

‘CHILD’S PLAY’

**A QUALITATIVE EXPLORATION OF THE PLACE OF
PSYCHOTHERAPY IN THE IRISH PRIMARY SCHOOL
SETTING FROM THE PERSPECTIVE OF THE
PSYCHOTHERAPIST**

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ABSTRACT

In an Irish Education system, children generally begin school from the ages of four to six years old. With children spending such a large amount of time within this setting, the focus of this study is to explore the place of psychotherapy in the Irish primary education setting, from the perspective of the psychotherapists working in this area. The literature explored the Irish provision services available in Ireland. Due to limited research in this area, concerning the Irish context, the researcher also investigated the provision of services available internationally. The overall aims of this study are to explore what has and has not worked, in terms of preventative or reactive measures around stress, behavioural, and emotional problems. How the psychotherapist in this setting deals with a heavy workload, taking the principal, teachers, and parents into account, whilst keeping the children central to the work. Further aims included an exploration of any struggles or limitations of working in a system already established and assessing the impact of funding, policies, and the influence it may or may not have on their work.

Qualitative methods of research were used in this study, as it provided flexibility for exploring values, beliefs, understandings, perceptions, and meaning. The data was obtained and compiled through a series of one-to-one semi structured interviews, with the use of open-ended questions. Four participants were recruited who fit the criteria of being a psychotherapist who have experience working within the primary school setting. Thematic analysis and the use of hermeneutic empathy were required to expand the field of understanding, and to open up the conversation around the needs of children in the Irish Primary school setting. Three themes were explored in the semi-structured interviews which have resulted in core topics for analysis and conceptualisation by the researcher: Assessment and Needs of children, Framework/orientation and Challenges. Sub themes also emerged during this research inclusive of Funding, Working for organisations with different goals, Disclosure and reporting, Keeping the child central to the work whilst taking the Teacher, principal and parents into account and lastly Confidentiality.

This research goes on to discuss the findings in relation to the literature. These results suggest that the needs for psychotherapy in the Irish primary setting are high. The researcher is aware that there are limitations within this study and some of the findings may be said to be subjective rather than irrefutable. Areas for further exploration which emerged were in relation to supplementary resources due to the increasing demands on psychotherapists and teachers in meeting the needs of children within the Irish primary school setting. A further exploration of the training teachers receives in relation to the psychological and emotional needs of children. Further research of school polices in line with children's first guidelines and any possible conflict of interest with the requirements of the needs within the therapeutic space, may also benefit from further research.

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CHAPTER 1: INTRODUCTION

The application of practice in psychotherapy is dependent on the continuing development of theory and practice to review the experience of professionals, in order to develop and improve upon the approach to therapy. In this study, there will be an investigation into the experience of four psychotherapists working within an Irish primary schools setting.

The main objectives of this thesis are to explore the psychotherapist's experiences of working within the school setting. The researcher recruited four psychotherapists, already working in this setting, to partake in one-on-one semi-structured interviews, with the use of open-ended questions, which was then transcribed and analysed, with the use of thematic analysis.

The literature reviewed in this thesis explored existing research data, which was available in both Ireland and internationally on the place of psychotherapy in primary school education. This study also takes into account the positive and negative connotations associated with this topic, supported by the relevant research available, with any possible limitations in the research revealed. The focus was on the most currently available resources and programmes that are in place in schools, both nationwide and internationally. Throughout this study the terms Counselling and Psychotherapy have been used interchangeably as was the IACP's stance contained within the Position Paper on Statutory Regulation (IACP, 2013).¹

¹ The Irish Association for Counselling and Psychotherapy (IACP), as an Association, does not differentiate between Counselling and Psychotherapy (IACP, 2013).

1.1 Research Aims

The research aims of the thesis are to gain an understanding of the experience of therapists working in the primary school setting. To explore the needs of children in this setting, and to explore the psychotherapists experience, the following issues would be tackled:

1. The need for psychotherapy for primary school children
2. What has and has not worked, in terms of preventative or reactive measures around stress, behavioural and emotional problems
3. Working with a heavy workload, taking the principal, teachers and parents into account, whilst keeping the children central to the work.
4. Understanding struggles or limitations working in a system already established.
5. Challenges: Assessing the impact of funding, policies and the influence it may or may not have on their work.

CHAPTER 2: LITERATURE REVIEW

This chapter will explore existing research on the application of psychotherapy in schools. Firstly, there will be a review of the types of conditions and disorders that exist for primary school children, followed by an assessment of the data pertaining to the extent to which children experience some of these conditions, as well as the extent to which psychotherapy is applied in schools. There are five main sections:

1. Primary school children with psychological issues
2. Irish School Service Provisions
3. DEIS School Programme: Delivering Equality of Opportunity in Schools
4. The Rainbows programme
5. The Incredible Years Program

2.1 Primary school children with psychological issues

There has been a growing need to investigate the problems that are occurring in children in the last few decades. Nicholson, Foote and Grigerick (2009) discuss providing therapy and support to school age children, exploring educational difficulties and challenging behaviours. In the past, children who were disobedient and disruptive were simply regarded as problematic. They would be disciplined in order to be able to focus upon their schoolwork (Nicholson et al, 2009). However, with the emergence of research over the last century, there has been a growing link between certain conditions (Nicholson et al., 2009), with more research conducted on topics such as services available in schools, early intervention programs for disruptive behaviours, aggression and ADHD, globally, than in the Irish system. This includes

preventative programs for anxiety in children, as well as learning and mental health disabilities (Nicholson et al., 2009). The focus in some areas, according to this research, would be more psychosocial and this would cover a broader range, looking at all aspects of the child's needs, which are not completely focused on their educational needs (Nicholson et al., 2009).

2.2 Possible Negative effects of school based psychotherapy

Nicholson et al. (2009) developed a study based on previous research, which indicated that therapy might lead to negative effects. Nicholson et al (2009) further stated the potentially harmful effects of school-based psychotherapy for children. Nicholson et al (2009) suggest five aspects that they believe to be a necessary concern: “1) with internalizing problems, 2) exhibiting externalizing behaviours, 3) experiencing grief, 4) engaging in substance abuse, and 5) in need of social skills instruction” (Nicholson, et al., 2009, p.1). They refer to other studies that suggest that some patients with panic disorders experience paradoxical intensification in anxiety and can also experience unanticipated panic attacks. This can occur during relaxation and other processes, which heighten the focus on bodily sensations. Nicholson et al. (2009) propose that some participants engaging in psychotherapy can be susceptible to such deleterious effects, although these concerns do not get much attention in the other available literature. Nicholson et al., further state that it is vital that practising psychotherapists working in the primary school setting have a strong awareness of these possible harmful effects and familiarize themselves with different interventions and orientations, in order to apply different approaches and to cater for the individual needs of students. Each child may respond differently to therapeutic interventions

(Nicholson et al., 2009). The potential for such harmful effects would indicate the need for further research in this area.

2.3 Providing Psychotherapy in organisations that have very different goals

Music (2007) voiced his concerns about providing psychotherapy in organisations that have very different goals and values. In terms of the different approaches that various organisations may have, these could relate to the way that the focus is on the wellbeing of the individual or to make the company more efficient (Music, 2007). Music (2014) also stated this may result in different methods of treatment for individuals within an organisation; instead of one to one therapy, there may be group sessions aimed at making the team function better. Music (2014) further suggests that there may be other factors to be taken into account by psychotherapists who work in this setting whereby the system is already established (Music, 2007). The issue for many schools is that, if they are a high achieving school, there may be no way to remove the pressure that the students will be under, as they have a more intense curriculum and workload than other children (Music, 2007).

2.4 Implementing Mandatory psychosocially focused psychotherapy

Kodad and Kazi (2014) focus on the possibility of implementing mandatory psychosocially focused psychotherapy into schools and removing any stigma attached to psychotherapy within society. Kodad and Kazi (2014) claim that there is huge potential for providing psychotherapy within a school setting because of the various stresses that people have to go through, in addition to identifying any presenting issue. Kodad and Kazi (2014) state that the role of the therapist is thought to be to aid the children in refining communication skills and learning to cope with a wide range of psychosocial problems. Therapy may also be provided for parents to remove pressure

on children, allowing the parent to accept them as they are, with both their strengths and weakness. Kodad and Kazi (2014) maintain that there are many parents who may struggle to meet the demands of certain children if they exhibit particular traits that are considered to be problematic by the school system. Kodad and Kazi (2014) also suggest that there is a particular focus on removing the stigma of psychotherapy and focusing instead on nurturing student's individual strengths. They go on to further suggest that this service is more readily available in private schools within India but it is yet to be implemented into government schools. Kodad and Kazi (2014) focus on the belief that psychotherapy in the primary school setting can be effective in identifying any early behaviour problems; those early interventions can then be worked with in order to prevent later psychosocial problems from developing (Kodad & Kazi, 2014).

2.5 Irish School Service Provisions

Stokes (1986) touched on some themes that were relevant to the subject of this literature review, such as: Definition of Counselling/Psychotherapy, background and types of Counselling/psychotherapy, the needs of the school going child and counselling in schools in Ireland (Stokes, 1986). This author also focuses on whether students feel that they need certain counselling services, exploring if these services have been available to them throughout their earlier years in school.

2.6 Different types of therapy to engage & encourage children

In recent years, there have been different types of therapy that have been employed in Ireland in order to engage with and encourage students who face recognised challenges within the school system. For example, as Bracefield et al. (2000) claim, the use of different therapies can enable not just more engagement within class, but

also more interaction with professionals providing therapy. There have been studies conducted that highlight some factors that would affect the decision of young people to engage with therapy in schools: firstly, the location of the service provided (whether it was based within the school or somewhere else), and secondly, the type of therapy, individual or group. Thirdly, the gender of the counsellor was considered (Cooper, 2006). In a follow up study, by Quinn and Chan (2009), they found that more than two thirds of students would have preferred to see a counsellor/ therapist within their own school. 80% of the students claimed that they would rather experience therapy on their own, as they felt that the group setting would inhibit them from discussing their issues in detail, if at all. Additionally, it was found that students had a preference for female therapists, especially in the case of female students (Quinn and Chan, 2009).

More recent research focused on programs implemented by the Department of Education and Skills, based in areas that are designated as deprived (O'Morain et al., 2012). This programme is implemented into what are known as DEIS schools, to support student education and teach them how to cope in a crisis (DEIS, 2015).

2.7 DEIS School Programme: Delivering Equality of Opportunity in Schools

There is a need to understand the disadvantages of certain children entering the school system, as well as assessing the common themes that can affect the ability of young people to engage properly at school (DEIS, 2017). DEIS provides equal opportunities for children in schools, focusing on how certain societal factors may impact on a child's ability to attend school. This may refer to the financial situation of the family, any existing problems within the family unit and/or issues that the child has regarding literacy (DEIS, 2017).

The DEIS programme was launched in 2005, “*to address educational disadvantage*” (DEIS, 2016). The aim of this programme was to address the educational needs of children and youths from deprived communities in their early life, from pre-school, through to second level education (DEIS, 2016). DEIS offers a consistent framework and specific criteria for recognising and improving levels of disadvantage in schools. The research that has been conducted and presented on the DEIS website shows that, to date, this program has been implemented in 836 schools in Ireland, within the 2015/2016 school year; 646 of these are primary schools and 190 second level schools (DEIS, 2016). Eamon Stack, Chief Inspector, states, regarding the effective literacy and numeracy practices in DEIS schools; that he hopes that the stories of their labour in the chapters that follow will endorse discussion, reflection and questioning about how it can improve children’s learning in all our schools” (DEIS, 2016).

2.8 The Rainbows programme

Another service available in Ireland is Rainbows, a listening service for young children who face grief/loss and significant life changes. The organisation is quick to note that it not a therapy, but a listening, service (Rainbows Ireland, 2015). This programme was first established in 1983 in Chicago, by Suzy Yehl Martha. Due to a significant life change within her children’s life, she found services to support them were not available. As a result, she developed the Rainbows program (Rainbows Ireland, 2015). This program was first implemented within an Irish school setting in 1988 and has since grown and developed. It is now in over six hundred locations throughout Ireland, primarily in school settings (Rainbows Ireland, 2015). Rainbows Ireland acknowledges that there are not enough services present in local communities for children, however. The use of this service enables young people to freely engage

with members of the team and make them aware of their problems, rather than the school system searching out for problems that exist with young people (Rainbows Ireland, 2015). While teachers should be vigilant in making sure that young people's needs are being met, it can be more beneficial for the students if they enter into a dialogue about potential problems with their own impetus (Weare, 2015).

2.9 The Incredible Years Program

Carolyn Webster-Stratton and her colleagues of the University of Washington's parenting clinic have worked to improve and evaluate parent-teacher training programs for families for children with behaviour problems and ADHD (Webster-Stratton, Gaspar, & Santos, 2012). These programs use interventions, as well as a preventive measure, whilst working with families seen to be high risk. It has received high recognition for its impact on anti-social behaviour, showing outstanding efficiency in multiple studies (Webster-Stratton et al., 2012).

2.10 Mental health and wellbeing in Primary Schools

The Mental Health and Well Being in Primary Schools guidelines promote mental health awareness whilst building on existing good practice already in place in primary schools (National Educational Psychological Service, 2015). It also informs schools about mental health by promoting the school's framework and co-ordinators handbook (National Educational Psychological Service, 2015). This also aids the progress of mental health promotion using the National Educational Psychological Services (NEPS) (National Educational Psychological Service, 2015). This handbook assists schools in building up a consistent approach to mental health, centred on children, their parents and teachers, which are incorporated into mainstream school structure and practices (Weare, 2015). These guidelines were developed through a

combination of services that collaborated to provide a cohesive handbook, such as Department of Education and Skills (DES) Support Services, the Health Service Executive (HSE), including Health Promotion Officers and clinical services, the Department of Health (DOH), and the Department of Children and Youth Affairs (DCYA). This handbook makes reference to The Mental Health Foundation (2002), which suggests that children who are mentally healthy possess the ability to develop psychologically, emotionally, socially, intellectually, and spiritually (National Educational Psychological Service, 2015). According to this handbook, a mental health risk factor is an internal or external condition that increases the likelihood of a mental health problem. In the school setting, mental health risk factors include a variety of issues like bullying, cultural differences, and relationship difficulties, among many more listed (National Educational Psychological Service, 2015). This is why group therapy, which is more time and cost effective, may not be as effective or as preferable for students,; due to differences that exist between classmates, cultural differences, or issues existing between students, such as bullying (National Educational Psychological Service, 2015).

2.11 Comparative Analysis of International Service Provisions

There has been more accessible research conducted on topics such as, services available in schools, early intervention programs for disruptive behaviours, aggression, and ADHD, globally, than that conducted in the Irish system. This also includes preventative programs for anxiety in children, learning, and mental health disabilities (Nicholson et al., 2009). The focus in some areas, according to research, would be more psychosocial. This would cover a broader range, looking at all aspects of the child's needs; thus, although it is based in schools, it is not primarily education

focused. Nicholson et al. (2009) propose that there may be a possibility that a percentage of people may not respond to psychotherapy and may in fact suffer negative effects. This article touches on the possible harmful effects of school-based psychotherapy for children (Nicholson et al., 2009).

2.12 Does earlier intervention mean the greater the chance of positive effects

Troublesome behaviour disorders in children are on the rise (Webster-Stratton et al., 2012). This article goes on to discuss the evidence that the younger a child when the interventions are used the greater the chance of positive effects on the child's behaviour at home and at school. This program is known as the 'incredible year's program' and is based on interventions by parents and teachers throughout early years (Webster-Stratton et al., 2012). It is now in many countries, including the UK and Ireland.

Harrison (2014) further states that the recognition of counselling in schools has been on the increase and has been documented by national governments (Harrison, 2014). He claims that the focus is more on the frequency of the delivery, the nature of work in school based counselling, and the orientation recommendations of the training. Harrison (2014) states the findings show that these governments have similar programmes and concerns about the mental health, and well-being, of children and young people. In regards to providing the adequate care for children in schools, research has showed that there has been a growing awareness and rising momentum to improve the wellbeing of children at school, not by simply supporting them in the school, but outside of the school environment. This is reflected within the DEIS and Rainbow programs (DEIS, 2012; & Webster-Stratton et al., 2012).

Harrison (2014) also touches on the economic downturn, and the impact it has had on society and on young people's mental health and well-being. Harrison (2014) also suggests that media could be an effective way to raise public awareness. Children spend a great amount of time in full time education, thus it makes sense that schools are seen as effective places for positively engaging with children (Harrison, 2014). The problems that exist for vulnerable people will often become exacerbated during periods of economic downturn and this means that the programmes, initiatives and approaches taken by different schools will often have to rethink or abandon plans to help students because of a lack of resources (DEIS, 2017).

Music (2007) refers to earlier writings about psychotherapeutic work within schools, and to the more recent policy changes within the government, which are impacting on delivery of such services, stating, that there is a debate of the various levels at which interventions need to be theorised, and the problems arising when working within organisations that have very different, goals and values (Music, 2007). It is maintained that, given the intricacy of the therapeutic duty, therapists need a high level of knowledge and strength, with an understanding of, not just psychoanalytic psychotherapy, but other approaches and schools of psychotherapy in order for it to work effectively (Music, 2007). There is more training being provided to teachers about how to identify certain mental health problems, as well as making them more equipped to be able to deal with these challenges (Eresund, 2016).

2.13 Ethical Challenges for School Psychotherapists

Froeschle and Crews (2017) point towards several common ethical challenges faced by school psychotherapists. This literature makes reference to further research by Bodenhorn (2006), Capuzzi (2002), and Glossoff & Pate (2002), which explores the

challenges of working, not only with children, but also with parents, teachers, school administrators, and community members. Thus, it suggests, sets the stage for potential legal and ethical dilemmas (Froeschle and Crews, 2017) in relation to privacy rights, trust, and confidentiality. Froeschle and Crews (2017) stress the importance of discussing this with parents to assist them in understanding the importance of confidentiality within the counselling process and relationship. This article also states that parents are assured that critical information will be made known. As such, a balance may occur between student confidentiality and parental rights. Another ethical dilemma covered by Froeschle and Crews (2017) was around a child presenting at the end of the day with bruising, saying they are being abused. In this example, the psychotherapist follows the Children First guidelines and makes the report but is then told that a social worker will not be available for a number of days. In this scenario, Froeschle and Crews (2017) look at what obligation the school may have in order to protect the child in the meantime. Such scenarios give an idea for those facing complicated issues and may help, as educational tools, when determining an ethical course of action (Froeschle and Crews, 2017).

2.14 Teacher Perceptions of the School Counsellors/ Psychotherapist Role

Marchetta (2011) investigated how satisfied teachers were with the role of a school counsellor, overall. Sixty-seven percent of teachers who participated in this study report as extremely satisfied with the counselling services available in their school, whereas 33% of the participants reported as extremely dissatisfied with the services. Primary school teachers reported considerably greater satisfaction with school counselling services. Marchetta (2011) makes reference to Beesley (2004), stating that, in general, teachers were satisfied with the services that school counsellors offer

but still thought that there was room for improvement. This research sought to determine what roles were valued or not valued by teachers and staff because the literature suggested that teacher support is often the result of teachers' understanding and valuing the role of the school counsellor. Marchetta (2011) also makes reference to Corey (1986), in which he states that the role of the counsellor does not have a precise description; consequently, now and then this causes conflict in how others view their role. Corey (1986) goes on to discuss how stakeholders, such as teachers, may have unmet expectations in the role of school counsellor (Marchetta, 2011). This research study shows that it was predicted that teachers and staff who had less contact with the School Counsellor were less aware of the role responsibilities (Marchetta, 2011). The findings within this research help with providing information that is valuable to school counsellors to assist them in deciding the next steps to take in the field (Marchetta, 2011).

Oaklander (1997) explores the relationship between children and the psychotherapist and also looks at the idea of transference. Oaklander (1997) discusses how the child may react to therapist as a parent figure. He further adds that the therapist has their own point of view, limits and boundaries, and own way of responding. Oaklander (1997) then goes on to look at giving children the opportunity to experience themselves in a new way. He further states that this gives the client the opportunity to experience more of their own self, enhancing their sense of self.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter will outline the method, design, and process implemented by the researcher in order to carry out this study. The aims of this research were to explore the needs of children in this setting and to explore the psychotherapists' experience of what has and has not worked, in terms of preventative and reactive measures.

3.2 Design of study

Qualitative methods of research were used in this study. It was felt that Qualitative research would be more appropriate, as they provide flexibility for exploring values, beliefs, understandings, perceptions and meaning (Kumar 2011 & Walliman, 2013). The data was obtained and compiled through a series of one-to-one semi structured interviews through the use of open-ended questions (Walliman, 2013). The research questions were planned to permit consistent material across participants to be composed, providing a framework to collect the detail essential for thematic analysis. Each interview was transcribed and lasted approximately 40/50 minutes.

3.3 Participants/Sample

The participants consisted of four female psychotherapists; who have or are currently working in the primary school setting. Their compatible skills allowed them to talk in detail about their experiences (Rudestam & Newton, 2008). They were between the ages of 40 and 65. The selection process was restricted due to the difficulty in obtaining a mailing list of all licensed psychotherapists working within the Irish primary school setting (Rudestam & Newton, 2008) leading to minimal opportunities

in finding individuals who fit the sample criteria of a psychotherapist working in this setting. Regardless, the sample participants had the required and appropriate expertise and interest in this research.

3.4 Tools

This study used semi-structured interviews. The researcher asked a number of semi structure questions, which were recorded and documented with the use of a Dictaphone. This allowed the interviewer to focus on the process of the interview and to centre their attention on the interviewee. The researcher informed participants that the recording would be only used for the purpose of this research study.

3.5 Procedure

The researcher was acquainted with one of the participants. Three other suitable participants were recruited by systematic random samples, emailed (see Appendix 4), and then followed up by telephone discussions. Before the interview, participants were provided with an information sheet and consent form (see Appendices 1&2). This was to make the participants aware of what the research entailed. A meeting time and place was then arranged. This was done in a location convenient for the participants. The interviews began by asking participants to sign a consent form and a copy was provided to both the participants and the interviewee to keep (Rudestam & Newton, 2008). The researcher then asked a series of open-ended questions to ensure all relevant areas were covered (See Appendix 3). The open-ended questions were structured in a way to allow the interviewer to encourage the participants to speak openly about their opinions and experiences of working as a psychotherapist in the Irish primary school setting.

3.6 Thematic analysis

Thematic analysis and the use of hermeneutic empathy were used to open up the conversation around the needs of children. This allowed the researcher to attain details of meaning, contained by the data compiled (Guest, MacQueen & Namey 2012). Thematic analysis is a good way of gathering qualitative information (Braun & Clarke, 2006). Qualitative approaches are extremely varied, intricate, and nuanced and should be seen as an initial method for qualitative analysis (Braun & Clarke, 2006). During analysis, three main themes emerged and were identified (Kumar, 2014). The questions asked by the researcher helped identify these themes. All information was positioned with the related themes and, progressively, a more comprehensive depiction of the particular collective experience emerged.

3.7 Ethical Considerations

The interviewees were informed of the purpose of this study before agreeing to partake. An information sheet was provided, making participants aware that they could withdraw from the study at any time. Anonymity around concealing participant's identities was assured through the use of pseudonyms on all documents. Any data revealing identities within the transcripts was removed and replaced with aliases; only the researcher has access to the interview recordings (Walliman, 2013). These will be stored on the researcher's personal computer and secured with a password known only by the researcher. Consideration was given to applicable laws and regulations (Corey, 2012). The ethical Board had no ethical concerns around participants, as it did not include working with vulnerable people.

CHAPTER 4: FINDINGS

4.1 Introduction

This chapter describes the analysis of data followed by a discussion of the research findings. Data was collected through the use of semi-structured interviews. In this section, the results of the data obtained during the semi-structured interviews are presented. Two primary goals drove the collection of the data and the analysis. Those goals were:

1. to develop a base of knowledge about the experience of the psychotherapists experience in the Irish primary school setting,
2. to explore the needs of children in the school setting and any limitations which may be met working in this setting.

The findings offered in this chapter exhibit the potential for merging theory and practice. Three themes were explored in the semi-structured interviews that resulted in core topics for analysis and conceptualisation. Sub themes also emerged during this research.

Three out of four participants had previous teaching experience before going on to train as child play therapists and psychotherapists, whilst one participant had gained interest in working with children, having been provided placement during prior psychoanalytical training, leading to further training in child play therapy. In order to provide anonymity, all participants will be referred to through the use of pseudonyms.

4.2 Theme 1: Assessment and Needs of children

It was unanimous among all participants that the first port of call for referral and initial assessment of the needs of psychotherapy for individual children was teacher observation or Principal/parent referral. Observations, which participants reported, were in relation to children who would act out, withdraw, or that noticeable changes in the children's character were observed by the teacher. Further challenges that emerged in the findings were around the referral process, most often coming from teacher observation. This indicated that children who acted out were most likely to be referred on whilst the children who did not act out were often missed as referred on. All participants stated that the needs of children for psychotherapy within the primary school setting were high. Mary reported:

“Well I think there's a huge need and I know the Minister of Education has decided that there's going to be a room [inverted commas] Counselling and Psychotherapy in secondary schools but I think there is also a need for it in primary schools”.

Similarly, Hope added:

“we are over diagnosing our children we are running for the label, man we can't get a label fast enough for our children ... were quite willing to say today we need to get this child support for whatever reasons we are not willing to go a little bit deeper and look at the more unconscious reasons why the child is behaving”

In the findings that emerged, all participants revisited the needs of children and were in favour of earlier interventions Niamh agreed with Hope, stating: *“It is very important the earlier the intervention the better I feel”.*

Niamh further added: *“The earlier the intervention the more successful the outcome before adolescence ... hopefully the fewer difficulties and challenges later ... seven years is a long time to wait”.*

There was a clear consensus within the findings of how the referral process worked. All participants referred to the importance of teacher observation, which led to most

of the referrals. The findings indicate that, in most cases, the teacher was the first port of call in recognising the child's needs for therapeutic interventions due to inappropriate or worrying behaviours and struggles that teachers observed during school hours. Referral via Teacher observation in class included material such as changes in character, inappropriate behaviours, acting out or withdrawing, and academic struggles. Mary reported:

“Children communicate in their distress through their behaviour more often so than to actually tell somebody that they are distressed because they don't have the words for it or they don't know quite what's going on so a teacher may observe something like that. So the teacher may tell the principal and discuss with the parent and the parent is made aware that there is a play therapist coming into the school and it is explained to the parent how play therapy with children works”.

4.3 Theme 2: Framework/orientation

Findings which emerged around the exploration of the therapeutic orientations were creative play, used in conjunction with psychoanalytical, Jungian, humanistic, and gestalt training. The participants described how psychotherapists within the Irish Primary school setting applied these theories to creative based work, in line with their training, which makes use of toys, sand play, dolls, puppets, imagery, and clay to facilitate the child in identifying and expressing their feelings. They agreed that the psychotherapist observes how the child makes use of play tools and can then begin to identify themes and patterns in order to gain a better understanding of the child's problems or struggles. The child then has an opportunity to then begin to cope with their conflicts, feelings, and behaviours. Mary reported:

“Any of the creative therapies ... are absolutely fantastic I was actually working with a child last week and this child had difficulties with anger and just by drawing their story in clay and using little miniature animals they are not talking about themselves but they are but it feels safer for them”.

In addition, Niamh further added:

“The way I trained has very strict very clear rules for the child then it is in that frame work it is very free for the child, it is very non directive ... I observe some playing it is my way of being curious about it, wondering about it the child gets the idea that I am really paying attention and it can be a symbolic level the play which is much safer than having to speak about yourself for a five year old, a five year old who doesn't do it in the way an adult does”.

All participants agreed that interventions needed to be age appropriate, taking into account the developmental stages; although, three participants agreed that each child is subjective. Niamh reported:

“Interaction with young people needs to be age appropriate a two year old or a three year old has a different developmental stage to a 15 year old. The older children get the play changes or it will stop and they move to other ways of communication. Some children are younger doing this”.

Findings indicated that, in terms of preventative measures, there was difficulty in doing anything that was preventative, as each child and each family system was individual, with individual circumstances and background histories. Niamh states:

“It's very difficult to do anything preventative. Each kid is very unique, each family context is very unique and one of the schools I worked em they're very aware of some of the family background the kids come from and very, very, very, aware of what's happening in the family and have a good relationship with the families. There has been situations were we knew there has been a situation in the family but the kid never acted out”.

The findings also revealed that children who acted out were the ones who would be more likely to be referred on to therapy, whilst children who did not were more often missed. Mary reported:

“The ones who act out are the lucky ones because people begin to say why ya know I'd often say why is that child acting out the way they are? ... Children in general don't want to create trouble they like to be liked and most people like to be liked and do the right thing but some children just go into themselves”.

Similarly, Niamh reports: *“Many children are missed the reality is that many children aren’t picked up on because their very, very good at keeping things very, very, very quiet. It’s really sad”*.

Hope further added:

“The one who's yelling and punching people they will get help faster, another child was meeting the targets ... wasn't acting out, wasn't bold ... the work is good, the homework is fine there was no apparent problem from a teachers lens”

Findings concluded that, if children were acting out, they were more likely to be referred on to therapy. Children, who withdrew, became less interactive and were more difficult to be picked up on in initial teacher observations. Three participants agreed that further training for teachers around the emotional challenges of children inclusive of the developmental stages and attachment styles, would be highly beneficial in providing teachers with more tools in this area. Whilst three of the participants had experience working as teachers in the past, they indicated that these were skills they had not had in their teacher training.

4.4 Theme 3 Challenges

Possible challenges that Psychotherapists may or may not have encountered working within the Irish primary school setting included:

4.4.1 Funding

Mary stated that, if parents could afford to pay for therapy, they should.

Hope similarly reported:

“I know there are children who have parents addicted to heroine ... they can't even be with them and they might be in residential care or they might be in foster care and so the therapy would be paid by the state and that's valid ... that's one thing but if a parent can afford to pay for the therapy they should and they should not get it free from the school because the school has a little fund to fund some of the stuff they should ... they should be asked to contribute depending on their financial circumstances you should

be asked to contribute because if you do not put your hand in your pocket you do not value it that's been my experience”.

Mary explained:

“It really is at the discretion of the school and certainly DEIS schools ... in disadvantaged areas they would get a certain amount of money ... maybe some schools might use it for that for getting help for children they might use it for the psychologist to test children or they might use it for outings ya know it’s really up to the school”.

Whilst Niamh stated: *“There is a massive lack of funding and the recognition the validity and the support it can provide to the kid and the family and school”.*

The findings also reflect the impact of funding the lack of facilities in regards to having an allocated room for the sole purpose of psychotherapy, providing a well-needed safe space required for the therapeutic process, without interruption, and in order to maintain confidentiality. Hope stated her concerns around the room she was provided to work with children, which had a large glass door. She could not cover this with a black bag due to the health and safety policies of the school. She stated how this was a perfect example of how the school’s health and safety policy was in conflict with the need for the safe therapeutic space.

Hope further added: *“I remember the vice principal gave me his office and we were under his desk with the guns playing and it didn't feel right that I was in his office”.*

The participants described psychotherapists having to drag around heavy materials used to work with, like sand trays, clay, paints and materials; allocated therapy rooms with materials would be more beneficial. Hope explained: *“There should be ... fully equipped play therapy rooms not a place were we have to haul in our bag of tricks boxes of stuff and sand”.*

4.4.2 Working for organisations with different goals

Working within the primary school setting meant that psychotherapists are obliged to work by the policies of that organisation. All participants agreed that this affected the work. Two participants stated that it could be difficult working in an organisation that was driven by different goals and more focused on the academic targets than nurturing the emotional needs of children. Hope reported:

“Teachers like to teach and they need to get the results so the approach is very much on the left hemisphere of the brain which is the cognitive rational that kind of side and the other side which is the right side the right hemisphere that is the emotional and that side is not addressed much in schools”.

Rachel also added:

“It seems that part of education is to just load on other things ... but this area is very neglected ya know the social and emotional development of children because I think its central to everything its almost the most important thing in primary school”.

4.4.3 Disclosure and reporting

When discussing the policies relating to the process of reporting, in line with the Children’s First guidelines, participants described that, rather than the psychotherapist reporting any disclosure, which has been uncovered in breach of the children’s first act and indicating a child may be at harm, they must first make it known to the allocated liaison officer, who would then report it to the social services. Niamh stated:

“Each organisation has their own policy ... for example in terms of child protection the schools is very clear there is an allocated school liaison officer more often usually the principal and if there is a child protection situation. If there’s disclosure I can’t just run off and send in my notification to social services because I am working for the school ... I have to work under their policies”.

Niamh further stated:

“In private practice ya haven't got an organisation around you. In the schools at least the organisation is around me ... It Is more contained its

moral support ... I suppose even when it comes to legal situations ... the school takes part of the responsibility and you are taking part of the responsibility if you're on your own you are on your own your 100% responsible for everything you're doing".

4.4.4 Keeping the child central to the work whilst taking the Teacher, principal and parents into account

Some participants reported that working within the school setting provided much needed support for both the therapist and child. All participants agreed that the child was central to the work. The participants acknowledged the importance of keeping the child central to the work whilst being able to work collaboratively with parents, teachers, and the principal, without breaching the confidentiality of the child. Niamh stated:

"What really helped me in the schools was working closely together with members of staff without breaching confidentiality ... the teacher sees the child for everyday for ... hours a day and the principal knows the child and the family home school officer may liaise with the family ... very much collaborative piece of work ... the only time I really ... communicate with people outside the therapy room is if there is a child protection concern".

Mary reported that it was important to give feedback to the parents, as the child is a minor. She also stated that the child would be consulted and asked if there is anything that they might want to tell the parents. Mary further added:

"If a child feels you're going to go back and tell the mom everything the child is not going to say much ... I think probably ... With parents you have to communicate with them sometimes but you will always say to the child ... is there anything you'd like me to tell your mom ... put it back on them and they might say tell her that I play a lot here or whatever".

Hope reported:

"There is always a kind of a curve were everybody in the school has to really understand the therapist is doing her very best ... but there is for a while a sense of ... why haven't you fixed it ... one child who I was working with was very difficult at school and the teacher brought the child towards the mother and said so what's the

story with the play therapy and ... the child heard all this and he never wanted to come again see what you're up against. The perception of play therapy and we've got him in treatment and were getting him or her fixed ... why isn't this working and that is not at all what therapeutic work is about. It's very personal, it's very individual, and it does take time that's the hardest one".

4.4.5 Confidentiality

Whilst some participants reported that the support of teachers and parents were crucial to the therapeutic work, issues also emerged around the confidentiality regarding the children. Whilst the teachers and principal don't know what material is brought into the therapeutic space by the children, they are aware that children are in therapy due to them being taken out of class by the therapist. This also includes other children, as they become accustomed to seeing the therapists within the school and are aware who they are. Some emerging concerns around confidentiality were reported as having to be in a room with a glass door, as well as a space that is for a dual purpose; Mary stated being given an after school room and the janitor walked in, in the middle of the session, for example.

One participant worked in schools in three different countries and spoke about how she had to often use rooms that were for different purposes, in the Irish primary school setting. In contrast, when working in the UK, most of the schools were equipped with a therapy playroom. Niamh reported: *"In the UK practically every school has a play therapy room oh it's ... very powerful work in the UK they really are, understanding that children really are coming from very complex situations and you need to take that child out"*.

Hope further added:

"When I was in another room a teacher walked in ... saying oh I know who you're working with as she was a teacher in another class. oh that child he's just the boldest nobody likes him and I was thinking ya know what I'm his therapist really don't need to hear that ... where is the child's human rights?"

The confidentiality is completely compromised ... I've gone to class rooms knocked quietly and heard the teachers say right across the room Charlie your therapist is here now I'm sorry but that is just not on”.

Rachel added that the policy had an impact on the confidentiality of the child, stating:

“There would be a policy ... obviously if you're working with one child ya have to be in a room with this glass in the door there's has to be a policy that people can walk past at any time that the child can leave at any time ... the child has to be free to leave the room anytime ... that would all be part the policy”.

4.4.6 Overall experience working in the Irish Primary school setting

The findings revealed both positive and negative results. Niamh discussed the initial reaction of children towards adults within the school setting, and how children can think therapists are teachers, initially:

“They put you into that because they know adults are teachers so I am not a teacher so how am I going to explain that in an age appropriate manner? How do you explain to a five year old what we are doing because the five year old needs to know what we are doing otherwise well what am I here for”.

Hope stated that on a number of occasions she felt that her presence made teachers and the principal feel threatened. She added:

“It's very subtle but a kind of an anger and a jealousy and annoyance that you're the one that can tolerate the child I have had parents and teachers say oh it's all very well for you, ... you get on great ... you only got him with you ... and your here for five minutes like they dismiss it”.

75% of the participants had previous teaching experience, which they reported led to training in psychotherapy and would have benefited their previous careers in teaching hugely. Three of the participants agreed that basic training in these skills would have made a huge difference. All participants agreed working with children was very different than working with adults; adults would use more verbal methods of communication. Working with children comes with a different set of responsibilities.

Hope added:

“I would say I've had some really good experiences with children in schools in play therapy wonderful and I've seen some changes but I have never felt supported in my work by the school authorities ... I've been treated as the outsider coming in”.

Whilst Niamh stated: “In private practice ya haven't got an organisation around you”.

Hope further added:

“Good support and feedback from teachers and parents on board is 50% of the work ... it can be very challenging work and hard but very rewarding incredibly rewarding especially when you see a child who just got stuck and can get unstuck ”.

Rachel added:

“The children that are coming to you in the school... they are secure in who you are they know who you are they are happy with you there is a trust already there ya know one of the things ya need to be conscious of”.

CHAPTER 5: DISCUSSION

5.1 Introduction

The objectives of this research project were to explore the place of psychotherapy in the Irish primary school setting, from the perspective of the psychotherapist, looking at the needs of children in this setting. This chapter will discuss the results of the study, in relation to previous research. It summarizes the thesis contributions, points out limitations of the current work, and outlines areas for further research. Finally, the thesis will conclude with recommendations.

5.2 Summary of Aims of study

The overall aim of this study was to gain an understanding of the experience of psychotherapists working in the primary school setting by exploring the needs of children in this setting, through the following criteria:

1. The need for psychotherapy, for primary school children
2. What has and has not worked in terms of preventative or reactive measures around stress, behavioural and emotional problems
3. Working with a heavy workload, taking the principal, teachers, and parents into account whilst keeping the children central to the work.
4. Understanding struggles or limitations working in a system already established.
5. Challenges: Assessing the impact of funding, policies and the influence it may or may not have on their work.

These will be viewed through the three themes found in this study

5.3 Theme 1: The Needs for psychotherapy for children in the primary school setting

All participants unanimously agreed that the need for psychotherapy for children in the primary school setting were high. Niamh stated that the earlier the intervention, the greater the chance of a more successful outcome, whilst Hope reiterated this. Research by Webster-Stratton et al. (2012) supports this. Similarly, Harrison (2014) made reference to how children spend a great amount of time in full time education and that it makes sense that schools are seen as effective places for positively engaging with children, regarding mental health and well-being.

Nicholson et al. (2009) disagreed with the findings and explored the potentially harmful effects of school-based psychotherapy for children. Music (2007) too voiced his concerns, although his focus was on the possible negative effects of providing psychotherapy in organisations that have very different, goals and values.

Taking into consideration the first aim of this thesis, on exploring the need for psychotherapy in the school setting, the literature and findings would suggest that there is a high need for psychotherapy within the primary school setting, whilst factors touched upon by Nicholson et al. (2009) and Music (2007) suggest that further research is needed.

5.4 Theme 2: Framework/orientation

The findings that emerged in relation to the types of therapeutic interventions used were creative play, used in conjunction with Psychoanalytical, Jungian, Humanistic, and Gestalt training. Participants illustrated that they apply these theories to creative-based work, in line with their training, making use of toys, sand play, dolls, puppets, imagery, and clay to facilitate the child in identifying and expressing their feelings.

This allows the psychotherapist to observe how the child makes use of the play tools and can then begin to identify themes and patterns in order to gain a better understanding of the child's problems or struggles.

Nicholson et al. (2009) state that some participants, engaged in psychotherapy, can be susceptible to deleterious effects, thus, it is vital that practising psychotherapists have a strong awareness of these possible harmful effects, with different approaches that cater for the individual needs of students, as each child may respond differently to therapeutic interventions. This would be in agreement with the findings of this present research which suggests that interventions need to be age appropriate whilst catering for the individual needs of children. All participants agreed that interventions need to be age appropriate, taking into account the children's developmental stages.

Although Nicholson et al. (2009) expressed concerns about psychotherapy in primary schools they did agree that practising psychotherapists working in the primary school setting have a strong awareness and familiarization with different interventions and orientations.

Findings indicated that, in terms of preventative measures, there was difficulty in doing anything that was preventative, as each child and each family system was individual, with individual circumstances and background histories. Niamh reported this difficulty and the findings also revealed that children who acted out were the ones who would be more likely to be referred on to therapy, whilst children who did not were more often missed. 75% of participants agreed that further training for teachers around the emotional challenges of children, inclusive of the developmental stages and attachment styles, would be highly beneficial. Whilst three of the participants had experience working as teachers in the past, they indicated that these were not skills

included in their teacher training; they were unsure of the more recent training provided to teachers, however.

The literature differs from the findings in regards to what emerged in the area of what has and has not worked. Research by Nicholson et al. (2009) explored how, in the past, children who were disobedient and disruptive were simply regarded as being a problem and disciplined accordingly. Nicholson et al. (2009) further state that research was conducted on topics such as services available in schools, early intervention programs for disruptive behaviours, aggression, and ADHD globally. This includes preventative programs for anxiety in children, learning, and mental health disabilities. The focus would be more psychosocial and cover a broader range, which is not completely focused on educational needs (Nicholson et al., 2009, p.1).

Webster-Stratton et al. (2012) discuss how their colleagues in the University of Washington's parenting clinic have worked to improve and evaluate parent-teacher training programs for families with children with behavioural problems. This supports the findings that emerged around providing further training to teachers. Webster-Stratton et al. (2012) focus on the use of interventions, as well as preventative measures. Their research supports the findings within this study.

5.5 Theme 3: Challenges

Funding was one such challenge mentioned. It emerged within the findings that the allocation of hours and funding was individual to each school. As Mary stated, schools receive a certain amount of money and some might use it for that for getting help for children or they may use it for outings. Hope noted that if parents could afford to pay for the therapy, then they should. What emerged strongly among the participants interviewed was the impact of the lack of funding, and how it was

reflected in terms of the lack of adequate facilities for therapeutic spaces. The impact of low funding is also reflected in the literature, when Kodad & Kazi (2014) discuss the implementation of psychotherapy into primary schools, adding that this service is more readily available in private schools within India, for example, and is yet to be implemented into government schools. In regards to providing adequate care for children in schools, research has showed that there has been a growing awareness and rising momentum to improve the wellbeing of children at school.

Working within the primary school setting means that psychotherapists are obliged to work by the policies of that organisation. All participants agreed that this affected the work. Two participants stated that it could be difficult working in an organisation that was driven by different goals. Hope stated that teachers like to teach and need to get results but the focus is more on the cognitive part of the brain. She went on to further state that the emotional side is not addressed as much. Particular focus was given to the psychosocial aspects that cover a broader range, taking into account all aspects of the child's needs, not just their educational needs (Nicholson et al., 2009). This is in agreement to the statement Hope made.

When discussing the policies relating to the process of reporting, in line with Children's First guidelines (2011) participants described that, rather than the psychotherapist reporting any disclosure, which has been uncovered in breach of the Children's First Act, and indicating a child may be at harm, they must first make it known to the allocated Liaison officer who would then report it to social services. Niamh stated this was a shared responsibility, whereby in private practice all responsibility is on the psychotherapist. This was because, within the school setting, psychotherapists have the support of the allocated Liaison officer. Niamh stated that when it came to legal situations, the school took part of the responsibility, which also

included the teacher taking part of the responsibility as a result. This is reflected within the literature that looks at the guidelines of TUSLA; any suspected child protection concerns are referred promptly to the designated person in TUSLA (Tulsa, 2014). This supports the information that emerged within the findings around the sharing of the responsibility of the psychotherapist. This was not something which was evident within the aims of this study and emerged during the findings and literature review.

All participants agreed that the child was central to the work. The participants acknowledged the importance of keeping the child central to the work whilst being able to work collaboratively with parents, teachers, and the principal without breaching the confidentiality of the child. Niamh stated that it is very much a collaborative piece. Research on the Mental Health and Well Being in Primary Schools guidelines aids the progress of mental health Promotion using the National Educational Psychological Services and the handbook states that its purpose is to assist schools in building up a consistent approach in schools to mental health that is centred on children, their parents and teachers, which is incorporated into the mainstream school structure and practices (Weare, 2015). These guidelines were developed by combination of services that collaborate to provide a cohesive handbook (National Educational Psychological Service, 2015). This supports the findings in relation to keeping the child central to the work and keeping the parents and teachers central. Issues do emerge around confidentiality of the child, however. Whilst the teachers and principal do not know what material is brought into the therapeutic space by the children they are at times aware that children are in therapy. This also means other children are aware of a pupil being taken out of class. Froeschle and Crews (2017) point towards several common ethical challenges faced by school

psychotherapists around confidentially, and refer to research conducted by Bodenhorn (2006), Capuzzi (2002), and Glossoff & Pate (2002). Froeschle and Crews (2017) highlight potential ethical challenges described by school counsellors in relation to privacy rights, trust, and confidentiality. This links in with the findings of the ethical dilemmas around confidentiality.

Both the literature and findings link in with the Aims of this study on exploring challenges such as confidentiality whilst understanding the limitations there to may be when working with a minor whilst indicated within the literature that it is important to explain the limitations of student confidentiality. Froeschle and Crews (2017) stated it also states the importance of discussing this with parents to help them in understanding the importance of confidentiality within the counselling process and relationship. Froeschle and Crews (2017) go on to further say that parents are assured that critical information will be made known in line with the children's first guidelines. Niamh discussed children's reactions towards adults within the school setting and how children can think therapists are a teacher, initially. She stated the importance that this is explained to the child in an age appropriate way that what they do is different. Oaklander (1997) discusses transferences whilst working with children. This supports the findings that emerged around children thinking all adults in schools are teachers. The theme of transferences emerged in both the research covered by Oaklander, (1997) and the findings, although it was something that the researcher had not foreseen.

Within the findings, it emerged that the presence of the psychotherapist may have made teachers and the principal feel threatened. Hope stated that this was very subtle further describing a kind of an anger, jealousy, and annoyance that the therapist is the one that can tolerate the child. Hope went on to further say she was not treated like a

full member of staff. This was found in the literature; Marchetta (2011) and Corey (1986) discuss concerns around the role of the counsellor and the consequence and conflict it can cause, in how others view their role. This theme links in with three of the overall aims of this study; exploring the challenges and limitations, working in a system which is already established and keeping the child central to the work whilst taking parents and teachers into account.

5.6 Strengths and limitations of Study

Qualitative methods of research were employed in this study, as it was felt that this method would be more appropriate in providing more flexibility for exploring values, beliefs, understandings, perceptions, and meaning (Kumar 2011 & Walliman, 2013). The selection process was restricted due to difficulty in obtaining a mailing list of all licensed psychotherapists working within the Irish primary school setting (Rudestam & Newton, 2008). This resulted in minimal opportunities for finding individuals who fit the sample criteria. Four participants is, to some extent, a small sample and may not accurately reflect the viewpoints of the majority of Psychotherapists in the Irish primary school setting. Supplementary methods such as the use of focus groups may have yielded a more comprehensive understanding. As documented, there was limited research material on the experience of psychotherapy in the Irish primary school setting and this study gained from the array of experience of the participants. They also provided copious information that equally supported and conflicted with the available literature.

5.7 Conclusion and Recommendations

The findings have shown that there is a high demand for psychotherapy within the Irish primary setting. As a result of the discussion of the findings, several recommendations are apparent.

1. Supplementary resources are crucial to deal with the increasing demands on psychotherapists and teachers in meeting the needs of children within the Irish primary school setting. This is reflected in the findings in the lack of provisions in relation to having proper amenities to facilitate the requirements providing a safe therapeutic space.
2. During this research, it became apparent that teachers play a vital role in the observation of children. Due to this, a further exploration of the training teachers receive in relation to the psychological and emotional needs of children may be favourable.
3. Codes of practice are a necessity, with regards to confidentiality, for the protection and welfare of the school going children, in agreement with ethical procedures, once not in breach of the children's first guidelines. Within the findings, it emerged that there may be a conflict between such procedures and the requirements of the confidential space in line with the Childs basic human rights to confidentiality. Further research of school polices in line with children's first guidelines and any possible conflict of interest with the requirements of the therapeutic space, is another area that may benefit from further research.

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APPENDICES

Appendix 1: Information Sheet



Information Sheet

Name: Catherine Finlay

Course: BA Counselling & Psychotherapy

As part of the requirements for my *Bachelor of Arts Degree in Counselling & Psychotherapy* at Dublin Business School, I am inviting you to take part in my research project. This area of this study is around “An exploration of Psychotherapy in the Irish Primary Schools setting from the perspective of the Psychotherapist”.

Why have you been asked to take part?

You have been invited to participate in this research because *you have been identified as a suitable candidate. This is due your experience in working or having worked in the area of interest relevant to the topic of research.* I would like to take this opportunity to thank you for your interest in taking part in this research. Prior to your decision in partaking in this study, the research must be explained in order to make clear what this study entails.

What will the study involve?

If the participants decide to partake in this study a *consent form will be provided for you to sign. Participants will receive a copy of both the information sheet and a copy of the consent form to keep which can be revisited at any time.* If you give your consent to participate in this study, you will be requested to attend a one-to-one interview with the researcher in a setting of your liking. The interview should take between 30 to 45 minutes to complete. During this the researcher will ask you a number of open ended questions related to the topic of choice and your experience within this area of work.



Please note your participation is of a voluntary capacity and this means participants may decide to leave the study at any time until the study commences (even if applicants have agreed to participate) or decide to discontinue after data collection has started. You may also refuse to answer specific questions if you are uncomfortable with them. Participants may withdraw permission for the use of data, within two weeks, following the interview in which case notes, transcriptions and recordings will be destroyed. If you have any further question arising from the Information Sheet, please feel free to ask the researcher before you to approach a decision whether to partake.

Confidentiality

I will ensure that no clues to your identity appear in the thesis. Any extracts from what you say that are quoted in the thesis will be entirely anonymous. *The* data will be kept confidential for the duration of the study. On completion of the thesis, they will be retained for a further eight years and then destroyed. The Findings will be presented in the thesis. They will be seen by my supervisor, a second marker and the external examiner. The thesis may be read by future students on if published and any subsequent publications.

Appendix 2: Consent Form



Consent Form

I.....agree to participate in this research study on “An exploration of psychotherapy in the Irish primary school setting from the perspective of the psychotherapist”.

The purpose and nature of the study has been explained to me in writing.

I am participating voluntarily.

I give permission for my interview with XXXX XXXX to be tape-recorded

I understand that I can withdraw from the study, without repercussions, at any time, whether before it starts or while I am participating.

I understand that I can withdraw permission to use the data within two weeks of the interview, in which case the material will be deleted.

I understand that anonymity will be ensured in the write-up by disguising my identity.

I understand that disguised extracts from my interview may be quoted in the thesis and any subsequent publications if I give permission below:

Signed.....

Date.....

Appendix 3: Interview Questions for Semi Structured Interview

“An exploration of Psychotherapy in the Irish primary education setting from the prospective of the psychotherapist”.

Theme 1: Assessment & Needs of children

Q1: What do you feel led you to this particular area of work within your career as a psychotherapist?

Q2: What do you feel are the needs for Psychotherapy for children within this setting?

Q3: Can you describe how you initiate the process of assessment and needs of children.

Theme 2: Framework/orientation

Q4: If you had to say you worked within a particular framework within primary school setting what would you say it was (b) why do you feel this approach is best suited within this setting?

Q5: What in your experience do you feel has and has not worked? (In terms of preventative or reactive measures, around stress, behavioural and emotional problems).

Theme 3: Challenges

Q6: Have you encountered any particular challenges working within this setting?

Q7: What has been your experience of keeping the child central to the work whilst taking the principal and parents into account?

Q8: In your experience within this setting, would you say funding and policies have an influence of your work? If so how?

Q9: Overall how would you describe your experience as psychotherapists working in the primary school setting? And do you feel it differs or does not differ from other areas of work?

Q10. Is there any area we have not touched on that or do you feel you have anything else you would like to add?

Appendix 4: Email template used for Initial contact before follow up calls

Dear xxxx ,

My name is xxxx xxxxxx . I am in Dublin business school and in my final year. I am currently working on my thesis which is on "An exploration of Counselling & Psychotherapy within the Irish Primary School setting from the Prospective of the Psychotherapist".

I am aware that you have trained in play therapy skills and am wondering if you have worked within the primary school setting. If so I am wondering if you would like to take part in this research. This would entail taking part in a 30/40 min semi structured interview.

Should you feel you can facilitate my request please feel free to contact me on this email address or you can contact me by phone on xxx-xxxxxxx.

Any information and experience you feel you may have in this area is very valuable to my research. If you are interested in participating I can forward you on the information sheet and consent form. I look forward to hearing from you and would like to thank you for your time.

Kind Regards,

xxx xxxx