling psychologists within this field and whether their work was seen as being outside the boundaries of their qualification and the challenges presented by this. This raised questions of preparedness to work with children post-qualification as well as issues relating to identity as participants explored what this meant for them as professionals.

The search to find meaning and the process of developing an identity spanned the period from trainee to experienced practitioner with some participants actively seeking to find a place within the profession and to obtain recognition for the work of counselling psychologists in this area. Analysis also explored the process of professional development and training with particular importance placed on clinical placements, supervision and the support of multi-disciplinary systems.

Chapter 6.

Discussion

This study aimed to explore the lived experiences of counselling psychologists working with children, giving consideration to the phenomenological underpinnings and philosophy of the profession and the application of such in clinical practice with children. It aimed to explore the perceived professional positioning of counselling psychologists working with children in relation to training and skills development. Through the adoption of an IPA approach, analysis yielded insights into these experiences from the perspective of six counselling psychologists engaged in individual clinical practice with children. In accordance with the nature of IPA research these views are representative of this group of counselling psychologists and cannot be generalised to reflect the views of counselling psychologists working with children as a whole. Furthermore, acknowledging the existence of a double hermeneutic in IPA research recognition is given to the role of the researcher in making sense of participants' lived experience.

The results of the study generated four themes exploring how participants make sense of their experiences. This chapter will firstly describe the meaning made by the researcher of participants' felt sense of whether working with children falls within the boundary of the role of counselling psychology. It will then consider participants' experiences of training, preparedness for working with children and initial challenges and difficulties. Next participants' views on the unique contribution of counselling psychology to work with children will be discussed followed by a focus on the clinical work in practice. Discussion will then focus on the experience and process of developing a professional identity and the development of professional practice before

finally exploring participant's perceived professional positioning, hopes for the future of this area of the profession and concluding reflections.

6.1 Does Working with Children Fall Within the Boundary of the Role of Counselling Psychology?

Through her exploration of her personal experience of the contribution offered by counselling psychology to work with children Sinitsky (2010) suggested that the advice afforded to her as a trainee that counselling psychologists do not work with children is "ungrounded" (p.55). Although Sinitsky may argue against this advice, she presents the idea of the existence of a discourse around the lack of a role of counselling psychology in working with children. In agreement, results from the present study indicate that participants did not generally feel counselling psychology was widely associated with working with children. The participants may not have been offered the same advice as Sinitsky but for the majority, the decision to complete training in counselling psychology was not guided by the intention to work with children upon completion. Indeed, for three participants this decision came later in their training and as a result of positive placement opportunities with children.

The question is raised as to how the discourse described by Sinitsky (2010) presents itself with reference to the present study. Meredith and Crystal refer to the training as an 'adult course' or 'adult psychology' respectively, presenting a view which is in accordance with the opinion that working with children is not associated with counselling psychology. Furthermore, Joanne explained that had she known her interest would be in working with children, she might have chosen a different route. These experiences and opinions are indicative of participant perception of counselling psychology as not being associated with working with children. It is interesting to note that although Crystal stresses that she does not connect the profession with child work,

prior to starting the training her ambition was to be a 'child psychologist'. This is suggestive of a degree of ambiguity regarding the boundaries of the role of a counselling psychologist in regards to 'child psychology'. The scarcity of trainee workshops on children, described by Joanne as 'a drop in the ocean', suggested to her that counselling psychology is not a profession that emphasises working with children. Indeed, she describes division amongst the staff at her training institution with regards to whether trainees should be 'allowed' to undertake placements with children due to the focus of teaching on adult work.

Meredith's experiences suggested that within the wider field of child mental health, various opinions exist as to what counselling psychologists can bring to work with children. Although Meredith believes that counselling psychology presents a model of 'best practice' for working with children she describes having to 'sell' herself and what she could bring to a role advertised for an educational or clinical psychologist. Furthermore, Beth offers the suggestion that other mental health professionals may consider counselling psychologists to be less trained than clinical psychologists in respect to working with children, a view echoed by Sally-Anne.

Perhaps one of the areas this discourse exists is in the way the doctoral training is structured and in particular the limit to the number of placement hours with children that could be counted, prior to the changes made by the BPS in October 2014. It could be argued that this cap on qualifying placement hours as well as limited emphasis on teaching around work with children not only contributed to the existence of a discourse concerning the role of counselling psychologists in this field but also impacted on participants' clinical readiness to work with children, as discussed in the following section.

6.2 Training in Counselling Psychology

6.2.1 Preparedness to work with children. Some participants highlighted the broad nature of training in counselling psychology and suggested that training only touches lightly on some areas, one of these being working with children and childhood psychopathology. This raises the question of how prepared participants felt to work with children post-qualification. It can be argued that working with children is a specialist area of the profession. All six participants completed a trainee placement with this client group. However, with a cap on qualifying placement hours with children it could be suggested that participants attained limited clinical experience with children during training. Limited clinical experience coupled with the declaration of three participants that they learned more through their placements than through teaching, lectures and workshops supports the suggestion by Beth that trainees do not feel prepared for the work upon qualification. Indeed, Joanne reported that her training held her back from securing a job within the NHS.

Kegerreis (2006) asserts that working with children demands specialist training. This is supported by Joanne and Crystal who both suggest that the work of counselling psychologists with children could be encouraged and facilitated through a specially designed training programme. In the absence of in depth, specialised input on working with children some participants undertook independent learning during training and post-qualification. Meredith considers CPD to be invaluable to her practice, particularly around child protection but suggests that more could be done to support counselling psychologists in this way. Cross et al. (2004) acknowledge the broad scope of training in counselling psychology and suggest that along with supervision, appropriate CPD enables counselling psychologists to work with different client groups. This affords the suggestion that it is necessary for counselling psychologists working with children to

complete additional training post-qualification in order to gain the knowledge and skills to work with children.

It is acknowledged that post-qualification CPD is a requirement of many professions. However, the training experiences of the participants in the present study suggest the existence of wider, systemic obstacles to counselling psychologists wishing to work with children. Obstacles such as limited specialist teaching and receiving less credit from placements with children than with adults may be suggestive that the discourse around the lack of a role of counselling psychology in working with children is based on the historic identity of the profession as one that is primarily geared towards working with adults.

6.2.2 Placements and supervision. The HCPC Standards of Proficiency for Practitioner Psychologists (2013) outlines the core competencies for counselling psychologists. While one of the standards for clinical psychologists relates to understanding psychological models for children this competency is not present in the standards of proficiency for counselling psychologists. With training not geared towards developing proficiency with children, participants placed a high level of importance on trainee placements. Although some participants questioned how prepared they felt to work with children post-qualification many described the invaluable learning experiences gained from completing placements with children. For some, this experience was considered invaluable for both work with children and adults and led to the suggestion that a placement with children would be an important aspect of learning for all trainees. Through her placement Sally-Anne, who had not previously considered working with children, was motivated to work with children post-qualification. Positive placement experiences gave participants a sense of self-efficacy and for Crystal provided a model of practice that could be taken forward into her career.

In addition, supervision was given a place of high regard through which participants were able to progress in their learning and development. Of particular value for Meredith was being supervised by a counselling psychologist working within this area of the profession, a supervisor who it could be suggested recognised working with children as falling within the boundaries of the role of a counselling psychologist.

6.3 Challenges and Difficulties

Although Crystal experienced her placements with children as easier than her adult placements the majority of participants experienced work with children as more complex. Emphasised as one of the most challenging aspects of the work was child protection. For some participants, central to managing risk was working with parents. It was recognised that working with children involves working with family systems and managing complex family dynamics. Stormshak and Dishion (2002) assert the central importance of working with a family system and while the participants in the present study appeared to agree with this viewpoint, for some this presented an additional challenge to the work.

For some participants the biggest challenge came with their first appointments post-qualification, which presented steep learning curves leaving them feeling deskilled and out of their comfort zone. Although it could be suggested that first appointments would present challenges to all newly qualified counselling psychologists the above arguments relating to training and competencies suggest that some participants felt that they entered the profession with limited clinical experience and psychological theory on working with children.

6.4 The Unique Contribution of Counselling Psychology to Work with Children

6.4.1 The philosophy of counselling psychology. The consideration of whether working with children falls within the boundaries of the role of a counselling

psychologist raises questions about what counselling psychology brings to the field of child mental health that other professions do not. Swanepoel (2013) highlighted the philosophical grounding of the work as a differentiating factor between the practices of counselling and clinical psychology. Counselling psychology can be thought of as being underpinned by a "humanistic value system" of which one of the characteristics put forward by Strawbridge and Woolfe (2010) is a notion of "being with" clients as opposed to "doing something to clients" (p.10-11). All participants described this philosophical underpinning as being paramount to their practice. Meredith in particular emphasised this humanistic perspective and philosophical position as unique to her practice as a counselling psychologist within an organisation where the profession was not well known. Central to the therapeutic practice of all participants was a focus on the subjective experience of the client and an emphasis on the therapeutic relationship. For participants like Mary, Beth and Meredith this focus on the child's subjective experience included a focus on the family and the wider circumstances surrounding the child. However, the data suggest that the focus on the therapeutic relationship is not unique to participants with Meredith acknowledging the similar focus of psychotherapy on this relationship.

In addition to a focus on subjective experience and the therapeutic relationship and in keeping with a humanistic value system, participants described adopting an individualised approach. Meredith suggests that unlike psychotherapy, counselling psychology offers an integrative and holistic approach tailored to the individual. For Joanne this individualised approach involved an emphasis on herself as a therapist in an active role where intersubjectivity was core to the therapeutic relationship.

Although participants emphasised the philosophical grounding of counselling psychology as central to their work the data produced by the current study does not

suggest that participants saw this as a differentiating factor between their practice as counselling psychologists and that of clinical psychology, as suggested by Swanepoel (2013). For most participants their uniqueness was seen in the difference between their research-informed practice as psychologists, and the profession of psychotherapy.

6.4.2 Adopting a non-medical approach. The results of the present study suggest differing views in relation to the adoption of a non-medical approach to the facilitation of wellbeing suggesting that in practice participants did not distinctively adopt such an approach. Strawbridge and Woolfe (2010) assert that the humanistic value system that guides counselling psychology is in opposition to responding to sickness, pathology and disorder. However, while Beth's narrative suggests that counselling psychology is too associated with the medical model, Crystal argued against the opposition asserted by Strawbridge and Woolfe (2010) and suggested that diagnosis can be helpful within the practice of counselling psychology. Strawbridge and Woolfe (2010) emphasise a non-medical approach to working with mental health and wellbeing and say of counselling psychology that "rather than expecting clients to submit compliantly to treatment prescribed by professionals, it emphasizes the subjective experience of clients and the need for helpers to engage with them as collaborators" (p.10). Sally-Anne worked within an NHS setting, a setting which some may suggest has a central focus on responding to pathology. However, in keeping with a humanistic perspective she emphasised the therapeutic relationship over techniques and expressed a disagreement with labelling children. This disagreement with labelling stands in direct opposition to the argument presented by Crystal.

The data offer support to Sinitsky's (2010) observation of a shift from focusing on pathology within the field of child mental health being fulfilled by the practice of counselling psychology. Some participants described a personal philosophy of practice

that reflected a respect for the medical context and an acknowledgement of its usefulness while emphasising a non-medical approach in their practice. This was seen in Joanne's narrative as she explored how the shared language of the medical model allows her to communicate with clients and professionals and it could be argued that this represents the usefulness of diagnosis referred to by Crystal. These results are in disagreement with the argument that counselling psychology is in opposition to responding to pathology and a perceived identity of counselling psychology as adopting a non-medical approach and is perhaps more indicative of the practical reality of the philosophy of counselling psychology within different contexts.

Danchev (2010) suggests that counselling psychologists have the freedom to practice without the constraints of the medical model. This view was expressed by many of the participants with some identifying the flexibility of practice in counselling psychology as a key factor in their choice of profession. In practice, this approach was characterised by features such as adopting a flexible and individualised approach, offering time-unlimited psychodynamic therapy and, as mentioned above, an emphasis on the therapeutic relationship and the use of self. It is interesting to note that four participants currently work in private practice where they are free to practice without organisational constraints. Three of these participants began their careers working within organisations and this raises the question of congruence between the philosophy of counselling psychology and organisational constraints. Furthermore, it can be suggested that working within private practice allowed participants to move away from universal statements about the philosophy of counselling psychology and to construct their own philosophy and identity. Therefore, although it has been argued that counselling psychology offers a non-pathologising model, in practice participants in the present study have recognised the need for a respect and appreciation of the medical

context. As such, it can be suggested that although it is argued that counselling psychology places emphasis on the social construction of identity and experience (Woolfe, Strawbridge, Douglas and Dryden, 2010), universal assertions regarding the opposition of counselling psychology to the medical model do not embrace the notion of a co-constructed, contextualised, real-world philosophy and identity.

6.5 Settings and Systems and the Impact on the Therapeutic Work

The post-qualification experience of participants ranged from three-and-a-half to 20 years and as such, participants had worked in a range of settings such as children's centres, schools, voluntary organisations, primary care and private practice. This range of settings led to a variety of experiences, from feeling restricted and isolated to feeling inspired and supported. Experiences, whether positive or negative, highlighted for participants the impact of organisational systems on their therapeutic practice. Additionally, for some participants, the absence of a system, namely in private practice, indicated a decreased potential to safeguard children at risk. Consequently, for some participants the central importance of working within a supportive system was emphasised, while for others their experiences suggested that not all systems are conducive to the therapeutic endeavour. This was particularly evident for Crystal working within a school setting where the priority lay not with the individual needs of the pupils accessing the service but with the needs of the school as a whole. With participants' philosophy of practice stressing the importance of individual subjective experiences it could be argued that a setting practising in this manner may lead to a compromise of the philosophy and ethos of counselling psychology.

Crystal's experience presents a picture of when systems do not appear to work in the best interests of the child. Meredith and Beth emphasise the importance of creating a safe system around the child through multi-disciplinary working and partnership links.

Sinitsky (2010) suggests that such links would allow counselling psychologists to contribute to multi-disciplinary teams to support the facilitation of the wellbeing of children. This systems approach can be likened to the collaborative model within school settings, suggested by Farrell (2010), and supports the idea that collaborative links are essential regardless of the setting.

The systems approach described by Farrell (2010) includes all those involved in a child's education. Beth asserts that working with children must involve work with parents. Her practice supports the argument for the ecological approach to working with children presented by Stormshak and Dishion (2002). Although referring to work within educational settings, they emphasise the importance of the primary relationship between a child and caregiver, suggesting that any work with children needs to involve a focus on this relationship in order for treatment to be successful.

Stormshak and Dishion (2002) highlight working with parents as holding central importance, however this presented challenges for some participants. For Beth one of these challenges came in the form of parents 'pathologising' the child while for Crystal and Meredith it was meeting the demands of parents. Quinn (2010), while agreeing with the view put forth by Stormshak and Dishion (2002), also stresses the challenge of working with parents. The experiences described by Beth support Quinn's (2010) assertion that if the problem is seen as lying wholly within the child and no changes are made at home the child will remain in the same position.

6.6 The Development of a Professional Identity

The majority of participants emphasised what they considered to be a unique contribution of counselling psychology to work with children and exhibited a sense of pride and belonging to the profession. It was stressed that working with children is a new and emerging area of the profession and for some participants working within a

specialised area contributed to a sense of professional identity. There were times for some participants when holding the professional title of 'counselling psychologist' was seen as a great strength while at other times and for a few participants there was a lack of connection or a sense of feeling devalued by the title and by the profession of psychology as a whole.

It is therefore suggested that developing a professional identity as a counselling psychologist working with children presented a challenge to most participants. This challenge encompassed feelings of ambiguity and disconnection and a sense of struggle. Some of this ambiguity appeared to be situated within the questions 'what is counselling psychology?' and 'what does it mean to be a counselling psychologist?' Indeed, Beth and Meredith suggested that difficulty lay in people not understanding the profession. This view is supported by Cross et al. (2004) who assert that "there has often been confusion as to whether we are counsellors, psychologists, or some strange amalgam of both" (p.326). This was seen with Crystal who stressed that she does not identify as a counselling psychologist but appeared to struggle to define who she is as a clinician, offering the suggestion that she is somewhere between a psychologist and a psychotherapist.

Research conducted by Moore and Rae (2009) concerning how counselling psychologists construct their identity in relation to other professions or institutions, suggests that counselling psychologists see themselves as outside the mainstream of more established schools of therapy such as counselling and psychotherapy. This was particularly evident for Sally-Anne who struggled to hold onto her sense of self, working within an organisation where she was the only counselling psychologist and had to defend her practice.

It is argued that perception of self for the participants in the present study is

further compounded due to the area of their specialism. Although referring to counselling psychologists working in medical settings Mrdjenovich and Moore (2004) suggest that alienation from counselling psychologists who work in more traditional settings may lead to a weakened professional identity. In respect to the present study a more traditional setting can be considered one that involves working with adults. Davy and Hutchinson (2010) argue that working with children has a lower profile within the DCoP than working with adults and it can therefore be suggested that this may contribute to a weakened professional identity.

The active search to find a sense of belonging was seen in the accounts of two participants. Joanne described how a networking group helped her to develop an identity and find meaning, providing a feeling of inclusion and belonging. Similarly, for Sally-Anne, attendance at the DCoP conference fostered a sense of belonging to the profession. These accounts indicate the importance of identity and belonging for participants and suggest that while working within this area of the profession may be considered unique and interesting it also leads to a disconnected sense of self.

6.7 Professional Development Through Working with Children

It is on the one hand asserted that the lifespan approach taken by counselling psychology provides a psychological knowledge base of child and adult development (Sinitsky, 2010) enabling counselling psychologists to work across the developmental lifespan (Swanepoel, 2013). Participants provided a strong argument for the development of their professional practice through their work with both children and adults, particularly through trainee placements. Working with children was found to positively impact on work with adults and participant accounts suggest that the two should not be separated. On the other hand, although Sinitsky (2010) maintains that counselling psychology provides an understanding of both child and adult development

the results of this study suggest that training in counselling psychology does little to support this.

Participants' experiences of training was that there was very little input on working with children, limits to the number of qualifying child placement hours and one participant being guided away from working with children. The recent lift of the cap on child placement hours was welcomed and Beth suggested that this change would produce better clinicians. With working with children seen by one participant as 'vital' for work with adults it can be argued that a range of clinical experiences across the lifespan is essential for the development of competent counselling psychologists. In this way, counselling psychologists will have greater clinical backing to enable them to contribute to multidisciplinary teams across the developmental lifespan, as suggested by Swanepoel (2013).

Research by Sinitsky (2010) and Swanepoel (2013) suggests that counselling psychologists could be well placed to make a unique contribution to working with children. In agreement with this, the results of the present study suggest that the philosophy of counselling psychology brings specific value to clinical practice with children. However, this study has focussed on describing experiences and understanding the meaning given to them and therefore makes no claims to the effectiveness or influence of the contribution made by counselling psychology to work with children. Furthermore, the data support the argument that more needs to be done in terms of training and research in order to facilitate working with children. The results present an argument for developments in training to include teaching on childhood psychopathology and to provide workshops on working with children thereby encompassing a complete lifespan approach focusing on the individual from birth to older adult. Although the need for developments in training were stressed by

participants there also seemed to be a conflict of interest in that participants recognised that the current structure of the training provides little scope for focusing on the entire lifespan in any depth. This raises the question as to how work with children can be supported and facilitated through training without compromising the achievement of the standards of proficiency, and furthermore, whether the training and subsequently practice of counselling psychology can indeed span the developmental lifespan.

It is argued that the results suggest that the lifespan approach of counselling psychology is evident in theory but not in practice and that the current training in counselling psychology falls short of providing trainees with the psychological knowledge base to work across the developmental lifespan, as suggested by Sinitsky (2010) and Swanepoel (2013). The development of specialised training in child counselling psychology, as suggested by Joanne and Crystal, would produce counselling psychologists with the skills and competencies to work with children but would have implications for the lifespan approach of counselling psychology. Additionally, it can be questioned how far such changes differ from current psychotherapy training. The assertion that clinical practice across the lifespan produces better clinicians would suggest that a course focussed solely on children would produce clinicians competent in working with children but with limited knowledge base and clinical competencies across the lifespan.

Although participants suggest a need for changes in training it is questionable whether such changes would be beneficial to all trainees and as such no unitary conclusion can be drawn. The development of this area of the profession is complex and perhaps more needs to be done to raise the awareness of the work of counselling psychologists with children, including a contribution to the evidence base for psychological therapy for children, before any changes to training are made. This could

be achieved through tailored CPD and dedicated journals, as suggested by participants as well as through empirical research conducted by counselling psychologists concerning clinical practice with children. The present study is a small step towards raising awareness of the work of counselling psychologists in this area of the profession and discussing practical experiences in relation to theoretical literature.

6.8 Raising the Profile

The results of this study suggest agreement with the view held by Davy and Hutchinson (2010) that work with children has a lower profile within the DCoP than work with adults. This is notably evident in Joanne's suggestion that there is a need for a growing identity in counselling psychology around working with children. Further support is found in Meredith's suggestion of a need to change the image of counselling psychology. Both Joanne and Meredith suggest that some of these changes need to come from a policy level and it is interesting to note that Joanne describes raising awareness of the work of counselling psychologists with children as a political agenda. These views encompass the passion and enthusiasm expressed by participants for work in this area of the profession and show something of the depth of meaning that participants take from working as counselling psychologists within child mental health.

Participant narratives suggest that the need to raise the profile of counselling psychology goes beyond the work of counselling psychologists with children. Indeed as mentioned above two participants suggested that challenges to their work lay in people not understanding what counselling psychology is. This suggests that perhaps there is a need to raise the profile of counselling psychology in general, particularly in relation to earlier critiques regarding the concept of a real-world philosophy and identity.

6.9 Limitations

The results of the present study have emerged from the exploration by a single researcher of the subjective experiences of a small group of six counselling psychologists engaged in clinical practice with children and as such makes no claims to generalisability. Consideration is given to the design of the study and the process of analysis in the construction of findings and it is recognised that a different participant pool or analysis of the current data by another researcher would have given rise to a different understanding of the phenomenon under investigation. Furthermore, it could be argued that for some participants involvement in this study was guided by an interest in raising the profile of the work of counselling psychologists with children. Indeed, half of the participants were recruited through a DCoP special interest group focusing on this area of the profession. However, it was felt that recruiting through this group would produce participants who would be able to provide rich descriptive accounts of their experiences.

6.10 Conclusions and Future Directions

The results of the present study provide evidence to conclude that the six counselling psychologists who took part in the study take pride in working in a niche area of the profession where their contribution is understood to be valuable and unique. While participants have a strong belief that working with children falls within the boundary of their professional title the process of developing clinical competence presented challenges. The impact of working within a niche area with limited prior training and validation from the BPS, coupled with threats to clinical competence, resulted in a struggle to develop a sense of belonging and a weakened professional identity, particularly within teams. As a result there are several potential areas for further research that follow on from the present study.

Firstly, the HCPC Standards of Proficiency for Practitioner Psychologists (2013) do not include a requirement for counselling psychologists to be proficient in psychological models for children. This raises serious doubts as to whether those newly qualified counselling psychologists preparing to begin their careers working with children feel less prepared or face greater difficulties than those preparing to work with adults. This leads to consideration of the potential impact of the removal of restrictions to the number of placement hours with children that can be counted towards qualification. Additionally, questions are raised regarding the uptake and availability of CPD for newly qualified counselling psychologists working with children in order to have parity with the levels of proficiency in psychological models for adults, achieved through training. As well as a focus on childhood psychopathology training opportunities through CPD can support counselling psychologists to develop counselling skills with children, including training in play therapy and other interventions used with adolescents, such as motivational interviewing. Results from the current study also highlight the importance of training in safeguarding children, which could also be facilitated through dedicated CPD.

Secondly, the unique contribution of counselling psychology to work with children lay partly in the philosophy of counselling psychology. However the results raised the question as to the universality of this philosophy and its congruence in practice across different contexts. Further research exploring the real-world philosophy and contribution of counselling psychology across multiple contexts would provide insight into the extent of this unique contribution. Such research could take into account the complexity of working with children and families from different cultures within Western society through an exploration of some of the issues of cross-cultural counselling psychology, particularly when working with children.

Finally, this study placed little emphasis on how counselling psychologists are working with children and the effectiveness of the work. Through conducting large-scale outcome research counselling psychology can contribute to developing an evidence base for therapeutic interventions for children. Building on the results of the present study such research would illustrate the nature of the unique contribution of counselling psychology to work with children, whilst also contributing to existing interventions for children and the work of other mental health professionals in the facilitation of wellbeing.

This study has opened up the process of qualitatively exploring the work of counselling psychologists with children. It is hoped that it will firstly contribute to a raised awareness and association of counselling psychology with child work. Additionally, it is hoped that such work will be supported and nurtured through a review of training in counselling psychology and encouragement for trainees with an interest in this area of the profession. In this way it is hoped that working with children will not be considered as lying outside the boundaries of the profession and that counselling psychologists will be recognised as competent practitioners within the field of child mental health.

6.11 Concluding Reflections

Willig (2008) asserts that "Reflexivity requires an awareness of the researcher's contribution to the construction of meanings throughout the research process" (Willig, 2008, p.10). This encourages the researcher to explore and reflect on assumptions made throughout the research process and the implications of such assumptions. Within IPA research the subjectivity of the researcher creates a personal phenomenological approach to investigation and as such the findings of the current research reflect my personal interpretation of the data. It is therefore important to consider how my personal

experience of the subject matter may have affected data collection and analysis.

My enthusiasm about the contribution that the current research could make to the profession increased after the first participant interview as I experienced the passion with which she spoke about her work. While this enthusiasm may be considered to be positive it is acknowledged that underlying this enthusiasm was a desire to disprove my assumption that counselling psychology has been considered less suited to therapeutic practice with children than other professions and to evidence that working with children falls within the role of a counselling psychologist.

Reflecting on this first interview I attempted to bracket off my personal bias in order to allow participants to engage in an open dialogue in keeping with the inductive approach of IPA. As I continued to engage in post-interview reflections I became aware in practice of the social construction of experience thus developing an understanding of my own epistemological position as a trainee counselling psychologist. Beginning the data analysis I was challenged as I noticed that the analysis of the first transcript had an effect on how I approached subsequent transcripts. I recognised that I was making sense of participants' experiences in relation to each other but more importantly that I was making sense of my own personal experiences in light of my participants' experiences. Although I found this challenging I found that it resulted in a closer connection to my methodological choice and a deeper understanding of the double hermeneutic (Smith, 2004) in IPA research, encouraging engagement in further reflexivity (appendix A). As I engaged with the analytic process I found myself reflecting on my own identity as a counselling psychologist. I had previously identified as a trainee working to fulfill the requirements of my course. However, reflecting on my personal engagement with my research I came to understand my professional identity as encompassing beliefs about the co-construction of experience and the importance of context and how this identity

was reflected throughout the research process. Furthermore, I began to see parallels between my identity as a researcher and my identity as a practitioner. I saw my beliefs about the co-construction of experience map onto my beliefs about the importance of the therapeutic relationship and my beliefs about the importance of context map on to my beliefs about working with a client's individual subjective experiences. Through developing an awareness of my professional identity and engaging in reflexivity throughout the research process I was better able to lay aside my assumption about the non-suitability of counselling psychology for working with children and any initial intention of seeking to invalidate this assumption. This then enabled me to focus on the exploratory nature of the study through an emphasis on capturing the richness of my participant's individual experiences by enabling them to tell their story.

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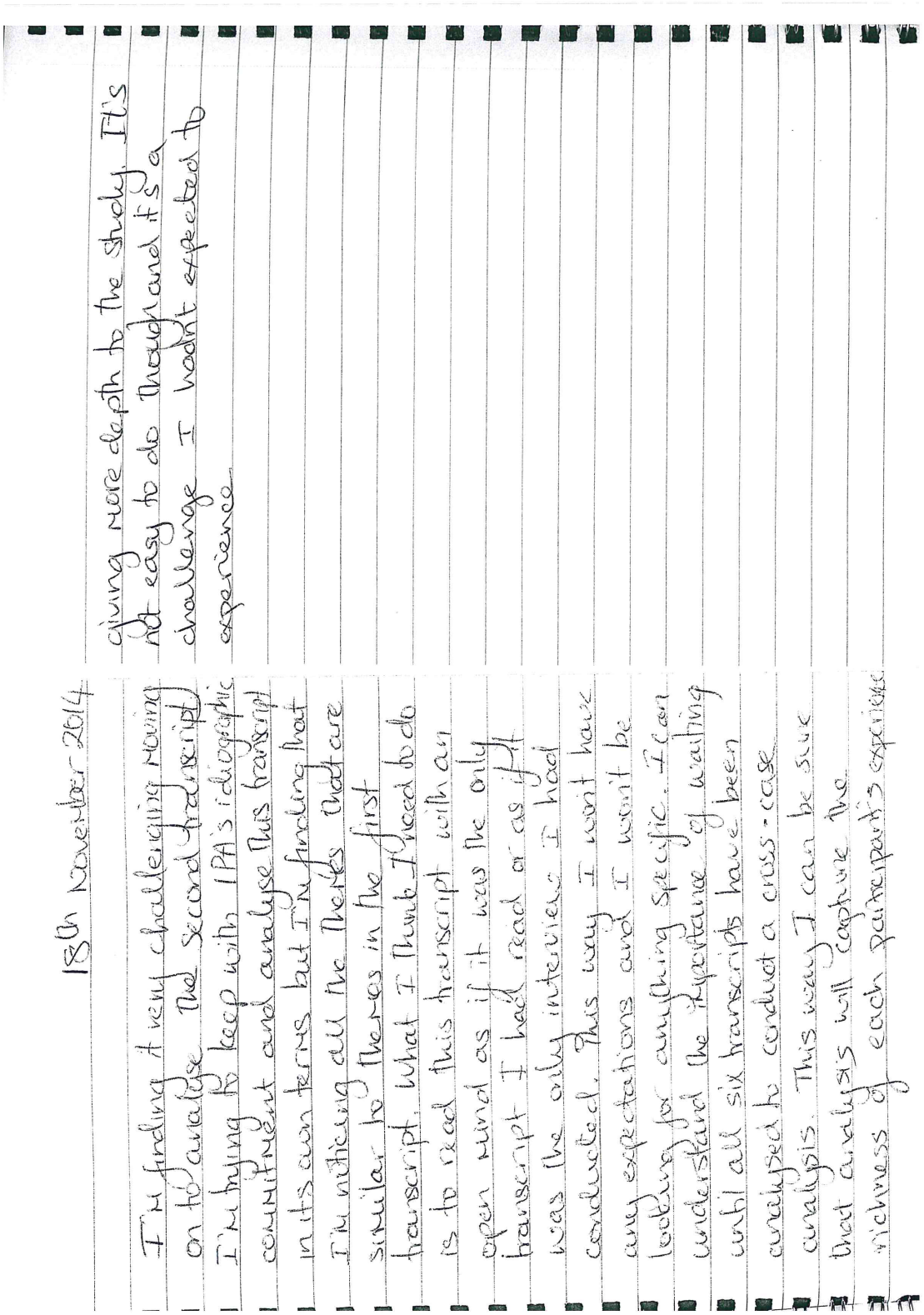
Appendix A – Reflective Journal Extract



Appendix B – Recruitment Advert

COUNSELLING PSYCHOLOGISTS NEEDED

DO YOU WORK WITH CHILDREN AND/OR ADOLESCENTS?
THEN THIS STUDY NEEDS YOU!

I am a trainee counselling psychologist at London Metropolitan University completing a Professional Doctorate in Counselling Psychology. I am currently recruiting qualified counselling psychologists to participate in my research project. The title of the research is:

How do counselling psychologists working with children and adolescents describe and give meaning to their experiences: An interpretative phenomenological analysis

Little is known about the experiences of counselling psychologists engaged in work with children and adolescents. This research will give you the opportunity to describe your experiences of working within an emerging area of professional practice. This study aims to provide the discipline of Counselling Psychology with an insight into the experiences of counselling psychologists working with children and adolescents with regards to professional identity and counselling psychology philosophy, policy, training and practice.

I am looking to recruit Health and Care Professions Council (HCPC) registered counselling psychologists who have at least two years post-qualification experience and are engaged in one-to-one clinical practice with clients aged 0 – 19.

Participation in the research would involve attending a one-hour audio-recorded interview held at a time and location convenient to you.

This study has been approved by the School of Psychology Research Ethics Review Panel at London Metropolitan University and is being supervised by Dr Mark Donati (Tel: 020 7133 2669; Email: m.donati@londonmet.ac.uk).

If you are interested in taking part and would like an information sheet please contact me using the contact details below.

Thank you very much for your time and interest. I look forward to hearing from you.

Kind regards,

Michelle Fontaine
Email: copresearchchildren@gmail.com

Appendix C – Participant Information Sheet

Information sheet

Title of research: How do counselling psychologists working with children and adolescents describe and give meaning to their experiences? An interpretative phenomenological analysis

Researcher: Michelle Fontaine

Dear Volunteer,

I am writing to invite you to participate in a research project exploring the experiences of counselling psychologists in clinical practice with children and/or adolescents. I am a trainee counselling psychologist at London Metropolitan University completing a Professional Doctorate in Counselling Psychology and this research will be completed as my doctoral dissertation.

There has been no empirical research carried out in this area of the profession and little is known about the experiences of counselling psychologists engaged in work with children and adolescents. The purpose of this study is to explore and understand the subjective experiences of counselling psychology in clinical practice with children and adolescents.

For this study I am looking for Health and Care Professions Council (HCPC) registered counselling psychologists whom are two years post-qualification and engaged in one-to-one clinical practice with clients aged 0 – 19.

Participation in the research would involve attending an interview about your experience of training in counselling psychology and clinical practice with children and/or adolescents. Interviews will last approximately 1 hour and will be digitally recorded to enable transcription and analysis of the data you provide. If you find any questions difficult or intrusive during the interview you do not have to provide an answer.

All information collected during the course of the research will be stored securely and kept confidential unless it is felt that the safety and welfare of yourself or others is compromised. The data from your interview will be stored securely for up to 10 years. After this time they will be destroyed using a secure method of data destruction. Anonymity will be enabled through the removal of your name or any identifiable information from the data and the separate storage of consent forms and interview data. Anonymised extracts of interviews will be used in the write up of the research and potentially in subsequent publications.

Participation in the research is entirely voluntary. If you decide to take part in the study you will be asked to sign a consent form. Consent can be withdrawn during the data gathering phase of research up until 4 weeks after the interview and any related data destroyed.

Upon completion of the research you are invited to request a copy of the final study. This will be available from September 2015.

This study has been approved by the School of Psychology Research Ethics Review Panel at London Metropolitan University and will be conducted in line with The British Psychological Society Code of Human Research Ethics. If you are interested in taking part in this study please contact me by email using the contact details below. You are also invited to get in touch with me should you have any questions, comments or complaints about the study. Alternatively you can contact my research supervisor at London Metropolitan University, Dr Mark Donati on 020 7133 2669 or email m.donati@londonmet.ac.uk.

Thank you very much for your time and interest. I look forward to hearing from you.

Kind regards,

Michelle Fontaine
Email: copresearchchildren@gmail.com

Appendix D – Consent Form

Consent form

Title of research: How do counselling psychologists working with children and adolescents describe and give meaning to their experiences? An Interpretative Phenomenological Analysis

Description of procedure: A voice recorded interview will be conducted asking you a number of questions about your experience of training and practice as a counselling psychologist with children and/or adolescents

□ I have read and fully understand the information sheet and have been given the opportunity to ask questions.

□ I understand that participation in this study is voluntary and I am free to withdraw without question up to 4 weeks after the interview.

□ I understand that participation in the study is anonymous and that my name and any identifiable information will be removed from the data and excluded from the reporting of the results of the study.

□ I understand that excerpts from interviews may be used within the study and that results of the study will be accessible to my research supervisor and other faculty members.

□ I understand interview recordings and transcripts will be kept for up to 10 years. After this time they will be destroyed using a secure method of data destruction.

□ I understand that all information collected during the course of the research will be stored securely.

□ I understand that all information collected during the course of the research will be kept confidential unless it is felt that the safety and welfare of others or myself is compromised.

□ I agree to take part in the above study.

Signature of participant: _____

Print name: _____ Date: _____

Signature of researcher: _____

Print name: _____ Date: _____

Appendix E – Debriefing Form

Debriefing form

Dear Volunteer,

Thank you for your time and effort in taking part in this study.

If you have any questions or concerns following the completion of the study, if you are interested in the results of the study or if you wish to withdraw from the study please contact the researcher using the contact details below:
Michelle Fontaine
Email: copresearchchildren@gmail.com
Phone: 07956 976 011

If you have any complaints regarding the study or how you have been treated you may contact my research supervisor using the following contact details:
Dr Mark Donati
Email: m.donati@londonmet.ac.uk
Phone: 020 7133 2669

A copy of the completed study will be available in September 2015.
Thanks again,

Michelle Fontaine

Appendix F – Distress Protocol

Distress protocol

Protocol to follow if participants become distressed during participation:

This protocol has been devised to deal with the possibility that some participants may become distressed and/or agitated during their involvement in this research. There follows below a three step protocol detailing signs of distress that the researchers will look out for, as well as action to take at each stage. It is not expected that extreme distress will occur, nor that the relevant action will become necessary. However it is included in the protocol, in case of emergencies where professionals cannot be reached in time.

Mild distress:

Signs to look out for:

1) Tearfulness
2) Voice becomes choked with emotion/ difficulty speaking
3) Participant becomes distracted/ restless

Action to take:

1) Ask participant if they are happy to continue
2) Offer them time to pause and compose themselves
3) Remind them they can stop at any time they wish if they become too distressed

Severe distress:

Signs to look out for:

1) Uncontrolled crying/ wailing, inability to talk coherently
2) Panic attack- e.g. hyperventilation, shaking, fear of impending heart attack
3) Intrusive thoughts of the traumatic event- e.g. flashbacks

Action to take:

1) The researcher will intervene to terminate the interview/experiment.
2) The debrief will begin immediately
3) Relaxation techniques will be suggested to regulate breathing/ reduce agitation
4) The researcher will recognize participants' distress, and reassure that their experiences are normal reactions to abnormal events and that most people recover.
5) If any unresolved issues arise during the interview, accept and validate their distress, but suggest that they discuss with mental health professionals and remind participants that this is not designed as a therapeutic interaction
6) Details of counselling/therapeutic services available will be offered to participants

Extreme distress:

Signs to look out for:

1) Severe agitation and possible verbal or physical aggression

2) In very extreme cases- possible psychotic breakdown where the participant relives the traumatic incident and begins to lose touch with reality

Action to take:

1) Maintain safety of participant and researcher
2) If the researcher has concerns for the participant's or others' safety, he will inform them that he has a duty to inform any existing contacts they have with mental health services, such as a Community Psychiatric Nurse (CPN) or their GP.
3) If the researcher believes that either the participant or someone else is in immediate danger, then he will suggest that they present themselves to the local A&E Department and ask for the on-call psychiatric liaison team.
4) If the participant is unwilling to seek immediate help and becomes violent, then the Police will be called and asked to use their powers under the Mental Health Act to detain someone and take them to a place of safety pending psychiatric assessment. (This last option would only be used in an extreme emergency)

Appendix G – Interview Schedule

Thank you for agreeing to participate in this research study. Before we proceed do you have any questions you would like to ask? As you know I am interested in finding out about your experience of training in counselling psychology and your experience of clinical practice with children and/or adolescents.

Current Practice

1. I'd like to start off by asking if you could you tell me about how you came to work with children and adolescents?

    Probe/prompt to elicit description of experiences

    a. Setting/s worked in
    b. Theoretical approaches
    c. Difficulties, struggles or challenges
        i. Obtaining work
        ii. Within your professional practice
    d. Strengths or successes
        i. Obtaining work
        ii. Within your professional practice

Professional identity

2. What has it been like working as a counselling psychologist in this area of the profession?

    Probe/prompt:

    a. How do you see yourself? Thoughts and feelings?
    b. How do you think others see you?
        i. Colleagues?

ii. Counselling psychologists in adult work?

Training

3. How well do you think your training as a counselling psychologist prepared you for working with children and adolescents?

   Probe/prompt

   a. Relevance and appropriateness of training
   b. Thoughts on the absence of a mandatory placement with children or adolescents
   c. Thoughts on the number of placement hours that can be counted
   d. Clinical placements undertaken during your training
      i. If placement with children and/or adolescents was undertaken how do you think this was experienced or perceived amongst the other trainees and faculty staff?
      ii. Struggles or challenges with obtaining placements
   e. Readiness to work with children and adolescents
   f. Thoughts on how child and adolescent work can be supported?

Philosophy

4. How, if at all, do you feel your identity and philosophy as a counselling psychologist influences your work with children and adolescents?

   a. Experience of the non-medical approach to facilitating well-being
   b. The individual's subjective experience and the therapeutic relationship
   c. Do you feel that your work with children/adolescents influences your practice more generally or with other kinds of clients you work with?'
   d. Thoughts on what counselling psychology may offer that is different to other professions working with children.

5. We are coming towards the end of the interview. Before we finish I just wanted to ask you whether there is anything else that you would like to tell me about your experience of your work within this area of the profession?

Finally, I would like to gather some background information to help me to put the experiences you have described into context.

1. What is your age?
2. How many years post-qualification experience do have as a counselling psychologist?
3. How many of those years have you worked with children and adolescents
4. What type of settings do you work in and have you worked in previously?

We have come to the end of the interview but before we finish I would just like to ask you what it has been like for you to speak to me today and to be involved in this research?

NB Probes and prompters will be asked depending on the responses given. Additional comments and questions will be made on aspects already mentioned.

Appendix H – Ethics Certificate

LONDON metropolitan university

London Metropolitan University,
School of Psychology,
Research Ethics Review Panel

I can confirm that the following project has received ethical approval to proceed:

Title:	**How do counselling psychologists working with children and adolescents describe and give meaning to their experiences: An interpretative phenomenological analysis**
Student:	*Michelle Fontaine*
Supervisor:	Dr Mark Donati

Ethical clearance to proceed has been granted providing that the study follows the ethical guidelines used by the School of Psychology and British Psychological Society, and incorporates any relevant changes required by the Research Ethics Review Panel. All participating organisations should provide formal consent allowing the student to collect data from their staff.

The researcher is also responsible for conducting the research in an ethically acceptable way, and should inform the ethics panel if there are any substantive changes to the project that could affect its ethical dimensions, and re-submit the proposal if it is deemed necessary.

Signed:

Date: 13/02/2014

Dr Chris Chandler
(Chair - School of Psychology Research Ethics Review Panel)
chandler@staff.londonmet.ac.uk

Appendix I – Transcription Conventions

Interview transcripts use the following transcription conventions:

P:	Participant speech
R:	Researcher speech
(….)	Dots in brackets indicate a time gap in seconds.
((*italics*))	A description written in italics and enclosed in a double bracket indicates a non-verbal activity.
[ ]	Square brackets indicate concurrent speech.
{lecturer}	Explanatory material added by researcher.
-	A dash indicates the sharp cut-off of the prior sound or word.
(inaudible)	Indicates speech that is difficult to make out. Details may also be given with regards to the nature of this speech (e.g. laughs).
XXX	Indicates a recognisable name or place
Bold	Bold fragments indicate speaker emphasis.
CAPITALS	Words in capitals mark a section of speech noticeably louder than that surrounding it.

Appendix J – Sample Analysed Interview Transcript – "Beth"

Emergent themes		Original transcript	Exploratory comments
	1 2 3	R: OK so thank you for agreeing to take part in the study. Just before we start do you have any questions that you would like to ask?	
	4	P: Ah no, no that's it.	
	5 6 7 8 9 10	R: OK so as you know I'm interested in finding out about your experience of training in counselling psychology and your, your clinical work with children and or adolescents so firstly I was just wondering if you could tell me how you came to be working with, with children.	
Professional development	11 12 13 14	P: OK. OK. Stop me if it's, if it's irrelevant but my, my route in was as a develop- as a obviously general psychology [OK] then I trained as a developmental psychologist.	Wants to make sure the information she gives is what the researcher wants to hear. Trained initially as a developmental psychologist after completing undergraduate degree. "My route in" – acknowledgement/expectation that her route was unique and that other people come to be working as CoPs with ch through different routes.
	15	R: Ah OK	
Internal drive for career progression	16 17 18 19 20 21	P: At XXX. I believe it's a course that doesn't exist anymore [right]. So um, so I did that first [hmm] and I did er, that was a, a masters an MSc with uh specialisation actually in adolescents [OK]. Um but very much er you know research rather than applied course.	Completed an MSc in child development with a specialism in adolescents – always had an interest in children and development. Research based course, not a clinical course. Did not enable her to work clinically with children.
	22	R: Right.	
Awareness of individuality	23 24 25 26	P: So once that finished I realised if I wanted to work clinically with kids [uh-ha] I had to do something else, so then I trained actually as a psychotherapist (laughs).	"I realised" – sense of knowing she wanted to work clinically with children. A progression in her development. Different stages. Did not consider working clinically before starting the MSc. Realised after finishing that her MSc was not enough. Chose to train as a psychotherapist. Laughs and uses the word 'actually' – realisation that her training route was unique. Embarrassment that she trained as a psychotherapist after studying psychology. Knew she had to do another course but didn't choose counselling psychology. Did not choose psychology at all.
	27 28	R: (Laughs) OK, right. So you trained, you started off doing general psychology?	

	29 30	P: I did psych- a psychology degree [yep] and then an MSc in child development.	
	31	R: OK.	
Sense of inadequacy	32 33 34	P: And then I trained as a psychotherapist [right] and um after that I went on and did the counselling psychology, at the time it was the	Already practicing as a psychologist What made her want to train as a CoP? She was already qualified to work clinically with children. Was it because of the grand-parenting clause? The course was available to her and she did not have to complete another research project. An easy decision, an obvious decision. Did she intend to be a CoP who worked with children from the outset? Why not ed psych or CP?
Ambiguity of professional development Availability of training options	35 36 37 38 39 40	grand-parenting clause if you like but but [right] I could use with my [OK], yeah the research psych, psychother- er clinical background [hmm] and the MSc in terms of research so I didn't have to conduct [OK] more research but my research obviously was on kids.	Knew she was interested in children from early on in her training. Did not plan her training route or decide in what capacity she wanted to work with children. Changed from psychology to psychotherapy back to psychology – ambiguity. The word 'obviously' implies a shared understanding.
	41	R: OK.	
Convenience and availability	42 43	P: Um It was on uh children's drawings. So that that was all used for the counselling psychology.	Research from MSc was on children's drawings. She was able to use this for her CoP research. Relief that she did not have to conduct more research.
	44 45 46 47 48	R: Right. So when you um came to do your training in counselling psychology you were already, you knew that you wanted to work with children you were already [yeah] working with children?	
	49	P: Yeah, yeah.	
	50	R: OK	
Sense of inadequacy Professional uncertainty Finding own way	51 52 53 54 55 56	P: Yeah, yeah. I wasn't I wasn't working with very young ones [right] um but I was a student counsellor [OK] um and I had a- in terms of volunteer placements I had worked at um XXX for two years [right] and and nurseries and I mean lots, but voluntary experience.	Had lots of experience of working with children - under fives and adolescents - prior to the training. Working as a student counsellor at the time of training as a CoP. After training as a psychotherapist she was working therapeutically with students. Why the interest in psychology.

	57	R: OK.	Was this qualification not enough for her? Gained experience working with children as a volunteer. Not sure what she wanted to do – finding her feet.
Confusion and ambiguity of professional development	58 59 60 61 62 63 64 65 66 67	P: Um very young ones as well under fives and um [wow] adolescents in. And then what I did as er I'm just trying to think the order of things but anyways pa- part of my clinical placement [hmm] um was to um set up a student counselling service [OK] so again that was volunteer and then for my, my first job I set up a student counselling service. So I suppose it was always a younger [yeah] younger group, alongside my adult training, yeah.	Always worked with younger age group alongside her adult work. Experience of working across the life span from the start of her training. Confusing to remember what she did – confusing start to her career. Seems a bit all over the place. NHS work as student counsellor with nurses and midwives. Training focused on adult work but continued to gain experience with children alongside. The sense that she knew that working with adults was not what she wanted to do post-qualification so tried to get as much experience as she could.
Self-awareness Internal drive for career progression Individuality and career mapping			
	68 69 70	R: OK. So you've worked with, sounds like you worked with a kind of range of ages [yes, (laughs)] from babies to, to adults.	
	71	P: Yeah, yeah, yeah.	
	72 73 74	R: So what sort of erm, I know you've done student counselling, what other settings have you, you worked in with children?	
Confusion and ambiguity of profession Developing an identity as a psychologist Forging an interest in child and family work	75 76 77 78 79 80 81 82 83 84 85 86 87	P: Right. So the um, so after that [hmm] um I went on maybe one or two years after that I trained em I I worked at XXX the intercultural therapy centre [OK] where I was co-ordinator of the child and family referrals [right]. Um I'm trying to think of the exact sequence now because that was, yes that would've been, I was in the NHS for four years and then I went to, to work for this charity [OK] and that was again quite a range but not, not very young ones [hmm]. I mean generally it was um I suppose the majority of kids would've been from ten to [(coughs)] 13, 14 something like that, I mean a	Further experience of working with children after qualification. Also working with families. Systemic work. Co-ordinator of child and family referrals – specialism. After the NHS student counselling service. Not employed as a psychologist? (based on comment below). Not yet found her place as a CoP working with children Still some confusion in her narrative representing a confusion to the start of her career. Seeking employment with children and families. A beginning to her interest in this area of the profession.

Working with difference and diversity	88 89 90 91	lot of adolescents [hmm] lot of adolescent boys uh mixed race boys in particular were probably the, the you know [yeah]. So that was my, er, one after that. Should I go on (laughs)?	A lot of work with adolescents. Intercultural work with mixed race boys. Wonders about the relevance of what she is saying for the study. Perhaps wondering if I wanted more information.
	92	R: Yes, yeah (laughs).	
Confusion and ambiguity of profession	93 94 95 96 97 98 99 100	P: And then I went to erm after that I went to the XXX [OK] which has now changed names, it's the [(coughs)] it's called something different so just not to confuse you. Er erm it's, it's the, it'll come to me [(laughs)] it's something like, but it's, it's working with victims of torture [right OK] and political violence. Erm violence survivors [OK]. So I was there for four years.	Struggles with remembering her experiences and putting them into the context of the interview. What was it like for her to think about her route to becoming a CoP working with children? Confusion and ambiguity. Complexity of the process.
	101 102	R: Erm was that with adolescents as well in the XXX?	
Complexity of professional development	103 104 105 106	P: Yes, that was [OK] that was part of erm, my specific role, and this is probably relevant to your study [hmm] is that I was actually employed as a psychologist.	Thinking about the purpose of the study and the relevance of what she is saying for the study. Collaborating with me. Use of self in supporting the purpose of the study. Use of the word 'actually' again. Sense of surprise or unexpectedness/disbelief. Her first experience of being a practitioner psychologist. After her training route she finally got a job as a psychologist. Sense that her hard work has finally paid off. Her specific skills and training finally came in useful. Employed as a psychologist not a psychotherapist because of specific skills she had as a psychologist but also with the clinical experience through training as a child psychotherapist. Knowledge of child development as well as clinical training and experience. Work around trauma and how this affected children developmentally.
	106	R: Right OK	
Professional achievement	108 109 110 111 112 113 114 115 116 117 118	P: (Coughs) excuse me. Erm so and uh the reason for that is they were looking at people who could offer the clinical work but very much be able to also track the kids development and of, of course um this is another kind of sidetrack maybe we could come back to it if it's relevant to you [hmm] but in terms of trauma you know kids can get completely derailed in terms of where they are at school and [OK] so they're, they're 13 but they are functioning as if they're you know [right, yeah] ten or nine whatever. So, so I was a	Reinforces that she was a psychologist – finally a psychologist. Developing an identity as a psychologist and a connection to the profession through this role. This was after years of working in the NHS both during and after

and acceptance Developing an identity as a psychologist Professional acceptance	119 120 121 122 123 124	psychologist as part of the unaccompanied children's er, sorry unaccompanied adolescent team [OK]. So it was basically adolescents who somehow had either er couldn't locate their parents [right] or they had travelled on their own to the UK.	training. Worked in a range of settings
	125	R: Right OK.	
Inclusion and acceptance	126 127	P: And er yeah with, with lots of [hmm] support from social services, key workers and so forth.	Multi-disciplinary working.
	128 129 130	R: OK so kind of looking at sort of the system around the, the child as well [yeah] and working with other agencies.	
	131	P: Yeah, yeah.	
	132	R: Yeah.	
Challenges to professional progression	133 134 135 136 137 138 139	P: Absolutely [hmm] uh and it was very different work I mean XXX. I had to do quite a bit of that [yeah] if I was work- working with I mean there were I suppose a significant number of foster kids but the majority were with the families [right] and the families were intact [OK] so you know I worked with them directly whist yeah,	Different due to being employed as a psychologist or due to the setting? Did she see herself and her role as different in this position? Different to her work with individuals. Previously did not have to think about the system around the child. A challenge to her. A new learning experience. Took her away from what she knew and was confortable with.
Complexity of context	140 141 142 143 144	you're absolutely right the XXX was very much, you were doing lots of different things basically [right]. Yeah, yeah and you had to. Um including the legal side because they often didn't have um you know, remain to stay in the UK.	The complexity of the work – legal aspects and report writing, working with looked after children, working with families. "And you had" – almost as if she was thrown into the deep end and just had to get on with it.
	145 146 147 148	R: OK. OK, so. That's, that's quite interesting kind of the way you talked about the trauma that these, these children had been through [yeah] and this service that was in place for them.	

	149	P: Yeah [hmm] absolutely [OK]. Yeah, yeah.	
	150 151 152 153	R: And I'm quite interested in what sort of erm theoretical approaches were used in your your work both at XXX and also at the, the XXX [yeah, yeah] as well.	
Pluralism as a theoretical necessity Complexity of context Patterns of relating Client's unconscious communication as a means of expression Ambiguity of professional identity Progressive development of identity Evolution of identity Identity change during progression of training Strength of identity Complexity of context Theories of development as crucial to practice	154 155 156 157 158 159 160 161 162 163 164 165 166 167 168 169 170 171 172 173 174 175 176 177 178 179 180 181 182	P: That's a good question Michelle and I probably (laughs) [(laughs)]. It's a, it's a hard one to answer because I, I'm now, the more you work the more pluralistic you feel you have to be. But but I suppose um there's definitely I think there's always been a psychodynamic strand in my work [OK] uh by that I mean I, I am interested in uh you know the, the kind of non-conscious what doesn't get said [right] the more implicit [hmm]. Um, this links to trauma again what how it's communicated in the body [yeah]. Wh-what doesn't get said. I think I've always been a developmental psychologist and I think that's always informed my work. And I think there is a kind of methodology that I learnt from my early training um which is very much about thinking OK uh what's the norm for this age [OK]? How has this child veered way from it? And even if they're functioning OK socially [hmm] is there a side that's not, you know at the, at the sort of age appropriate level. And I think that's always been really useful [yeah] um for me to try and kind of. I suppose there is a sense of focussing your um. Sounds very directive and I don't uh feel that it is but, but thinking about um you know is a child [hmm] stuck at this level and how do I address them if they're stuck at this level? Wha-wha even you know just as basic as um you know as I said a kid who may be functioning at a younger age	Hard to describe theoretical approaches. Theoretical approaches – works in a pluralistic way although there is a focus on psychodynamic therapy. 'The more pluralistic you have to be' – why? Complexity of presentations. Developed own way of working based on knowledge and experience. Awareness of other approaches and their effectiveness and place in therapy. Cannot work exclusively within in one approach. The value of a range of theoretical approaches. Has to be pluralistic due to the individuality of the work What doesn't get said in therapy – unconscious communication. The theory behind unconscious communication. Observations. Implicit communication. Communication of trauma through behaviour. How you relate to one another in therapy. Interpretations and expression. Identifies as a developmental psychologist. Early training has always informed her work. Her practice is informed by her early training in developmental psychology as opposed to her training in counselling psychology This is where most of her learning has come from. Continued with further training because she could not practice clinically after her MSc. Sense of a time frame and an early identity – "I think I've always been", "my early training", "that's always been" – sense of a strong identity or way of working over a period of time. Embedded. Secure. Stages of development – thinking about normal development. Age appropriate level – theories of child development. Complexity of presentations – child may be functioning 'normally' in one area of development but not another. Impact of trauma. Working within theories of development may be seen as directive. Age appropriate level – theories of child development (psychodynamic)

Individual framework of practice Client's unconscious communication as a means of expression Maintaining boundaries	183 184 185 186 187 188 189	[hmm] um, that may, may love to play with some younger, younger children's toys [yeah] but they may be too embarrassed. So I may have those available. Uh [OK] you know to try and help them. Or a kid with boundary issues for example [yeah] we might use more tactile things, if that makes sense.	Working with the individual and tailoring her approach to the child's needs. Focussing on unconscious communication – drawing on psychodynamic theories of development. Being prepared to adapt to the child's needs. Boundary issues in therapy with children – use of tactile resources. Range of approaches drawing on different theories
	190	R: Right yeah.	
Individual framework of practice	191 192	P: So I think it, that framework helps me to gear how we might open up some of these issues.	Use of a framework personal to her. Something that has been working well for her.
	193 194 195 196	R: Hmm. And in your work with erm with children and families how, could you say a bit more about that, how that worked, how you sort of worked with, with families?	
Questioning child-centred practice Child-centred practice as 'not seeing the whole' Client's unconscious communication as intrinsic	197 198 199 200 201 202 203 204 205 206 207 208 209 210 211 212 213 214 215	P: Yeah [yeah]. Um I mean again I think I've always felt it was important that you work with the family. I know there's lots of individualistic [hmm] views on child-centred uh practices which I find a little it bit (coughs) wh- you know what does it mean? It's, it's great to be child-centred in terms of uh pitching yourself where the child is at [yeah]. But sometimes child-centred also means you know th-there's a sense of not seeing the whole [hmm]. Uh so wh-wh-what does it mean for me? It means um ideally I would see the parents before hand [OK]. Uh always try to invite both parents even if they are separated [right] or you know um to find out a really good assessment history about the child [yeah] and the kind of unspoken stuff that the child may not be able to relay to you. I think that's really important and I might do that after uh I, I might take three sessions or so to do um to	"Always felt" – experience. Belief. Questioning individualistic views that exclude working with the family. Importance of working with the family in child work. To her child-centred work means focussing on the individual as part of a family system – seeing the whole. Individualistic views vs. working with the family system. "Important" – does not understand how people work in any other way. Questions it. "Not seeing the whole" – She works in a pluralistic way theoretically, working with the whole family system. Sense that she feels others are missing something by working in a 'child-centred' way. Strong feelings about this Approach to family therapy – invite parents in for the assessment, a developmental assessment The unspoken stuff – what doesn't get said by the child. A comprehensive view of the child through an assessment history – 3 sessions. This is fundamental to her work "really important"

	216	do that [OK]. And again wh-when-wherever	
Independence, freedom and creativity	217 218 219 220 221 222 223 224 225 226	possible each placement was so different I mean XXX I, I could pretty much do what I wished in the time I was there [hmm]. Um so I would see the family maybe um, you know every couple of weeks [OK] and the child on a weekly basis. But the child had it's, you know they'd have their own time and then the parent's and then we'd have joint sessions [right]. Um, and the XXX again, if, if there was ever, er I said I was part of the unaccompanied kids team [hmm]	"I could do what I wished" - Found own way of working – not guided in a directive or protocol driven way. The pluralism she described earlier? Developed own systems, frameworks and approaches. Left to her own devices, not supported, had to work it out for herself. Independence, freedom. A freedom she enjoyed. Approach to family therapy – individual sessions for the child and joint sessions for the whole family.
Child work specialism developing from an internal passion	227 228 229 230	occasionally I did see a mother and child because they, they knew I was interested in younger ones [right]. Um and there I would very much work with mother and child together.	Her interest and experience meant that certain clients were given to her. Her interest in younger children meant she was able to gain experience with mothers and children together. Set up her own systems. Motivation, drive, passion interest, independence.
	231 232 233 234 235	R: Hmm. Ok, so when you were able to work with the family that was something that you really tried to do so that you could get that early experience and developmental history [absolutely] from their parents.	
Complexity of context Impact of unconscious communication on the therapeutic relationship Patterns of relating Working with families as imperative for change	236 237 238 239 240 241 242 243 244 245 246 247 248 249	P: Absolutely, and, and also just to really get a sense of, I mean there's so many complex dynamics [hmm] I think you know a parent says there's, er you know, I want you to see my child for X [yeah] and they present it in a particular way. And you meet them and it's really fascinating and I think quite telling to see how they're behaving towards their child [yeah] and the things that they haven't told you or the things that you, you're noting that um you know, how motivated they are to really support their child or, or to learn about their different facets or allowed a different range of erm emotions to come through.	The complexity of the work – challenges? Complex family dynamics. Observations of interactions between parent(s) and child can be quite telling in terms of parental engagement and motivation to support their child. Observing how emotions are expressed. Unconscious communication – skilled at working with this. Familial relationships and patterns of relating. Excited about what this may reveal. An importance facet of the work. Passionate and knowledgeable. Things not as they seem – complexity. No other way of working. Working with parents and children reveals something about the difficulties being experienced.

	250	R: OK, yeah.	
Complexity of family dynamics	251 252 253 254 255 256 257	P: Um you know sometimes they say one thing and they mean another. So I, I, I think some face-to-face work with the parent and the child together is useful and some separate [right] time obviously to talk about things that are [yeah] difficult in front of the child. But I've always felt unless you're gonna work with the family [uh-ha] um then you're just placing the child in exactly the same position [yeah]. And that's my issue with child as I said chid-centred that becomes quite extreme [hmm] in uh you know uh sometimes it it happens in schools they just work with the child [yes]. Uh so I think we have to be mindful of trying to e-even the most er you know it sounds awful to say but even the most **dys**functional families I, I do think the majority that I've worked with still the motivation [OK] somehow to, to help their child [right] but they just don't know how on earth to do it [hmm] and they've never had the parenting so.	Dishonesty, hiding things from the therapist, parents' difficulty expressing vulnerabilities or weaknesses. The complexity of the work – what is the parent actually communicating Opinion about therapy with children – feels strongly that you need to work with the whole family "always felt". Deals with these challenges through a combination of family work and individual work with parent and child. Believes parents have to be involved. Working with just the child is not the drive of change – nothing changes for the child they are kept in the same position. This happens in school counselling where parents are not involved. The focus on child-centred can become extreme. "That's my issue" – strong belief, disagrees with working in this way, takes issue with it.
Child-centred practice as adverse to change			
Working with the family as imperative to change			Motivation of parents to help their children. Parenting support is needed. We cannot work with or support the child without working with the parents – stresses this point. Belief in parents desire to supporting their child even in the most dysfunctional families. No change can be made if we do not work in this way – the drive of change.
	271 272	R: So that's quite an important facet of the work, to be able to work with the parents.	
	273	P: Hmm, hmm, yeah, yeah.	
	274 275 276 277 278	R: Are there erm, we've been talking about the different settings that you've worked in and I'm wondering if there are any other settings. You've sort of talked about XXX and the XXX. I wonder if (...)	
	279 280 281	P: Clinically, in terms of formalised posts that's it [OK] and since then I've been working privately here [OK] and the private work [hmm] stems	

View of self as a competent practitioner The strengthening of identity	282 283 284 285 286 287 288 289 290 291 292 293	from many different sources. Hmm er obviously because of those contacts and because of my, my huge interest in cross-cultural work [hmm] I do get a lot of referrals of er either from social workers who um they're dealing, I mean there's two strands there. Kids who um they feel they need some help in terms of racial, cultural background identity [OK]. I do see kids that are about to be fostered or adopted um and again identity issues [hmm]. So that I suppose sometimes those are assessments and sometimes they are treatments.	Works in private practice – referrals from different sources due to her contacts. Focus on cultural identity. Works with children in care. Interest, passion, previous experiences result in other services referring families to her. Positive reputation. Known in the field "obviously because of my contacts". Belief that she is good at what she does, confidence in her ability and the belief that others are confident in her. Has a further specialism within the area of CoPs working with children. Non specialist referrals seen as straightforward. Specialism in cultural identity and childhood trama. Assessment, treatment, legal report writing, working with trauma – different aspects of the work.
	294	R: Right yeah.	
	295 296 297 298 299 300 301 302 303	P: Ah so those too. I see you know just straightforward kind of referrals [hmm]. Um for all kinds of things. Um and then I do, do some legal uh report writing [OK]. Uh and again those tend to come from um about traumatised kids [hmm] or families. Um all kinds of circumstances. War circumstances or um er something that's happened within the UK [hmm] um uh and then I have to assess the kids. So	
Work with family systems as the driving force of change	304 305 306	usually again I work with the family [OK] but very much the focus is to help the parent re-parent the child.	Focus of the work – importance of working with the family and supporting parenting. Helping the parent re-parent. "Very much" this is what she believes is the driving force of change what ever the referral.
	307 308 309 310 311	R: Right, yes. So currently in your private practice you're working with children **and** families [yes] with, like you say, kind of helping the parent to re-parent. What's the age range of the children you're working with at the moment?	
Importance of early interventions	312 313 314	P: Right, right, I mean at the at the, right at this moment I don't have any under fives [right] but occasionally I do [OK] uh and that's lovely	Starting early – working with under fives. Lovely to be able to have early input. Importance of early interventions.

	315 316 317	because you start really early [hmm]. The majority I would say at the moment they tend to be adolescents.	Most referrals tend to be adolescents.
	318	R: Right OK.	
	319 320	P: Um sort of 12 year olds 13 year olds. I've got a nine year old actually as well.	
	321	R: OK.	
	322 323	P: Uh, so they vary uh but usually it's adolescents.	
	324 325 326 327	R: Hmm. And I was just wondering if you could say if there have been any difficulties or struggles in your work as a counselling psychologist with children and adolescents?	
	328 329	P: Um, a-anything more, uh tell me more specifically um struggles in terms of?	Question was too broad.
	330 331 332 333 334 335 336 337 338	R: I suppose in terms of thinking about this area of the profession this area of working with children and adolescents [yes] is you know it's quite a small area [yeah, yeah] of the counselling psychology profession so I was just kind of thinking if you've had any struggles in terms of erm, finding work or in terms of professional struggles [right] sort of thinking about professional positioning, those kind of things.	
Identity confusion	339 340 341 342 343	P: Right yes, yes. Well that's a good question I mean I think (cough) I think my, my background is also a child psychotherapist with the UKCP so I, I do think sometimes I don't know which, you know whether referrals are coming because of	How does she see herself? How do others see her? Does she identify as a child psychotherapist? Confusion about how she should see herself and about how others see her. Still registered as a child psychotherapist. Identifies as both. Able to reach out to a wider range of people. A wider

	344	that [right] or because um. I think there is a	range of referrals. Do people refer to her as a psychotherapist or as a psychologist? Identity confusion.
	345	generic issue about people not knowing about	
Identity confusion	346	counselling psychology [hmm]. Uh and I think	
	347	they do ask, you know wh-what is that? They,	People do not know what counselling psychology is – identity confusion. They ask what counselling psychology is. They know what child psychology is – what is it like not to be recognised? Does not like to not be recognised so maintains here registration as a child psychotherapist because people know what it is. Worries that people will not be able to identify with what she does as a practitioner because she is not called a child psychologist. Not many CoPs working with children – lonely, isolated, a struggle, especially in private practice.
	348	they know child psychology [yeah] but they	
	349	don't um. And and sometimes, yeah the struggle	
Professional isolation	350	has been much more trying to find other	
	351	colleagues who work alongside you because	
	352	obviously being in private practice [hmm] uh I'm	
	353	the only one here so um I try and you know find	
	354	an appropriate colleague that's also nearby	
	355	[yeah] geographically to work with me with the	"Much more" – struggle not so much about identity but more about feeling isolated.
Complexity of family	356	parent so either one of us works with the child	
dynamics	357	and the other with the parent. Ideally that that's	
	358	what I'd like to do [OK, yeah] especially if the	
	359	difficulties are quite powerful [hmm] um	Has an ideal way of working - working alongside another colleague, a team working with the parents and children separately. To enable her to relate personally to parent and child. Seeing things from the child/adolescents point of view – empathy, compassion, insight. Complexity of the parent-child dynamic
	360	because obviously if I if I see the parents too	
The compassionate self	361	frequently then the child or especially	
	362	adolescents of course they, their space is **gone**.	
	363	So I try and separate it a little bit.	
	364	R: OK.	
Professional isolation	365	P: So finding, yeah, I think finding colleagues is	Difficulty finding colleagues who work with children - lonely, isolated, a struggle.
	366	very difficult.	
	367	R: OK, yeah.	
	368	P: Um, people understanding our profession. Um	A challenge is that people don't understand what we do – identity, how are CoPs seen by others? Not a well-known profession. Low profile of the profession How CoPs are seen by others? A theoretical split. As only doing short-term CBT – what's wrong with that? CoPs do more than that. That's all parents are expecting. Does not want to be seen by others (parents) as only doing CBT. Wants people to know that there is more to the work and that it won't be short-term therapy. Parents think they are being referred to her for short-term work and she has to explain that their child needs longer term
	369	and, and sometimes people are also very I, I	
	370	guess theoretically they, they kind of split it a bit	
Threat to identity	371	into, they think all we do is CBT very kind of you	
	372	know [hmm] brief work, three session whatever,	
Threat to identity	373	six sessions. And that's sometimes tricky to say	
Identity confusion	374	actually, you know your son needs more than	
	375	that or that it's fine to have that but during	
	376	developmental [hmm] you know other	

	377 378 379 380 381 382	developmental difficulties so for example if I'm seeing a, a nine year old [yeah] and there's boundary issues. Say a vague example or, um you know we might have to revisit that in adolescents. It doesn't mean that it's long-term work again [yeah] but he might need a little bit	work – a challenge of the work. Parents see psychology as equalling short term CBT. Does not like being seen like this. Feels the profession is misunderstood. Makes her job difficult because she does not work in a way expected by the parents.
Threat to the therapeutic alliance	383 384 385 386	of, of a, of a facilitation [yeah]. Um so uh, I think for them to understand the model that it's not [OK] you know this medical model [hmm] is difficult.	Does not work within the medical model. Thinks it is important for parents to understand that. Difficulty explaining that as a CoP she does not work within a short-term medical model. Incorrect expectations/ideas. Parents frightened of the medical model and therefore fearful of being referred to a psychologist. Negative expectations. Difficult to build rapport.
	387	R: Yeah.	
Raising awareness of the profession	388 389 390 391	P: Um. But you know having said that I think recently things are changing [hmm], um and people have much more awareness of psychologists and less fear.	People used to have a fear of psychologists but this is changing. Fear of the medical model. More awareness that this is not how psychologists work.
	392	R: OK.	
Desired separation from the medical model Child-centred practice as pathologising Work with family systems as the driving force of change	393 394 395 396 397 398 399 400 401	P: Um but, yeah we're still a little bit too associated I think with the medical model than I'd like to, we do things to people which I you know [hmm] so I get a lot of parents you know saying will you see him? But, but I try and say look I need to see the whole family [hmm] I need to understand what's going on. Um, this isn't just about pathologising the child [uh-ha] it's, it's understanding the whole system.	Does not want to be associated with the medical model. Sees self as doing something different to the medical model – identity. Association with the medical model causes fear of psychology. Fear of pathology? Things are changing but she would like not to be associated with the medical model at all. Sees working with just the child as pathologising the child. Does not see this as facilitating change – the child is left in the same position. Child-centred pathology. Importance of working with the whole family for her. "I need" – understands that this may not be important for others or seen as important. Emphasises this point a few times. Does not see the problem as lying just within the child.
	402 403 404	R: Yeah. So do you identify as a counselling psychologist who is working with children or as a child psychotherapist?	
Impact of professional label on identity Identity confusion	405 406 407	P: Yeah, I mean that that's a good question again, probably both but if I was honest probably er majority of people, psychotherapists as I said	"That's a good question" – sees the importance of thinking about identity. Identifies as a CoP who is working with children and also identifies as a child psychotherapist. Difficulty in answering the question. Identity

Threat to identity	408 409 410 411 412 413	because they understand [hmm] a-a-a different sort of model of something being, doesn't, as I say it doesn't necessarily have to be long term but just the idea that it's not a quick fix solution [hmm]. Um so yeah, yeah. That's changed I would say in the last sort of five years.	confusion. Ambiguity. Dual identity As a psychotherapist she believes in things not being a quick fix or working in a time limited way. Seems to identify with this model of working. Her model of working seems not to fit with the idea that people have of psychologists. "They" (psychotherapists) understand a different model but psychologists are still working within or seen to be working within the medical model that she does not identify with.
	414	R:OK.	
Threat to identity	415 416 417 418	P: If I was honest yeah most of my career I would say um, certainly the referrals from, I'm just trying to think, from other professionals around here, is much more a psychotherapy strand, um.	Referrals for working with children have come through her identification as a child psychotherapist throughout most of her career. Referrers see her as a child psychotherapist not as a CoP and refer to her because of that identification. "If I was honest" – sense of regret, wants to be identified as a psychologist.
	419	R: OK.	
Identity confusion	420 421 422	P: And, and I think that's been a struggle [yeah] to say what counselling psychology is say versus clinical.	Unclear about her identity as a CoP. People don't really know what it is or have particular perceptions of it. Struggle to find other colleagues. What makes CoP different from CP? It has been an identity struggle for her to differentiate herself from a CP. Do people see her as a CP? Not wanting people to see her as 'less than' a CP. Do people think CPs are more than CoPs? Does this mean that people see CoPs as not being as qualified as good as or good enough? Some people see CoPs as being lower, less than or less trained than CPs. Wants to differentiate herself but does not want to be perceived as less than a CP.
	423	R: Hmm.	
Threat to identity	424 425 426	P: You know not seeing it lower than [yes], or less than or less **trained** as, which you know is still there.	
	427 428	R: It comes up a lot, doesn't it? P: Yes, yeah.	
	429 430 431 432 433 434 435 436	R: And also, within the profession of counselling psychology I'm wondering what your experiences of, of other professionals and how they see your work with children [yeah] and you know we've kind of talked about how clinical psychologists might see counselling psychologists as being lower and I wonder if erm your experience of other counselling	

	437	psychologists how they see what you do.	
Professional acceptance	438 439 440 441	P: Yes, yes. Well again I think that's a really good question and I think it's very topical to what erm XXX and XXX [hmm] are trying to do as well in that I think there are some courses that um,	Thinking about how CoPs working with children are seen within the profession is very topical. Young Work has been working towards raising the profile. Thinking about professional identity. Wanting to be recognised for the work they do. Lack of focus on the clinical or theoretical applications of working with children on courses. The profile needs to be raised from the trainee level.
Raising the profile and changing policy	442 443 444	perhaps don't have as much of the you know either attachment work or child development [hmm] uh theoretical and uh clinical, clinical	CPs better positioned to work with children. CP's seeing themselves as being better trained in this area. The idea that CoPs shouldn't be working with children because they have not had the clinical or theoretical experience that CPs have had. She can see why CPs might think in this way – agreement that CoPs are not as well trained to work with children. CoPs have inadequate training so it's not surprising others i.e. CPs might think that CoPs lack the knowledge/experience required to work with children.
Inadequacy of training Sense of self as inadequate	445 446 447 448	applications, you know, how do you really work with a child [yeah]? So I, I can see where clinical psychologists think well we have a whole six months on this.	
	449	R: Hmm.	
Inadequacy of training	450 451 452 453 454 455	P: Um, so I think I think that's where it comes through in terms of the training [hmm] how much do you really um know? And I don't think as a result a lot of counselling psychologists feel confident to take on some cases or write reports for example.	CoPs feel unprepared, unequipped and lack confidence in this field of work as a result of the training. Feeling of not being good enough/inadequate to take on certain roles. Training deficit.
	456	R: Yeah.	
	457 458	P: Getting somebody to write legal reports (inaudible, laughs) [(laughs)] is very difficult.	
	459	R: Hmm, yeah.	
	460	P: And I think that's er yeah.	
	461 462 463 464 465	R: Hmm. Can you say a bit about what your experience of the training was like? I suppose actually my first question would be, you were, you'd sort of done a lot of training beforehand [yeah] you'd done, done your developmental	

	466 467 468 469 470 471	psychology, you were erm registered as a child psychotherapist and then you went on to do the training in counselling psychology as well and I'm just wondering what was it that prompted you to go and do this sort of further training [yes] in counselling psychology?	
Purpose and direction in career choice	472 473 474 475 476	P: Yeah, yeah. I mean it it's a really straightforward answer Michelle, it's it's really that within the BPS [hmm] we don't have erm, you may be aware of this, we don't have a a label or a registration as a child psychologist.	Wanted to train as a psychologist that specialises in working with children – clear focus. Non-existence of the registration of child psychologist. Did not want to be an educational psychologist. Qualification as a developmental psychologist was not a clinical qualification, was qualified as a psychotherapist but wanted to be registered as a chartered psychologist qualified to work clinically with children. With the grand-parenting clause that was the route to take. Did not have to take on the research element due to her MSc. "If you wanted to be seen as a clinical" – implies that she had no choice. Her passion was child psychology but her MSc was not clinical.
	477	R: Uh-ha, yes.	
Internal drive and motivation	478 479 480 481	P: So you're either an educational one or [hmm] so and I thought actually and at the time the grand-parenting clause was introduced where if you're a psychologist [hmm] and you wanted to	
Sense of inadequacy	482 483	be seen as a clinician [OK] um that was the route to take.	
	484	R: Yeah.	
Internal drive and external influences	485 486 487 488 489 490 491 492	P: So to be honest with you it was it was (inaudible) it was around very much [hmm] and it was going to close, and also the people I trained, at XXX I did my psychotherapy training at XXX [OK] where uh people like XXX, XXX there were a lot of counselling psychologists [OK] who were also psychotherapists um and I think I learned quite a lot from them because they also	An element of not having a choice if she wanted to practice as a psychologist. The straightforward option. It was offered and that was the choice she had. Registration as a child psychotherapist was not enough. Influence of her lecturers in her decision to qualify as a CoP. Lecturers were CoPs and psychotherapists. They had taught her throughout her degree. External influence.
Desire for professional acceptance and recognition Sense of self/Identity	493 494 495	had this this sort of developmental [hmm] theoretical strand but they were also psychotherapists.	
	496	R: OK.	

	497 498 499	P: Um, and, and I suppose I felt it was it was the registration [hmm] uh and the recognition that was important	Recognition as a psychologist. Prestige. Wanted to register as a psychologist. Important for her identity. Did not get this recognition as a child psychotherapist. Is a psychotherapist 'less than' a psychologist? Training as a psychologist gave her the experience of research, which she did not get as a psychotherapist. How is a psychologist recognised? Important for her identity and her sense of self/self-perception.
	500	R: OK.	
	501	P: Um, yeah, yeah.	
	502 503 504 505 506 507	R: And what was your experience of the training like in in counselling psychology in terms of erm, I suppose the theoretical content in relation to working with children and in terms of the, the clinical placement and those, those kind of things [right] what was that like for you?	
Internal drive Identity confusion Uniqueness	508 509 510 511 512 513 514	P: I mean again I'm not your sort of typical person cos I did it as I said it, it was [yeah] at XXX [hmm] and it was with people that erm and it's slightly complicated because some of the counselling psychologists I mentioned [hmm] like XXX they had taught me throughout my deg- my degree.	Unique route to qualification. Sees herself as different to others. A complicated process with both external motivators and her own internal drive to achieve a certain identity/status. "complicated" – identity confusion.
	515	R: Right OK.	
Development of competencies through combination of training	516 517 518 519 520 521 522 523	P: So, he knew for example I had completed um er a, a child development module and so forth so I had to list, I mean it was quite a (inaudible) quite a lengthy. Um so my experience of it I suppose was um I think it was very positive because it was trying to put somehow er a little bit more structure maybe, that you don't get as a psychotherapist either.	Positive experience of the training. Allowed her to put some structure to her work that she did not get as a psychotherapist. Research? – seeing what practice is based on. Combination of the two types of training. All round knowledge. Both complemented each other.
	524	R: OK.	

Development of competencies through combination of training	525 526 527 528 529 530 531 532 533 534	P: You know psy-psychotherapist you get, y-you look at case studies in great, you know depth [hmm] but sometimes what you don't get, which I think is the important from our profession [hmm], is the research uh and I took part in some research um at the time. Again it's complicated, I used um my MSc research, which was on children's drawings as part of my counselling psychology [OK] so I didn't have to repeat all that.	Research is important for the profession. Gave structure, purpose, meaning to her work. This was lacking in psychotherapy. Able to take the salient elements from both training experiences. Sees herself as being in a fortunate position.
	535	R: Right.	
	536 537 538	P: Um but I also took part in other counselling psychologists colleagues research as a kind of top-up.	Was involved in additional research during her training. Sees value in research as a CoP.
	539	R: OK.	
Multifaceted approach to qualification as integral to professional competencies	540 541 542 543 544	P: So it gave me the opportunity I suppose to see some of the, the psychotherapy aspect but how did they translate in research. You know, w-were the findings valid? Were they reliable? Does that answer your question, it's-.	Evidence-based practice. How clinical work translates into research. Important facet of the work for her. Gives structure to the work. A good grounding. Allowed her to have full perspective on the work. The best of both worlds – multifaceted approach to qualification.
	545 546	R: Yeah it sounds as though your experience of training was quite unique.	
	547	P: Yeah, yeah, yeah.	
	548	R: Yeah	
	549 550 551 552 553	P: It was I mean we had there, you know was a whole batch of us I think I the you know this is, I'm talking about the ninety, it would've been 92, 93 [OK, hmm] um that all went through this grand-parenting clause [OK] so that we had to	

	554 555	you know find ways to do our top-ups, if you like.	The grand-parenting clause was a top-up. An obvious route? Needed to top-up to be qualified as a psychologist. Had to do it.
	556	R: Hmm, right, OK.	
View of experiences as unique Finding own way	557 558 559 560 561 562 563	P: Um but you know but it was it meant that it was quite creative [yeah] because as you said earlier we already had a particular background [hmm] and none of us had used the academic psychology background [yeah] we didn't know how to translate it into [yeah] counselling psychology.	Uniqueness of her experience. Was CoP the easy choice or the only choice? Did those who went through the grand-parenting clause know much about the profession? Application of previous knowledge and experience to CoP was a challenge. Gap between academic training and clinical experience.
	564	R: Hmm.	
Impact of training on the development of professional proficiency	565 566	P: Um so that's the bit we were working on [OK] through supervision.	Importance of supervision for her development as a practitioner.
	567 568 569 570	R: Yeah, and so through the training that you did, did it have the same erm kind of clinical requirements in terms of the number of hours you had to do on placement?	
Valuable experiences aid development and identity	571 572 573 574 575 576 577 578 579 580 581 582	P: (Cough). Absolutely, [yeah] absolutely and, and at the time I was really lucky because I had um I had op- as I had mentioned to you I founded this student counselling service at the which was at the XXX [OK] counselling student nurses and midwifes so that was my full time job [OK]. So I could use those, those hours [yeah] (coughs) excuse me. Those hours for, for the um. So that was great because I had brief work, long term work [yeah], I had group work there [OK] um and, and some more sort of coaching but also running workshops on, on stress. So it was a	Lucky to be able to use her paid job as her placement. Things worked out without her having to try too hard to find a placement. Things fell into place. This was a not a challenge. Positive experience of placements while training. Paid placement – describes self as lucky. A range of experiences i.e. brief work, group work, coaching, running workshops.
Valuable experiences aid development and identity	583 584	great place to actually then think OK so this is the clinical and I have to translate it now and	

	585 586	write the reports [hmm] and process reports and so forth.	Good combination of theory and practice – a great place. A good learning experience in terms of the written case work.
	587 588 589 590 591	R: Yeah. And you talked about this kind of being er sort of a batch of you students [yeah] and you all sort of come from the same background where you'd done sort of child psychotherapy {participant interrupts}.	
	592 592 594 595 596 597 598 599 600	P: No, no completely, completely different [right] I think I'm I think I'm quite unique that not many of us. I mean at the at the time when I did the child development course [hmm] um at the XXX I think there were five or six of us [right] that were the kind of pure psychologists everybody else was a teacher that had been interested in child development [yes] and out of the six of us that trained [hmm] people did different things.	The uniqueness of her experience. Different interest to the other students on the MSc. Only one to take the clinical route to working with children. Likes that fact that her experience is unique. The clinical route was something that was her particular passion.
Individuality and isolation	601 602 603	One is, became an organisational psychologist so as, as far as I know [yeah] nobody else really took the clinical route.	
	604	R: OK, hmm.	
	605	P: Yeah, yeah.	
	606 607 608 609 610 611 612 613	R: And so in your training for counselling psychology were there erm, what was the sort of feeling and thoughts towards your work with children and your background in kind of erm working with children, I'm wondering how that was erm experienced by the, the other trainees [yeah, yeah] and your experience of them [OK] sort of doing adult work.	
	614	P: Yeah, yeah erm yes I mean its interesting to	
Isolation and disappointment	615	think about because I would've loved to have	

	616 617 618 619 620 621 622 623 624 625 626	more interaction with people that had the same sort of experiences [hmm] so I didn't feel I did [yeah] um and I think subsequently that's why I've I I've had to find people to interact with and **learn** from [yeah]. Um so I think people, you know in terms of other people's reactions I think they were very interested and very welcoming to hear about children and my observations of being in nurseries and so forth [hmm] and, and perhaps thinking about what happens to the adult after that.	A challenge of the course – other trainees had different experiences. This is something that would have helped and have been welcomed – she "would have loved". Sadness. Did it feel isolating not being able to interact with others with similar experiences? Feels like she missed out but this motivated her to find people to learn from. Deficit. Overcame this deficit by finding other professionals. Has been instrumental in finding other professionals to learn from – directing and being responsible for own learning and development as a result of there not being others on the course with the same interest in children. Interest from others about her specialism. Welcoming, accepting, approving. Liked receiving approval from others and hoped her specialism could encourage them to think about their own work with adults.
Self-motivation Acceptance and approval	627	R: Yeah, yeah.	
Isolation and frustration Unprocessed experiences	628 629 630 631 632 633	P: Erm but in, yeah terms of me I think it may have been a bit frustrating at times because it would have been useful to have more exchange [hmm] rather than being um. Yes a string of experiences that you can't really [yeah] process yeah.	An exchange of experiences, learning from and hearing from others. Alone. Finding own way. Peer encouragement but lack of practical peer support. Unable to process own experiences. Unable to put them into context. Frustrating not having other trainees with the same interest.
	634	R: Yeah.	
Isolation and disinterest	635 636 637 638 639	P: Yeah, I mean my tutors had worked with kids [OK] so you know that wasn't an issue there [yes] but it was more with my peers [yeah] who were working with adults and you know very interested in working with adults.	No peers with similar experiences. Peers very interested in adult work. Not really interested in her work, only wanted to focus on adults. Tutors has worked with children
	640 641 642 643 644	R: OK. But it sounds as though they were quite interested in, you know the, the knowledge that can be gained from working with children [absolutely] and how that can, can impact on the work with adults.	
	645	P: Yeah, yeah, absolutely. Yeah, yeah.	

Child work and adult work as symbiotic	646 647 648 649 650 651 652 653 654 655 666 667 668 669 670 671 672 673 674 675 676 677 678 679 680 681 682 683 684 685 686 687	R: Is that something that you've experienced in in practice as well because you've worked with adults and children, that your, your studying and your work with children has it had any kind of influence on your work with adults? P: Oh, absolutely, [yeah] absolutely. And, and again that's what I'd love to see in you know counselling psychology [hmm]. I think it it does give you some insight er into not that you're predicting how a person's going to be [hmm] but it but it just gives you an idea of how if you don't work with er these at a young stage how they can get set [yeah] how they can become part of the personality. And similarly I suppose with adults it's, it's really helped me to think at times, how do I go back and address this [hmm, OK] in a way that you now again they may not have had the language to at the time [hmm] and as an adult they're gonna put a different take on it. So absolutely I think it's, it's really er it's been a lovely way of, of weaving the two together. R: Hmm. P: Yeah, yeah. R: Yeah. And we've been talking quite recently at the XXX meetings about the mandatory hours placement hours with children [yeah] and I'm just wondering if you've got any thoughts on that. I mean historically it's been that there's only, there's a limited amount of hours of placements with children that can be counted towards [yeah] accreditation. I'm just wondering what your, your thoughts are.	Work/study with children has impacted on her work with adults. Wants to see CoP go in this direction – would love to see. Passion. Hopes for the profession. Sees the value of working with children for adult work and vice versa. Weaving the two together. Strong influence on the way she works. Almost as if she could not imagine it any other way.
Change and development as			

Change and development as fundamental to the profession	688 689 690 691 692 693 694 695 696	P: I mean I think it's great I think that it's been lifted now [hmm] because I think if you're g-, if you're really serious and you want to work with kids of course you need to have some sense of the adults because you're gonna work with the parents [yes]. Erm, but it is important to get as many hours in [hmm] just to have er I suppose the range of experience. Because if you're working with an adolescent [yeah] it's very	Great – strong opinion on the lifting of the cap on child placement hours.. "If you're really serious" – you cannot expect to work clinically with children unless you have had a range of placement experiences. Working with adults is all well and good for future work with parents but a range of child experience is a necessity.
Increasing training opportunities with children in the advancement of the profession	697 698 699 700 701	different to with a five year old or a, you know. Um so I think I think lifting the hours will, will actually mean that we have better, better observations bet-, you know er greater range [yeah] and, and better clinicians I think.	Importance of a range of clinical placement experience for future work with children. Pleased that the cap on hours has been lifted. This will result in better clinicians able to work effectively with children and adolescents. Sees this as a good step forward for the profession.
	702 703 704	R: Hmm. It sounds like it's erm quite a, a good a good step [yeah, yeah, yeah] that the BPS are making towards these changes.	
Increasing training opportunities with children in the advancement of the profession	705 706 707 708 709 710 711 712	P: Absolutely, absolutely. And, and hopefully different placements cos I know most people can't get you know the hours from one placement [yeah] so they end up erm. But I think that's, that's actually quite helpful [yeah] because you see different theoretical views [yeah] and, and, and different clients actually.	Positive effect of having several different placements while training. Hopes the lift on the cap will increase the range of placements available.
	713	R: Hmm.	
	714 715	P: You know the geography of where you are working (...)	
	716 717 718 719 720	R: Is different. And erm, I suppose that's, that's, the clinical placement's one area of the training and I'm wondering about your thoughts on the sort of erm the theo-theoretical side of training and that and if you feel, how, you feel that may	

	721	have or if there were any difficulties in that area	
	722	of your training in terms of your future work	
	723	with, with children. If there was anything that	
	724	you feel, if you felt supported if you felt prepared	
	725	for working with children as a counselling	
	726	psychologist [hmm] sort of after doing your,	
	727	your training.	
	728	P: Yes, yes. Yeah, I mean again everything I think	
Inadequacy of training	729	I learned in terms of (inaudible) psychodynamic	Psychodynamic theories were useful in her work with children but did not learn practical skills or particular presentations in children. Not enough on play therapy or tracking a child (observations) or emotional dysregulation in children. Deficiencies on her training.
	730	was really useful erm but but no in terms of, I	
	731	didn't feel prepared in terms enough on play	
Supervision as integral	732	therapy for example [right yeah] or just you	
	733	know just tracking a child in a room [hmm]. Uh	
	734	or working with a very dysregulated child I think	
	735	I those I did, definitely I learned much more via	Learned a lot through supervision – important aspect of learning
	736	one to one supervision.	
	737	R: Yes.	
	738	P: Erm and I did, I have to say kind of and it's an	
Sense of self as inadequate	739	important parenthesis is that I because I didn't	The course didn't support her to feel ready to work with children in terms of resources and toys. "Important parenthesis" – felt she needed to say this.
	740	feel so ready, what I did do erm is I, I. I had er I	
	741	remember at the time er, I think it was before,	
	742	anyway it doesn't matter the sequence but but I	
	743	had requested to sit in on family sessions [OK]	
	744	um, by a child psychotherapist and I remember	
Training deficits and guiding own learning	745	doing that quite a lot [hmm] to get ideas about	Had to take responsibility for making herself ready to work clinically with children. Guiding own learning and development through shadowing a child psychotherapist. Finding her own way and her own style. Guided by psychodynamic and humanistic models. Pluralism that she descried earlier.
	746	you know even wh-what toys do I have what do I	
Theoretical pluralism	747	use. The psychodynamic model has a specific um	
	748	idea which I think can be a little bit narrow and	
	749	sometimes the humanistic can be you know that	
	750	the child plays with everything and it I felt that I	
	751	wanted something in between [hmm] something	
	752	where you know like you see in this room I don't	
	753	use paints I use colouring pens I use, [right yeah]	
	754	just because I can't. You know I see adults as well	

Guiding own learning	755 756 757 758 759	[yes] sometimes the time (laughs) the changeover isn't enough time [yeah]. So you have to find a way I think that follows your theoretical model and your, er I suppose the limits of your setting.	Found her own way of working through experience. Guided by her setting and what felt right to her. Developed own framework.
	760	R: Hmm.	
Self-motivation as a catalyst for progression	761 762 763 764 765 766	P: So I I yeah I probably tracked quite a few people and tried to sit in on sessions and and attended, so that was very much self [OK] and I think a lot of people would probably say the same [yeah] too because you don't learn that on the course.	Responsibility for own learning. Gaps in teaching/learning from the course. Self-motivation. Agreement from others regarding deficiency of training.
	767 768 769	R: Hmm. So that's an area of the course where it doesn't quite prepare you for working with children.	
	770	P: Yeah.	
	771 772	R: It's something that you sort of had to do [yeah, yeah] on, on your own.	
Acceptance and approval	773 774 775	P: Yeah. I mean the case discussion you know I could absolutely bring a child or adolescent [yeah] and I did bring actually adolescents.	Case discussion of adolescent work was accepted on the course.
	776	R: OK.	
Obstacles to personal and professional development	777 778 779 780 781 782 783	P: Er but in terms of kids people would make interesting comments but I I I from what I recall um maybe one person was working with kids but you know the majority weren't [hmm] so in terms of really moving and challenging me you know clinically [yeah] I don't feel that came from the peer group.	Peer discussion did not move and challenge her in her work – gaps in training and experience. An aspect of professional development that was lacking. Lack of clinical challenges in terms peer reflection. No opportunity to develop self-reflective capabilities with regards to working with children. Limit to her personal and professional development.

	784 785	R: Right, OK. So that was something you got through your one-to-one supervision?	
	786	P: Yeah.	
	787	R: Hmm.	
	788	P: Yeah, yeah.	
	789 790 791 792 793 794	R: Um, so talking about that and we have we have spoken a bit about the kind of the clinical placement hours, do you have any other thoughts on how work with children and adolescents can be supported in training programmes?	
Institutional obligations for progression and development	795 796 797 798 799	P: Right. Um yes I mean I think um you know ideally obviously I, I know this has come up is to have people on that you know the staff or tutors [hmm] of that course um that can really bring their own experiences of, of working with kids.	Something that has been spoken about before. A hot topic. Has been talking about it with colleagues. Ways of supporting work with children through the use of staff personal experience and cases. Important for courses to have staff that have experience of working with children. This would be the ideal way to support trainees interested in child work.
	800	R: Yeah.	
Institutional obligations for progression and development	801 802 803 804 805 806 807 808	P: But if that's not available and I think in on some courses it isn't [hmm] is to actually bring in speakers ah to, to discuss that. And I think it's actually beneficial to everybody [yeah] because everybody sees, at some point you see a parent or you see, you know um and actually even through adult work we do a lot of parenting work.	Use of guest speakers. Speakers of working with children will benefit all trainees whether working with children or adults. Concern that some might think it is not relevant to them. Teaching needs to be done by staff with experience of that type of work.
	809	R: Yes.	
Institutional obligations for progression and	810	P: So I think that would be useful. Um and and,	Impact on learning about working with children or discussing children on work with adults.

development	811 812 813 814 815 816 817 818 819 820 821 822 823 824 825 826 827 828 829 830 831 832 833 834 835 836 837 838 839 840 841	and some theoretical seminars as well [OK] er rather than reconstructing which again that's what happens on psychology courses and psychotherapy courses you reconstruct [hmm] the child via the adult [hmm] I feel it's really important to, to do you know er direct work [right yeah] on this is what happens you know the, the developmental stages which I think generally I think they're doing. I mean at XXX I think it's always been excellent. You know there's a few courses where it's always, that's always happened. R: OK, yeah. P: Um the, er kind of developmental sequence. But I think that yeah I think that would be helpful. R: OK. Thinking of a way forward. P: Yeah, yeah. R: Erm, I'm wondering, just now kind of thinking about your own philosophy of, of counselling psychology and you spoke a bit earlier about you know the peop-, the ideas people might have about the kind of medical model and I'm wondering how your philosophy of counselling psychology influences your work that you do with, with children and adolescents. P: Hmm, hmm. Erm, this is probably very topical Michelle because I'm, I'm kind of a lot of writing at the moment actually [OK] and, and there's obviously the learning event [hmm] and, and that's on risk and resilience [yeah], I'm thinking	Changes to courses to support work with children. Theoretical seminars specifically relating theory to children rather than reconstructing the child via the adult. Was has been done in the past is not good enough – trainees are not being adequately equipped to work with children on most courses. Teaching about working with children is usually based on reconstructing the child via the adult. Belief that direct work and focus on the developmental stages is important. This is already happening on a few courses.
Impact of research on identity			

Dynamic profession	842 843 844 845 846 847	quite a lot. And I and I think as a counselling psychologist what I value the most is that there is always the research and you're always thinking OK this is how I've been working [hmm] but you know there's new updates or there's new ways of working now, I mean again I'm	Values - Importance of research to inform CoP practice. Values this as a CoP. An importance facet of her identity. Something not present in her identity as a child psychotherapist. Keen to update practice and knowledge. CPD. Research influences her work. This is something she values about the profession. Constantly evolving, learning, developing. A dynamic profession.
Impact of research on identity	848 849 850 851 852 853 854 855 856	thinking of trauma because it's fresh (laughs) in my mind [yeah] I'm preparing this thing. Erm and I think, I think as a psychotherapist you're not so informed by the research [OK] it's much more case material but it does mean that you can then become a bit static [right] so I think as a counselling psychologist yes absolutely you know you, you take the clinical [hmm] but you also take OK in terms of research what do we	Evidence-based practice. Scientist practitioner stance. Differences between CoP and psychotherapy in terms of research. Looking at just case material can be static – practice needs to be informed by research. Combination of the clinical aspect and research is important. Research sets her apart from psychotherapists - identity
Pride and acceptance	857 858 859	know? [hmm] how many kids have been helped from this? Or how many k-kids have been re- you know managed to be at school [yeah] after	The uniqueness of the profession. A part of something unique. Pride.
Theories of development as crucial to practice	860 861 862 863 864 865 866 867 868	these experiences [hmm] so I think that's quite unique to counselling psychology [OK]. Um and, and as I said I think the developmental stages model [hmm] um for me is, is invaluable because it's uh you're always thinking, if you're truly just child centred [yeah] you would just be going with what the child is at which, which is fine [uh-ha] but I think at times we need to have a a framework.	"Invaluable" - Importance of the developmental stages of development. Importance of acknowledging the system around the child. Not a focus on being just child-centred. Child-centred vs. systems therapy. Working with the system around the child provides a framework. Cannot work with children with an absence of the developmental stages model. Strong opinion.
	869	R: Right, yeah.	
Dedication to the profession	870 871 872 873	P: I don't know if that answers your questions but it's about up updating your work and being much more creative, um with what you need [yeah] and, and you know I think there's a lot of	Working creatively. A dynamic profession. Change, evolution, best practice. CPD – keeping up to date with research.
Dedication to the profession	874 875 876	new research from The States that I'm very much [OK] um you know, which is much more from psychology and psychiatry that I [OK], I	

	877	find very useful.	
	878	R: Could you say a bit more about that?	
	879	P: Well I'm thinking very much that you know	
	880	the recent work on, on neuroscience [OK] for	
	881	example um and again you know I'll be talking	
	882	about this in October [hmm], but the, you know	
	883	if I'm working with a heavily traumatised child	Challenges of the work – working with trauma.
Working with boundaries	884	[yeah] I think I've learnt over the years that I	
	885	might I might have to ground them first of all.	Personal experiences of working with children guide her practice. Practicalities of the work. Framework. Boundaries. Flexibility. Individual approach to treatment. Emotional regulation. Play vs. talking. Combination of both. Grounding techniques. Working creatively. Thinking about the effects of trauma and how the brain processes trauma. Affect-regulation.
Creativity and individuality	886	Ground them I mean in that they may, they, they	
	887	may build a virtual dissociation [hmm], they may	
Complexity of context	888	not feel they're in the room or they may be so	
	889	hyper [uh-ha] that you know I I will literally um	
Development of practice	890	welcome them in the room and play, we might	
through experience	891	play catch with a ball, I have a soft ball [right] so	
	892	nobody gets hurt [yeah] or nothing gets you	Research-informed practice.
	893	know, in so, in order to down-regulate them	
	894	before we can start the more cognitive or the	
	895	more cerebr-cerebral sort of [yeah] talking work.	
Impact of research on	896	And I think I've learnt that from, from research	
identity	897	and seeing actually that um you know like some	
	898	of the attachment research [OK] that uh kids	
	899	may be, may appear to be listening or but	
	900	actually nothing's going in [hmm] because	Adapting work to the child's presentation. Needs of the child. Flexible approach. Understanding of theories of development and neurobiology. Pluralism.
Developing a therapeutic	901	they're so hyper [yeah] so stressed. So yeah I	
frame	902	think you adapt your work.	
	903	R: Yeah.	
	904	P: Does that make sense?	
	905	R: Yeah that does make sense, that's, that's really	
	906	interesting. It's been really useful talking to you	
	907	and listening to your experiences and that we're	
	908	just coming to the end of the interview now and	

	909 910 911 912	I'm just wondering if there's anything else that erm you'd like me to know about your experiences, either training or your clinical work with children and adolescents?	
Strength of identity	913 914 915	P: Right, erm. Well maybe, the last thing, just to say, which I think is very dear to me [hmm] is that I always feel and I think this is where we are	Personal philosophy of CoP. Confident in her identity as a CoP and does not identify with the medical model. Strong feelings, beliefs and constructs. "Dear to me".
The use of self in the therapeutic relationship	916 917 918	different from the medical model and what I take from the my psychodynamic training [yeah] is that we, we are always part of the encounter,	Use of the self in the recognition that the therapist is part of the encounter. Psychodynamic processes such as countertransference and considering the feelings she experiences in working with a child. Therapy as a relational experience. Pays attention to her feelings and uses this in her work. Patterns of relating. Importance of the therapeutic relationship.
View of self as integral to the therapeutic relationship Patterns of relating	919 920 921 922 923 924 925 926	we're always part of [uh-ha] so I suppose, I thinking of the word countertransference [yeah] and, and it's not that, I don't use it in terms of oh this is what the child is evoking in me. It might be but it's also what gets evoked in me by this child [right] so very much the relational wh- what does it make me feel? And I think, I think that's um a useful position as a clinician [yeah]	
View of self as relational	927 928 929 930 931 932 933 934	and I think people value that I think parents value it. If they feel you're not, you know of course you retain your professionalism (laughs)[yeah] um but at the same time you're saying look let's think about this together [hmm]. Ah, you know, I don't have all the answers. Uh you know when they're despairing you give them some hope but at the same time	The relational aspect of the work – working collaboratively – parents value this "let's look at this together". Feeling valued by parents. Seeing things from the point of view of the other. A useful position as a clinician.
View of self as symbiotic	935 936 937	you don't say this is what [hmm] I think you should do (inaudible) and I think children feel that as well. So it's kind of middle stance [yeah]	Acknowledges that she does not have all the answers. Not being directive with parents. Working collaboratively.
The use of self	938 939	of exposing yourself, and I think that that I think we're getting better at [OK] um in terms of the	Middle stance – does not see herself as the expert. Exposing self – use of self. Working relationally can be exposing. Collaborating with the parent/child
View of training as necessitating change	940 941 942 943 944	personal therapy [hmm, yeah] and supervision. But I would love, I have to say to, to hear trainees talking about that it's a minimum of 40 hours rather than this idea that I've done it, I've ticked it [yes]. You know cos I, I think there's so much	Use of personal therapy and supervision – trainees should have more therapy than the minimum requirement particularly when working with children. Personal development and professional development. Becoming reflective practitioners.

	945 946	that we're always learning from [hmm] when, when you're in this profession.	
	947 948	R: Kind of thinking about your own professional and personal development.	
	949	P: Yeah.	
	950	R: Yeah.	
	951 952 953 954 955 956 957 958 959 960	P: Yeah, yeah. And again you know that you might go back to therapy for you know a couple of sessions [yeah] with a difficult client and you because it it's triggered something in you [yeah] and that's OK rather than. So I think I think it's changing [yeah] but I think there's still a sense that we, you know, psychotherapists go on forever (laughs)[laughs] with their analysis and that's, that's the other end of [hmm] the spectrum.	
	961	R: Yeah, OK, that's really great.	
Use of self	962	P: I suppose the use of self I'm thinking.	The use of self
	963 964 965	R: Yeah, yeah and sort of that the kind of relational experience as well [yeah] with others, with your client.	
Maintaining boundaries	966 967 968 969 970 971 972 973	P: Yeah, yeah and you know being comfortable with, cos I think with kids [hmm] you do get asked questions [yeah], you can't just be, you know, they they'll say, you know they, they ask me here you know, do you live here? And, and you have to find a way that you answer it in the way that feels comfortable, you're not disclosing everything [yeah] but you're, you now again it's,	Maintaining boundaries and dealing with personal questions – disclosures etc. Respect. A human response. Exposing self. Different to maintain boundaries with adults.

Professional pressures and threats to development	974 975	it's human [hmm] it's a human response [yeah] rather than you know an adult.	
	976 977 978 979	R: Yeah, it's about sort of being human as well [yeah] and not kind of being too robotic and closed off [exactly] you know there has to be some kind of [yeah] connection [yeah].	
	980	P: Yeah, yeah absolutely.	
	981 982 983	R: That's great, thank you. I just erm, just want to gather some background information just so I can put your [sure] experience into context.	
	984	P: (Coughs). Sure.	
	985	R: So can I ask how old you are, is that OK?	
	986	P: You can, 47.	
	987 988	R: 47. And how many years ago did you qualify as a counselling psychologist?	
	989 990 991 992 993 994 995 996	P: Um so, it would have been, I'll tell you approximately [laughs] I uh I qualified as a psychotherapist in '92 [OK] so it would have been '93 probably [OK] it was ... yes it would be about, if not '93, '94 but I think it's around then because it's as I said it was part of this grandparenting clause [yeah] and you had to do everything straight away.	Pressure to complete the CoP training at that time.
	997	R: Right, OK yeah.	
	998 999 1000	P: (laughs) to count what you had done [yeah] as a, as a psychotherapist otherwise you had to you know renew it and do it [OK] yeah.	

Identity development through the research process	1001 1002	R: And so have you worked with children and adolescents since, since.	Usefulness of the process of reflecting on identity. Thinking about how she sees herself
	1003	P: Yeah, pretty much.	
	1004 1005 1006 1007	R: Right, OK hmm. OK so we've come to the end of the interview. I just want to ask what it's been like for you to talk about your experiences to me today?	
	1008 1009 1010 1011 1012	P: Oh I mean it's interesting and I think it's you know it's really useful to reflect [yeah] on what you know what ones identity is [hmm] and how you how you draw from the different strands cos they're all there [yeah].	
	1013	R: Great.	
	1014 1015 1016 1017 1018	P: Yeah, so thank you I think it's, it's great that you're doing it and um and I'd love to I really would love to hear or if you have a synopsis at the end [OK yeah] send it to me I'd love to read it.	
	1019 1020	R: Oh that's great, yeah, I'd love to, to share it, I'm really enthusiastic about it so.	
	1021 1022 1023 1024 1025 1026	P: And, and I think you would be a great person actually to, to bring back to the XXX and report [hmm] obviously anonymously (laughs) [(laughs) yes] that you know just, just what you've learned from people working [yeah] and their route.	
	1027 1028	R: Yeah, I quite look forward to, to doing that actually. Yeah OK. Thank you.	

Appendix K – List of Emergent Themes for Each Participant

Emerging themes - Joanne

Power in the therapeutic relationship
Struggle to maintain appropriate boundaries within the therapeutic frame
The relational context of therapy
Client's development of self through therapy
Freedom and creativity of practice
Theoretical approaches to working with children
Developmental theory in conjunction with developmental practice
Non-medical model as central to change
Working with children causes contention among peers
Internal motivation to work with children
The deconstruction of knowledge
Constructing own path as a counselling psychologist
Breadth of focus leads to loss of depth of specialism
Sense of professional ineligibility to work with children
Training as inadequate
Future progression and development of training
Seeking acceptance and validation within the profession

Emerging themes – Beth

Ambiguity of professional development
Isolation, frustration and disappointment
Pride, acceptance, approval and recognition
Change and development as fundamental to the profession
Threat to identity
Sense of self as inadequate vs. sense of self as competent
Identity confusion
The strengthening of identity
The evolution of identity
View of self as integral to the therapeutic relationship
Pluralism as a theoretical necessity
Working with boundaries
Independence, individuality and creativity
Taking a developmental approach
Client's unconscious communication as intrinsic
Child work and adult work as symbiotic
Disengagement from the medical model
Working with difference and diversity
Questioning child-centred practice
Complexity of family dynamics
Multifaceted approach to qualification
Self-motivation as a catalyst for progression
Forging an interest and guiding own learning
Uniqueness of experience

Internal passion, purpose and direction
Impact of training on the development of professional proficiency
Raising awareness of the profession and informing policy
Institutional obligations for progression and development
The advancement of the profession
Obstacles to personal and professional development
Success in the face of obstacles

Emerging themes – Mary

Private practice as a non-pathologising context
Child and family at the heart of clinical practice
Importance of subjective experiences
Importance of the therapeutic relationship to facilitate change
Challenges, difficulties and inadequacies in training
Obligations of training institutions to facilitate work with children
Impact of training and placements on career progression
Independency and creativity through tailoring training experiences
Changes in training add value to learning experiences
Struggles with professional identity
Strength of professional identity
Acceptance, recognition and approval of working with children
Creativity and flexibility of practice
Importance of early intervention and early re-intervention
Complexity of context in clinical practice
Developmental approach to working with children
Steep learning curve from training towards developing as a clinician
External locus of control in career progression
Pride in success of career development
Inner vocation, passion and self motivation to work with children

Emerging themes – Sally-Anne

Sense of belonging vs. questioning identity
Finding niche in working with children
Lack of self-efficacy
Acceptance and valuation vs. isolation and disregard
Labelling and diagnosis as opposing values and beliefs
The value of the therapeutic relationship
Focus on the individual
Importance of early intervention
Creativity, flexibility and individuality
External factors influencing career
Motivation, drive and determination
Importance of supervision in learning and development
Impact of placement experiences on professional development
Challenges, difficulties and stresses
Team differences, division and disagreements

Complexities of working with children
Safeguarding challenges
Positive aspects of the work

Emerging themes - Crystal

Questioning identity and identity confusion
Self-efficacy vs. feeling devalued
Questioning the profession
The reciprocal impact of child and adult work
Developing a therapeutic framework
Importance of early intervention
Flexible and adaptable clinical practice
Challenges of working with children
Valuable placement experiences influence clinical practice
Counselling Psychology training: rewards and regrets

Emerging themes – Meredith

Seeing the bigger picture
Working with the individual
Importance of the therapeutic relationship
Child work enriches adult work
Facing challenges
The complexity of the work
The peril of safeguarding
Having a supportive structure
Valuable learning experiences
Finding a niche and making a difference
Changing the image of counselling psychology
Fighting for value and recognition
Developments in training
Pride in identity and profession
Forging an identity
Sense of belonging/An inner vocation
Drive and ambition

Appendix L – Sample Theme Table – "Beth"

Superordinate themes	Emerging themes	Page and line no.	Quote
Professional pressures and threats to development/complexity of professional development	Ambiguity of professional development	p. 1, li. 23	"So once that finished I realised if I wanted to work clinically with kids I had to do something else"
		p. 1, li. 25	"so then I trained actually as a psychotherapist […] after that I went on and did the counselling psychology"
		p. 12, li. 344	"I think there is a generic issue about people not knowing about counselling psychology. Uh and I think they do ask, you know wh-what is that? They, they know child psychology"
	Isolation, frustration and disappointment	p. 5, li, 133	"it was very different work"
		p. 12, li. 349	"the struggle has been much more trying to find other colleagues who work alongside you"
		p. 20, li. 602	"nobody else really took the clinical route"
		p. 20, li. 615	"I would've loved to have more interaction with people that had the same sort of experiences"
		p. 21, li. 628	"in, yeah terms of me I think it may have been a bit frustrating at times because it would have been useful to have more exchange"
		p. 21, li. 637	"it was more with my peers [yeah] who were working with adults and you know very interested in working with adults"
	Pride, acceptance, approval and recognition	p. 4, li. 105	"I was actually employed as a psychologist."
		p. 4, li. 109	"they were looking at people who could offer the clinical work but very much be able to also track the kids development"
		p. 5, li. 126	"with lots of support from social services, key workers and so forth"
		p. 15, li. 438	"I think that's a really good question and I think it's very

			topical”
		p. 17, li. 497	“I suppose I felt it was it was the registration uh and the recognition that was important”
		p. 21, li. 621	“I think they were very interested and very welcoming to hear about children and my observations of being in nurseries”
		p.23, li. 859	“I think that’s quite unique to counselling psychology”
	Change and development as fundamental to the profession	p. 23, li. 689	“I mean I think it’s great I think that it’s been lifted now”
		p. 23, li. 699	“I think lifting the hours will, will actually mean that we have better, better observations bet-, you know er greater range and, and better clinicians I think”
		p. 23, li. 706	“And, and hopefully different placements cos I know most people can’t get you know the hours from one placement […] that’s actually quite helpful because you see different theoretical views and, and, and different clients actually”
Progressive development of identity	Threat to identity	p. 12, li. 368	“people understanding our profession”
		p. 14, li. 424	“You know not seeing it lower than, or less than or less **trained** as, which you know is still there.”
	Sense of self as inadequate vs. sense of self as competent	p. 1, li. 25	“so then I trained actually as a psychotherapist … after that I went on and did the counselling psychology”
		p. 13, li. 446	“So I, I can see where clinical psychologists think well we have a whole six months on this.”
		p. 28, li. 850	“I think as a psychotherapist you’re not so informed by the research it’s much more case material but it does mean that you can then become a bit static so I think as a counselling psychologist yes absolutely you know you, you take the clinical but you also take OK in terms of research what do we know? How many kids have been helped from this?”

	Identity confusion	p. 6, li. 165	"I think I've always been a developmental psychologist and I think that's always informed my work"
		p. 11, li. 340	"I think my, my background is also a child psychotherapist with the UKCP so I, I do think sometimes I don't know which, you know whether referrals are coming because of that"
		p. 13, li. 402	R: "So do you identify as a counselling psychologist who is working with children or as a child psychotherapist?" P: "Yeah, I mean that that's a good question again, probably both"
		p. 14, li. 420	"I think that's been a struggle to say what counselling psychology is say versus clinical."
		p. 16, li. 474	"within the BPS we don't have erm, you may be aware of this, we don't have a, a label or a registration as a child psychologist"
		p. 21, li. 631	"a string of experiences that you can't really process"
	The strengthening of identity	p. 23, li. 841	"I think as a counselling psychologist what I value the most is that there is always the research"
	The evolution of identity	p. 4, li. 118	"so I was a psychologist"
		p. 14, li. 415	"If I was honest yeah most of my career I would say um, certainly the referrals from, I'm just trying to think, from other professionals around here, is much more a psychotherapy strand"
		p. 33, li. 1009	"it's really useful to reflect on what you know what ones identity is"
Developing a therapeutic frame	View of self as integral to the therapeutic relationship	p. 31, li. 962	"the use of self"
		p. 30, li. 918	"we are always part of the encounter"
		p. 30, li. 920	"thinking of the word countertransference and, and it's not that, I don't use it in terms of oh this is what the child is

			evoking in me. It might be but it's also what gets evoked in me by this child so very much the relational wh-what does it make me feel? And I think, I think that's um a useful position as a clinician and I think people value that I think parents value it.
	Pluralism as a theoretical necessity	p. 6, li. 157	"the more you work the more pluralistic you feel you have to be."
	Working with boundaries	p. 7, li. 187 p. 31, li. 966	"a kid with boundary issues for example we might use more tactile things" "being comfortable with, cos I think with kids you do get asked questions"
	Independence, individuality and creativity	p. 8, li. 217 p. 29, li. 883 p. 29, li. 901	"I mean XXX I, I could pretty much do what I wished" "if I'm working with a heavily traumatised child I think I've learnt over the years that I might I might have to ground them first of all […] in order to down-regulate them before we can start the more cognitive or the more cerebr-cerebral sort of talking work" "I think you adapt your work."
	Taking a developmental approach	p. 6, li. 167 p. 5, li. 172 p. 6, li. 178 p. 6, li. 182 p. 10, li. 312	"I think there is a kind of methodology that I learnt from my early training um which is very much about thinking OK uh what's the norm for this age" "And even if they're functioning OK socially is there a side that's not, you know at the, at the sort of age appropriate level." "is a child stuck at this level and how do I address them if they're stuck at this level?" "a kid who may be functioning at a younger age um, that may, may love to play with some younger, younger children's toys but they may be too embarrassed." "at this moment I don't have any under fives but occasionally I do uh and that's lovely because you start really early"

		p. 15, li. 441	"I think there are some courses that um, perhaps don't have as much of the you know either attachment work or child development"
		p. 23, li. 696	"Because if you're working with an adolescent it's very different to with a five year old"
		p. 28, li. 862	"I think the developmental stages model um for me is, is invaluable"
Complexity of context	Client's unconscious communication as intrinsic	p. 6, li. 160	"I am interested in uh you know the, the kind of non-conscious what doesn't get said the more implicit"
	Child work and adult work as symbiotic	p. 8, li. 229	"I would very much work with mother and child together"
		p. 10, li. 304	"usually again I work with the family but very much the focus is to help the parent re-parent the child"
		p.12, li. 356	"so either one of us works with the child and the other with the parent."
		p. 22, li. 675	"I think it's, it's really er it's been a lovely way of, of weaving the two together."
		p. 23, li. 690	"if you're really serious and you want to work with kids of course you need to have some sense of the adults because you're gonna work with the parents"
	Disengagement from the medical model	p. 13, li. 383	"I think for them to understand the model that it's not you know this medical model is difficult"
		p. 13, li. 393	"we're still a little bit too associated I think with the medical model than I'd like to"
		p. 30, li. 915	"I think this is where we are different from the medical model"
	Working with difference and diversity	p. 4, li. 88	"lot of adolescent boys uh mixed race boys in particular"
		p. 10, li. 282	"obviously because of those contacts and because of my, my huge interest in cross-cultural work I do get a lot of referrals of … kids who um they feel they

			need some help in terms of racial, cultural background identity"
	Questioning child-centred practice	p. 7, li. 197	"I've always felt it was important that you work with the family. It's, it's great to be child-centred in terms of uh pitching yourself where the child is at. But sometimes child-centred also means you know th-there's a sense of not seeing the whole"
		p. 7, li. 207	"ideally I would see the parents before hand. Uh always try to invite both parents even if they are separated"
		p. 9, li. 252	"I think some face-to-face work with the parent and the child together is useful and some separate time obviously to talk about things that are difficult in front of the child. But I've always felt unless you're gonna work with the family um then you're just placing the child in exactly the same position"
		p. 13, li 396	"I get a lot of parents you know saying will you see him? But, but I try and say look I need to see the whole family I need to understand what's going on. Um, this isn't just about pathologising the child it's, it's understanding the whole system"
		p. 28, li. 864	"if you're truly just child centred you would just be going with what the child is at which, which is fine but I think at times we need to have a, a framework"
	Complexity of family dynamics	p. 8, li. 237	"there's so many complex dynamics I think you know a parent says there's, er you know, I want you to see my child for X and they present it in a particular way. And you meet them and it's really fascinating and I think quite telling to see how they're behaving towards their child and the things that they haven't told you or the things that you, you're noting that um you know, how motivated they are to really support their child or, or to learn about their different facets or allowed a different range of erm emotions to come through."

		p. 9, li. 251 p. 9, li. 265	"you know sometimes they say one thing and they mean another" "even the most **dys**functional families I, I do think the majority that I've worked with still the motivation somehow to, to help their child but they just don't know how on earth to do it and they've never had the parenting so."
Internal drive and external influences	Multifaceted approach to qualification	p. 18, li. 525 p. 18, li. 540	"psy-psychotherapist you get, y-you look at case studies in great, you know depth but sometimes what you don't get, which I think is the important from our profession, is the research" "So it gave me the opportunity I suppose to see some of the, the psychotherapy aspect but how did they translate in research"
	Self-motivation as a catalyst for progression	p. 19, li. 573 p. 21, li. 618 p. 25, li. 761	"I founded this student counselling service at the which was at the XXX" "I think subsequently that's why I've, I, I've had to find people to interact with and **learn** from" "I probably tracked quite a few people and tried to sit in on sessions and, and attended, so that was very much self"
	Forging an interest and guiding own learning	p. 24, li. 742 p. 25, li. 756	"I had requested to sit in on family sessions um, by a child psychotherapist and I remember doing that quite a lot" "So you have to find a way I think that follows your theoretical model and your, er I suppose the limits of your setting"
	Uniqueness of experience	p. 19, li. 557 p. 20, li. 602	"it was quite creative" "nobody else really took the clinical route"
	Internal passion, purpose and direction	p. 20, li. 582 p. 28, li. 871	"So it was a great place to actually then think OK so this is the clinical and I have to translate it now and write the reports and process reports and so forth." "it's about up updating your work

			and being much more creative"
Training inadequacies and advancements	Impact of training on the development of professional proficiency	p. 15, li. 451	"in terms of the training how much do you really um know? And I don't think as a result a lot of counselling psychologists feel confident to take on some cases or write reports for example"
		p. 24, li. 735	"definitely I learned much more via one to one supervision"
		p. 24, li. 739	"I didn't feel so ready"
	Raising awareness of the profession and informing policy	p.13, li. 388	"I think recently things are changing, um and people have much more awareness of psychologists and less fear"
	Institutional obligations for progression and development	p. 26, li. 797	"the staff or tutors of that course um that can really bring their own experiences of, of working with kids"
		p. 26, li. 802	"to actually bring in speakers ah to, to discuss that"
		p. 27, li. 811	"and some theoretical seminars as well"
	The advancement of the profession	p. 26, li. 803	"And I think it's actually beneficial to everybody"
	Obstacles to personal and professional development	p. 24, li. 730	"no in terms of, I didn't feel prepared in terms enough on play therapy for example or just you know just tracking a child in a room. Uh or working with a very dysregulated child"
		p. 25, li. 763	"I think a lot of people would probably say the same too because you don't learn that on the course."
		p. 25, li. 780	"in terms of really moving and challenging me you know clinically I don't feel that came from the peer group."
	Success in the face of obstacles	p. 19,li. 572	"and at the time I was really lucky"
		p. 21, li. 635	"my tutors had worked with kids so you know that wasn't an issue there"

Appendix M – Theme Table - Joanne

Superordinate themes	**Subthemes**
Dynamics of the therapeutic relationship	Power in the therapeutic relationship
	Struggle to maintain appropriate boundaries within the therapeutic frame
	The relational context of therapy
	Client's development of self through therapy
	Freedom and creativity of practice
The child in the adult and the adult in the child	Theoretical approaches to working with children
	Developmental theory in conjunction with developmental practice
	Non-medical model as central to change
Going against the grain	Working with children causes contention among peers
	Internal motivation to work with children
	The deconstruction of knowledge
	Constructing own path as a counselling psychologist
Constraints and struggles in training and employment	Breadth of focus leads to loss of depth of specialism
	Sense of professional ineligibility to work with children
	Training as inadequate
	Future progression and development of training
The construction of identity	Seeking acceptance and validation within the profession
	Sense of self as falling short of external expectations
	Finding a niche and forging an identity
	Conflicting paradigms of sense of self

Pushing the boundaries of the profession	Raising awareness and driving the agenda
	The political fight for change and acceptance

Appendix N – Theme Table - Beth

Superordinate themes	Subthemes
Professional pressures and threats to development/complexity of professional development	Ambiguity of professional development
	Isolation, frustration and disappointment
	Pride, acceptance, approval and recognition
	Change and development as fundamental to the profession
Progressive development of identity	Threat to identity
	Sense of self as inadequate vs. sense of self as competent
	Identity confusion
	The strengthening of identity
	The evolution of identity
Developing a therapeutic frame	View of self as integral to the therapeutic relationship
	Pluralism as a theoretical necessity
	Working with boundaries
	Independence, individuality and creativity
	Taking a developmental approach
Complexity of context	Client's unconscious communication as intrinsic
	Child work and adult work as symbiotic
	Disengagement from the medical model
	Working with difference and diversity
	Questioning child-centred practice
	Complexity of family dynamics
Internal drive and external influences	Multifaceted approach to qualification

	Self-motivation as a catalyst for progression
	Forging an interest and guiding own learning
	Uniqueness of experience
	Internal passion, purpose and direction
Training inadequacies and advancements	Impact of training on the development of professional proficiency
	Raising awareness of the profession and informing policy
	Institutional obligations for progression and development
	The advancement of the profession
	Obstacles to personal and professional development
	Success in the face of obstacles

Appendix O – Theme Table - Mary

Superordinate themes	**Subthemes**
Attachment to the philosophy of counselling psychology	Private practice as a non-pathologising context
	Child and family at the heart of clinical practice
	Importance of subjective experiences
	Importance of the therapeutic relationship to facilitate change
Adding value to practice through training	Challenges, difficulties and inadequacies in training
	Obligations of training institutions to facilitate work with children
	Impact of training and placements on career progression
	Independency and creativity through tailoring training experiences
	Changes in training add value to learning experiences
Developing a professional identity	Struggles with professional identity
	Strength of professional identity
	Acceptance, recognition and approval of working with children
The therapeutic context	Creativity and flexibility of practice
	Importance of early intervention and early re-intervention
	Complexity of context in clinical practice
	Developmental approach to working with children
The development of clinical proficiency	Steep learning curve from training towards developing as a clinician
	External locus of control in career progression
	Pride in success of career development
	Inner vocation, passion and self motivation to work with children

Appendix P – Theme Table - Sally-Anne

Superordinate themes	**Subthemes**
Sense of self	Sense of belonging vs. questioning identity
	Finding niche in working with children
	Lack of self-efficacy
	Acceptance and valuation vs. isolation and disregard
Philosophy of therapeutic practice	Labelling and diagnosis as opposing values and beliefs
	The value of the therapeutic relationship
	Focus on the individual
	Importance of early intervention
	Creativity, flexibility and individuality
Training, learning and development	External factors influencing career
	Motivation, drive and determination
	Importance of supervision in learning and development
	Impact of placement experiences on professional development
Organisational level complexities	Challenges, difficulties and stresses
	Team differences, division and disagreements
	Complexities of working with children
	Safeguarding challenges
	Positive aspects of the work

Appendix Q – Theme Table - Crystal

Superordinate themes	**Subthemes**
Sense of belonging to the profession of Counselling Psychology	Questioning identity and identity confusion
	Self-efficacy vs. feeling devalued
	Questioning the profession
The therapeutic frame	The reciprocal impact of child and adult work
	Developing a therapeutic framework
	Importance of early intervention
	Flexible and adaptable clinical practice
Training, learning and development	Challenges of working with children
	Valuable placement experiences influence clinical practice
	Counselling Psychology training: rewards and regrets

Appendix R – Theme Table - Meredith

Superordinate themes	**Subthemes**
Finding a sense of self	Pride in identity and profession
	Forging an identity
	Sense of belonging/An inner vocation
	Drive and ambition
Pushing the profession forward	Finding a niche and making a difference
	Changing the image of counselling psychology
	Fighting for value and recognition
	Developments in training
Steep learning curve	Facing challenges
	The complexity of the work
	The peril of safeguarding
	Having a supportive structure
	Valuable learning experiences
The therapeutic context	Seeing the bigger picture
	Working with the individual
	Importance of the therapeutic relationship
	Child work enriches adult work

Appendix S – Sample of Integrated Subtheme Table with Participant Identifiers and Quotes

Seeking acceptance and validation within the profession	J: p.13, li.467	"… everybody thought it was interesting. Yeah people thought it was and accepted it for that …"
	J: p.24, li.886	"I'm hoping that it will er contribute to, to a growing identity in counselling psychology around working with children …"
	J: p.5, li.184	"I think it's made a big impact on me finding a place within the profession"
	S: p.6, li.182	"just validation that you're working in an OK way"
	S: p.3, li.63	"I know that clinical psychologists were started at the same time as me similar time as me and started on a band 8a banded and I was started on a 7 so I think there is a bit of, or there was a bit of, um, favouritism for the clinical psychologists seeing that as better at the time"
	S: p.6, li.156	"I'd say, I'd say, I'd say I'm valued I'd say I'm valued in the team."
	S: p.6, li.171	"I do feel a bit isolated sometimes"
	S: p.14, li.403	"Yeah very isolated"
	S: p.19, li.560	"how deskilling that could make me feel as well. I think her words were doesn't that piss you off (laughs)"
	S: p.19, li.567	"probably but I probably just sort of brushed it under the carpet really. But yeah it is, it is, when you think about how much training we have to go through"
	S: p.19, li.574	"then, then, then they can be on the same banding doing the same job"
	S: p.19, li.588	"Going back to the validation I think sometimes I feel .. like I do do things a lot differently and … when things are going a bit wrong, if you've got, if I've got potentially you know, very stressful clients or something, it can be hard sometimes to hold onto that sense of self as erm that that you know that I'm doing a

		good job"
	S: p.20, li.605	"he still sees things a lot differently to me and doesn't understand why I work as I do"
	S: p.24, li.745	"And it can be hard when you're in a really busy team with strong personalities"
	M: p.14, li.503	"just to kind of open people's eyes a little bit more"
	M: p.15, li.514	"makes them a little bit more aware"
	M: p.10, li.344	"people were interested, but it wasn't seen as being any different from any other placement"
	M: p.10, li.337	"I think it's become much more of a hot topic"
	M: p.10, li.334	"I think with some there was a great deal of curiosity erm, with others it's like oh my goodness I couldn't do that"
	Me: p.6, li.173	"not so much by professionals I don't think"
	Me: p.8, li.226	"I think the difficulties can be about telling people that counselling psychology exists"
	Me: p.27, li.907	"So there's things like that that I think are really unreasonable because the nature of counselling psychology is that we work in broad areas. So it's similar to this whole thing with children that there are people that are working with children and yet you know looking, the way the division are organised and the groups within the divisions and who can access them at a lower rate and things like that, I think they're again reinforcing these things in a subtle way"
	Me: p.28, li.922	"Yeah and maybe marginalising them in other areas. Erm perhaps not like so actively but I think it's definitely there's something subtle there"
	Me: p.28, li.929	"to give that greater recognition if necessary"
	Me: p.29, li.945	"it's very hit and miss with the doors that open. Erm, areas where there might be more competition with certain things they may not entertain a counselling psychologist for a

		particular post. But where there's a shortage they're suddenly competent enough to do the work"
	B: p.10, li.369	"people understanding our profession"
	B: p.12, li.425	"You know not seeing it lower than, or less than or less **trained** as, which you know is still there."
	B: p.14, li.498	"I suppose I felt it was it was the registration uh and the recognition that was important"
	B: p.11, li.389	"I think recently things are changing, um and people have much more awareness of psychologists and less fear"
	B: p.17, li.621	"I think they were very interested and very welcoming to hear about children and my observations of being in nurseries"
	B: p.21, li.773	"I mean the case discussion you know I could absolutely bring a child or adolescent and I did bring actually adolescents."
	C: p.25, li.788	"I think though also more cohesive … it needs to be a much more kind of case of cohesive and er inclusive approach."
	Me: p.25, li.832	"And it was almost like an extra interest. Like you had to do obviously your adult work as your bulk and anything else you're doing is just additional. And so if, those of us that were doing additional we had to be committed and enthusiastic because we're taking on something more than we need to at a time that's already quite stressful and is quite packed in terms of time."
	Me: p.29, li.973	"there'll be people that were outside of London that had more of an opportunity to become part part of a CAMHS team"
	Me: p.30, li.983	"there was an opening and you were the only one there you've got more of a chance as a counselling psychologist when you may not have that opportunity in London perhaps where there's a lot more competition"
	Me: p.32, li.1068	"it seems sad if we're not able to have the

		opportunities to work with people at different levels of development and we're only restricted to (laughs) a narrow you know part."
	Me: p.6, li.179	"I think the proof is in the pudding I'd like to, I'd like to think that if you've been working in a particular area and you've developed expertise I think that's more where the competence issue comes in"
	J: p.3, li.92	"Er so er NHS being the large kind of employer of psychologists they don't tend to employ counselling psychologists to work with children and families they tend to employ clinical and family therapists, clinical psychologists and family therapists"
	C: p.17, li.520	"I think some people maybe think it is an ease-easy option"
	J: p.12, li.428	"Obviously I've been fighting that corner (laughs) so I think it's really good."
	J: p.13. li.450	"... that's like the first step in maybe opening up a bit more."
	J: p.5, li.179	"… it's almost like raising awareness and driving the agenda working with children and families within the division, BPS division. It's kind of political actually."