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Literature Review

Empirical Research Project

Reflective Commentary

Candidate Number: [redacted]

University College London

Submitted in partial requirement for the Doctorate in Psychotherapy (Child and Adolescent)

DECLARATION

I declare that the material submitted for examination is my own work. The ideas and findings of others have been referenced in accordance with the guidelines provided and any work by others has been acknowledged.

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Acknowledgements

Thank you to Evrinomy for her patience and thoughtful comments and to my year group.

Thank you to my family back home and my new London family.

Part 1: Literature Review

Evidence for the effectiveness of psychoanalytically informed parent interventions with parents of children aged 1-18

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Abstract

Background: There is consensus about the importance of psychoanalytically informed parent interventions in the success of a child's and adolescent's treatment. However, the form that parent interventions may take seems to be less clear.

Aims and methods: The current literature review aimed to examine the evidence for the effectiveness of psychoanalytically informed parent interventions with parents of children aged 1-18.

Findings: Thirty-two studies were included. Nineteen studies (four systematic reviews and fourteen experimental studies) evaluated parent interventions with parents of children under the age of five. Four studies (one systematic review, one empirical study and two observational studies without a control group) examined the effectiveness of interventions with parents of primary school-aged children. Six observational studies without control groups examined the effectiveness of interventions with parents of adolescents. Finally, three quasi-experimental studies reported the effectiveness of interventions with parents of children aged 1-18. Most studies focusing on parents of older children reported pre-post-intervention outcomes and did not include child-reported outcomes.

Conclusion: The evidence for interventions with parents of primary school-aged children and adolescents is underdeveloped compared with the evidence for interventions with parents of children under the age of five. Higher quality research is needed to support the evidence base for interventions with parents of primary school-aged children and adolescents.

KEYWORDS

psychoanalytically informed parent interventions, psychoanalytic parent work, parent interventions, literature review

Introduction

The importance of parent work in child and adolescent psychoanalytic psychotherapy has been historically neglected (Novick & Novick, 2013). In recent years, both clinical (Green, 2000; Horne, 2000; Rustin, 2009) and empirical (Midgley & Kennedy, 2011; Trowell et al., 2007) studies support the centrality of parent work in a child's treatment. There is consensus that parent work is important for the success of individual psychotherapy (Novick & Novick, 2000; Slade, 2008) and that it can promote child development. Despite the evidence, the aims of parent work and what it entails seem to be less clear (Novick & Novick, 2000).

Hence, this narrative literature review aims to examine the current research evidence for the effectiveness of psychoanalytically informed parent interventions with parents of children aged 1-18.

Parent work takes multiple forms, such as parent-child interventions, consultations with parents (Jarvis, 2005; Jarvis et al., 2004), parallel parent work (Chazan, 2006; Cregeen et al., 2018; K. K. Novick & Novick, 2013; Trowell et al., 2003) and group interventions (Midgley et al., 2021). Some authors (Cregeen et al., 2018) suggest that parent work models depend on the child's age and presentation, as well as on the parents' needs and resources. Developmental research has highlighted the influence that the caregivers' emotional world has on the infant's development (de Wolff & van IJzendoorn, 1997; van IJzendoorn, 1995). Maternal sensitivity, parental reflective functioning and maternal self-representations and representations of the child have been shown to predict the security of the child's attachment (Fonagy et al., 1991; Slade et al., 2005). Psychoanalytically informed parent interventions with parents of children under the age of five usually involve working with the parent-child dyad. Following the evidence from developmental research, these interventions seek to foster specific

parental qualities, such as maternal sensitivity and parental reflective functioning, to promote the development of the infant's growing self (Fonagy & Target, 2002).

Attachment research has shown similar findings with older children. For instance, there is evidence that securely attached adolescents are less likely to develop mental health difficulties (Nakash-Eisikovits et al., 2004). Moreover, secure parent-adolescent attachment promotes the adolescent's emotional development (Allen et al., 2003). Despite the evidence suggesting the importance of parental capacities in school-aged children's and adolescents' development, published studies that evaluate interventions with parents of primary school-aged children and adolescents are limited.

Following a developmental perspective, the results of this study are presented in four sections: interventions with parents of children under the age of five, interventions with parents of primary school-aged children, interventions with parents of adolescents and interventions with parents where the child's age was not clearly defined.

Method

Psychoanalytically informed parent interventions were defined as interventions that focus on parental reflective functioning, attachment, and parental sensitivity to improve the parent-child relationship and the child's difficulties. Published studies were identified using PsycINFO. This database was last reviewed in July 2021. Different search terms and inclusion criteria were used for each age group.

For the interventions that mainly target parents of children under the age of five, the inclusion criteria were that studies followed a randomized control trial (RCT) design and systematic review design. Given the large number of studies found, other study designs as well as Video Interaction Guidance (VIG) and group-based intervention studies were excluded.

The search criteria included combinations of the following terms: parent-infant psychotherapy (AND) psychodynamic (238), parent-infant psychotherapy (AND) effectiveness (237) and evaluation (AND) parenting intervention (AND) psychodynamic (58).

For interventions that mainly targeted parents of primary school-aged children the inclusion criteria were that studies evaluated an intervention. Group-based parenting programs were included.

The search terms used included the following combinations: primary school-aged children (AND) parent interventions (AND) psychodynamic (5), primary school-aged children (AND) reflective funct* (AND) parents (69) and mentaliz* (AND) middle childhood (AND) parent intervention (6).

Regarding interventions that mainly targeted parents of adolescents, the inclusion criteria were that studies evaluated an intervention. Group-based parenting programs were included. The search strategy included the following combination of terms:

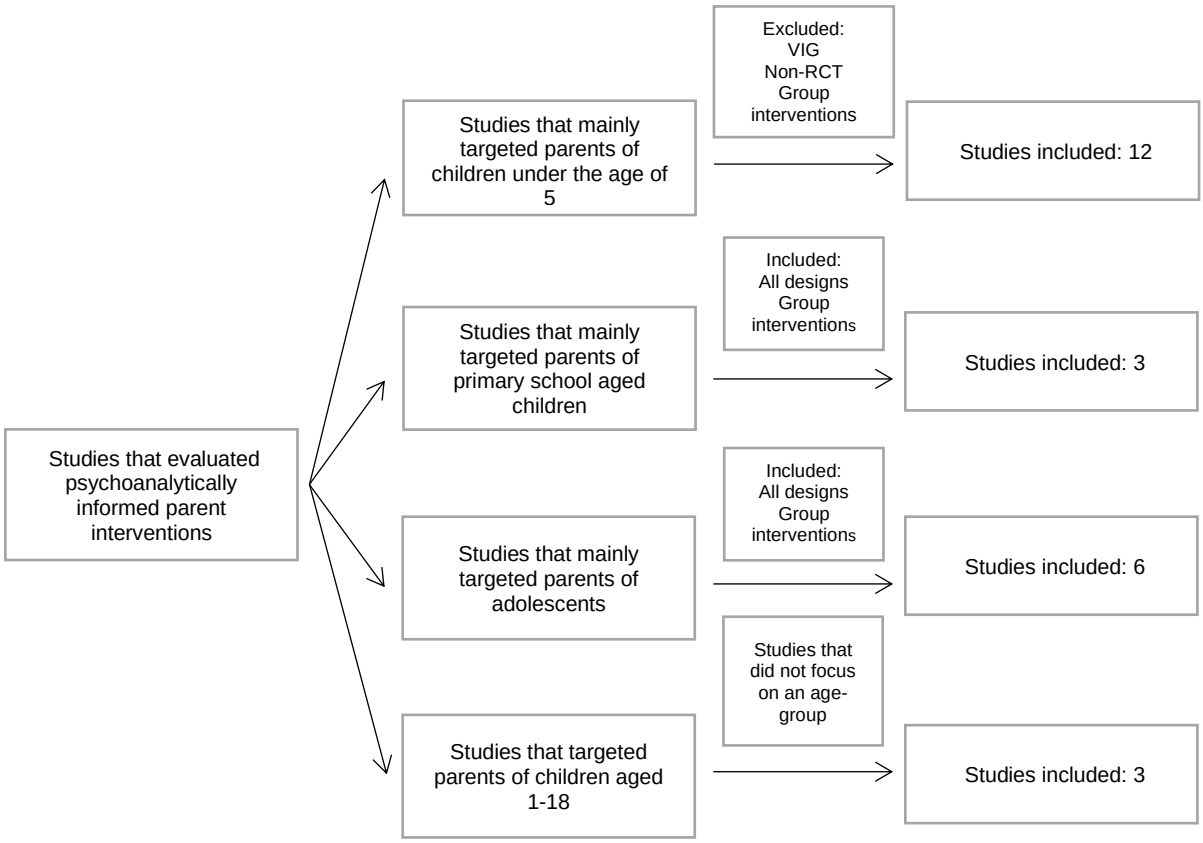
parents of adolescents (AND) attachment (AND) evaluation (253), parents of adolescents (AND) reflective funct* (14), parents of adolescents (AND) mentaliz* (36) Only studies that were published in English were included. The studies were analyzed using the evaluation checklists designed by the Critical Appraisal Skills Program (CASP, 2019a, 2019b).

Table 1.

Database: PsycINFO – Evaluation of psychoanalytically informed interventions with parents

	Search words	**Number of records**
Interventions that mainly targeted parents of children under the age of five	Parent Infant Psychotherapy AND Psychodynamic	238
	Parent Infant Psychotherapy AND Effectiveness	237
	Evaluation AND Parenting Intervention AND Psychodynamic	58
Interventions that mainly targeted parents of school aged children	Primary School Aged Children AND Parent Interventions AND Psychodynamic	5
	Primary School Aged Children AND Reflective Funct* AND Parents	69
	Mentaliz* AND Middle Childhood AND Parent Intervention	6
Interventions that mainly targeted parents of adolescents	Parent of Adolescents AND Attachment AND Evaluation	253
	Parents of Adolescents AND Reflective Funct*	14
	Parents of Adolescents AND Mentaliz*	36

Figure 1.


Studies that evaluated psychoanalytically informed parent interventions
Studies that mainly targeted parents of children under the age of 5
Excluded: VIG Non-RCT Group interventions
Studies included: 12
Studies that mainly targeted parents of primary school aged children
Included: All designs Group interventions
Studies included: 3
Studies that mainly targeted parents of adolescents
Included: All designs Group interventions
Studies included: 6
Studies that targeted parents of children aged 1-18
Studies that did not focus on an age-group
Studies included: 3

Results

Six systematic reviews and twenty-six experimental and observational studies were considered to meet the inclusion criteria. The twenty-six studies were categorized following their design and target group, as shown in Table 1.

Table 2.
*The papers included in this review report the results of a single study

Quality of evidence (Khan et al., 2001)

Interventions with parents of children under the age of five		
Authors	Design	Target Group
Cicchetti et al., 1999	Experimental	Depressed mothers and their toddlers
Cicchetti et al., 2000	Experimental	Depressed mothers and their infants
Cicchetti et al., 2006	Experimental	Maltreating mothers and their infants
Cohen et al., 1999	Experimental	Wide range of clinical presentation
Fonagy et al., 2016	Experimental	Parents with mental health problems in social adversity and their infants
Sadler et al., 2013	Experimental	First time mothers and their infants
Salomonsson et al., 2011	Experimental	Wide range of clinical presentation
Robert-Tissot et al., 1996	Experimental	Wide range of clinical presentation
Suchman et al., 2010	Experimental	Substance using mothers and their toddlers
Suchman et al., 2017	Experimental	Substance using mothers and their toddlers
Toth et al., 2002	Experimental	Maltreating mothers and their toddlers
Toth et al., 2006	Experimental	Depressed mothers and their toddlers
Interventions with parents of primary school aged children		
Hertzman et al., 2016	Experimental	Parents who had separated
Konjin et al., 2020	Observational without control group	Foster carers

Table 1.

Midgley et al., 2019	Observational without control group	Foster carers
Interventions with parents of adolescents		
Gianotta et al., 2013	Observational without control group	Parents of adolescents at risk of behavioural problems
Jarvis et al., 2004	Observational without control group	Wide range of clinical presentation
Moretti & Obsuth, 2009	Observational with waitlist control group	Parents of adolescents at risk of aggressive behaviour
Moretti et al., 2012	Observational without control group	Parents of adolescents with behavioural problems
Moretti et al., 2015	Observational with waitlist control group	Parents of adolescents at risk of behavioural problems
Pasalich et al., 2021	Observational without control group	Parents of adolescents with internalizing and externalizing problems
Interventions with parents of children aged 1-18		
Adkins et al., 2018	Quasi-experimental	Foster carers
Bammens et al., 2015	Quasi-experimental	Foster carers
Enav et al., 2019	Observational with control group	Parents of children with ASD

The results will be presented following a chronological age approach. Therefore, interventions with parents of children under the age of five will be reviewed first. This will be followed by interventions with parents of primary school-aged children. Finally, interventions with parents of adolescents will be examined.

Interventions with parents of children under the age of five

Six systematic reviews (Barkermans-Kranenburg et al., 2003; Barlow et al., 2015, 2016, 2021; Huang et al., 2020; Letourneau et al., 2015) that examined different aspects of interventions with parents of children under the age of five were found. One systematic review focused on treatments that aim to promote attachment and maternal sensitivity (Bakermans-Kranenburg et al., 2003) and found that interventions that

focus only on promoting sensitivity were more effective than those that focus on promoting sensitivity, representations and social support (Bakermans-Kranenburg et al., 2003). Moreover, these interventions were more effective in clinical samples and were found to affect the infant's attachment security, thus confirming the hypothesis that maternal sensitivity moderates the infant's attachment security.

In a Cochrane review, Barlow and colleagues (2015) assessed the effectiveness of parent-infant psychotherapy (PIP) in improving infant and parental mental health and also examined factors that moderate outcomes. Their review included studies with infants up to 24 months. They found that PIP improves infant attachment security in at-risk families and families in adverse environments. Similar results were found in a subsequent systematic review (Barlow et al., 2016), which focused on interventions that targeted parental reflective functioning of infants, where participants' attachment in the intervention group changed from insecure to secure patterns post-treatment. These findings are supported by a narrative meta-analytic review (Letourneau et al., 2015) of interventions that aimed to improve mother-child attachment patterns. The authors identified six interventions that resulted in improved attachment security post-treatment and found that interventions were more effective in promoting attachment security when the infants were 3 to 9 months old and when they were in an at-risk group (Letourneau et al., 2015). This contrasts with a previous study that suggested that more significant attachment effect sizes were found in interventions that started after the infant was 6 months old (Bakermans-Kranenburg et al., 2003).

Regarding parent and parent-child outcomes, meta-analysis have not found statistically significant differences in maternal sensitivity, maternal positive engagement, infant involvement (Barlow et al., 2016, 2021; Huang et al., 2020), or parental reflective functioning (Barlow et al., 2021). However, Barlow and colleagues'

review (2021) found that the use of parental reflective functioning measures in studies with parents of infants and young children is limited (Barlow et al., 2021). It is possible that something similar occurred with other areas or parental functioning, which may not be routinely assessed using consistent and validated instruments. The authors suggest that the scarcity of results in parental reflective function may be due to the absence of validated measures.

An area of parental functioning that has been used as an outcome variable is maternal depression, with contradictory findings. While some studies (Barlow et al., 2021) have not found differences in maternal depression, others suggested that mother-infant psychotherapy had a significant impact on improving short-term maternal levels of depression and incidence of post-partum depression (Huang et al., 2020). Moreover, a fixed effect meta-analysis showed a statistically significant difference in depression measures in the intervention group at post-intervention (Barlow et al., 2015).

In sum, the overall effectiveness of mother-child interventions compared to other treatments is not robust (Barlow et al., 2015). This may have been due to the heterogeneity of the interventions that it was compared with (Barlow et al., 2015).

Twelve randomized control trials that compared a form of psychoanalytic parent-infant/toddler intervention with an alternative treatment or a control group were identified. These studies evaluated the effectiveness of different interventions for infants, toddlers and their mothers with multiple clinical presentations.

Five studies examined a form of parent-infant intervention in a population of mothers with mental health difficulties (Cicchetti et al., 1999, 2000; Cohen et al., 1999; Fonagy et al., 2016; Toth et al., 2006); two, in substance misuse samples (Suchman et al., 2010, 2017); one, in a nonclinical sample (Sadler et al., 2013); two, in groups of maltreating mothers (Cicchetti et al., 2006; Toth et al., 2002); and two, in mothers who

were concerned about their or their infant's health (Robert-Tissot et al., 1996; Salomonsson & Sandell, 2011).

Most of the studies examined one form of psychoanalytic psychotherapy: infant-parent psychotherapy (Cicchetti et al., 2006), also referred to as toddler-parent psychotherapy and preschooler-parent psychotherapy (Cicchetti et al., 1999, 2000; Toth et al., 2002, 2006). Manualized-based treatments were examined in most studies, except for Robert-Tissot and colleagues (1996) and Salomonsson and Sandell (2011; MIP, Mother-Infant Psychoanalytic treatment).

These interventions and the Mothers and Toddlers Program (MTP; Suchman et al., 2010) worked at a mental representation level, mainly targeting the parents' mental representations of their children. In contrast, Watch Wait and Wonder (WWW; Cohen et al., 1999) and Minding The Baby (MTB; Sadler et al., 2013) worked at both representational and behavioural levels, which may involve active guidance and advice.

Two treatments were delivered at the participants' homes (Cicchetti et al., 2006; Sadler et al., 2013). The interventions' length varied from six sessions to two years and the children's age ranged from 1 month to 5 years. In one study the interventions started during pregnancy and continued after the child's birth (Sadler et al., 2013).

One RCT evaluated a short-term psychodynamic intervention (Robert-Tissot et al., 1996) and reported change in both the mother and the infant. There was an improvement in the infant's regulatory difficulties, sleeping, feeding and digestion symptoms. Also, maternal sensitivity and the mother's representation of self changed positively post-intervention; these improvements continued at the 6-month follow-up (Robert-Tissot et al., 1996). However, this study did not have a control group, which limits the sensibility to capture the magnitude effect of the interventions. Moreover, the

infants' clinical presentation and age covered a wide range, which made it difficult to evaluate age-specific infant behaviour. Similar changes in the mother's representations have been shown in other studies (Fonagy et al., 2016; Suchman et al., 2010). For example, a parent-infant intervention with mothers with diverse mental health difficulties found a significant reduction in representational risk and a reduction in helpless and hostile representations of their children and mother's mood at the end of the intervention (Fonagy et al., 2016). The change was maintained at 1-year follow-up, but there was a high level of dropout among young mothers. This makes it difficult to generalize the results, particularly with young mothers. Results from two studies that evaluated two 12-week dyadic interventions (Mothers and Toddlers Program, MTP, and Mothering from the Inside Out, MIO) with drug-using mothers (Suchman et al., 2010, 2017) showed change in the quality of maternal representation of the child, particularly in coherence and caregiving sensitivity. The results of the first study showed improved mean maternal reflective functioning in the MTP program compared to the Parent Education program (PE) post-intervention. Similarly, maternal representations of the child showed improved scores in acceptance, coherence and sensitivity. Like Fonagy and colleagues (2016), Suchman and colleagues (2010) identified an improvement in maternal depression in the MTP group at post-intervention. The small sample size of this study limits the generalizability of the results, as the study lacks statistical power.

In a subsequent study using a different sample, Suchman and colleagues (2017) evaluated the efficacy of Mothering from the Inside Out (MIO). The results of this study showed that mothers in the MIO group had significantly higher reflective functioning scores at 12-month follow-up. There were no identified group differences in maternal sensitivity post-intervention, but this changed at the 12-month follow-up when MIO

mothers showed a significant increase in sensitivity. Mother-child attachment didn't show group differences at post-intervention or follow-up. It is unclear whether the authors performed statistical power analysis, which could limit the analysis of group differences, particularly given the various primary outcomes explored.

A longer-term treatment, Mother Infant Psychoanalytic Treatment (MIP), with mothers who were concerned about their maternal capacity and their infant's wellbeing, showed changes in maternal sensitivity when compared with treatment as usual (Salomonsson & Sandell, 2011). Salomonsson and Sandell (2011) identified significant treatment effects for maternal depression and mother-infant relationship qualities. Whilst these results are encouraging, the study's randomization process, which occurred at the end of the first interview, could have influenced the results. Nevertheless, group comparison pre-intervention showed that these were equivalent. The loose nature of MIP treatment length could introduce difficulties in replicating this study. Moreover, the absence of a no-treatment control group limits the capacity to evaluate the magnitude of change.

Similar findings in the mother-infant relationship were reported in a study that evaluated Minding The Baby (MTB), a long-term intervention with first-time mothers (Sadler et al., 2013). The results showed that less disruptive mother-infant interactions in the intervention group post-treatment (Sadler et al., 2013). Also, the intervention group was more likely than the control group to shift the infant's organisation towards secure attachment and mothers showed higher improvement in reflective functioning. Whilst the results are based on a pilot study, a statistical power analysis was performed. The study showed a high attrition rate but identified few differences between those who dropped out and those who completed the treatment. One of the

differences showed that families that self-identified as Black were more likely to complete the treatment than Latinas, which could have led to attrition bias.

Two studies with substance-using mothers and their toddlers (Suchman et al., 2010, 2017) found that improvements in maternal reflective functioning were sustained at 12-month follow-up (Suchman et al., 2017). The small sample size of the first study limits the scope of the results, as the study lacks the power to identify statistical changes. It is unclear whether statistical power analysis was performed in the second study (Suchman et al., 2017), which could limit the analysis, particularly given the various primary outcomes explored. In a different study that looked at maternal reflective functioning, Fonagy and colleagues (2016) did not find significant group differences for maternal reflective functioning but reported a slight non-significant increase in this area.

Several studies showed intervention effects on the mother's stress levels and mood. Salomonsson and Sandell (2011) identified significant effects for maternal depression and nearly significant for maternal stress levels. Similar findings were reported by Cohen and colleagues (1999), who found that parents in the intervention group reported lower levels of maternal depression at post-intervention. However, this study did not provide information on attrition and statistical power, which limits the generalizability of the results. Additionally, since the infant's age covered a wide range, it is not clear whether treatment results could have been linked to this factor. Fonagy and colleagues (2016) noticed that mothers with mental health problems who received parent-infant psychotherapy indicated a highly significant improvement in emotional functioning. Similarly, small treatment effects suggested that mothers' depression and psychiatric symptoms in the intervention group improved (Suchman et al., 2010).

In contrast, MTB did not show treatment effects on maternal mental health measures (Sadler et al., 2013). However, in this study, maternal mental health did not show clinical significance at baseline (Sadler et al., 2013). Although the tool used to measure depression was sensitive enough to capture changes in other studies, Sadler and colleagues (2013) speculated whether it may have not been sufficiently sensitive. In a study with mothers who were identified as having depression, the intervention did not show any effect on the mother's mood (Toth et al., 2006). The studies used multiple tools to measure a variety of depressive presentations. Although these tools may capture similar symptomatology, they are designed to evaluate different types of depressive episodes. Many studies used the Centre for Epidemiological Studies – Depression Scale (CES-D; Radloff, 1977) and the Beck Depression Inventory (BDI; Beck, et al., 1961), which measures depressive symptoms in the general population. One study (Salomonsson & Sandell, 2011) used the Edinburgh Postnatal Depression Scale (EPDS; Cox et al., 1987), which looks specifically at depression during pregnancy and in the year following birth.

Some studies that showed changes in mother-infant interactions revealed significant changes in maternal sensitivity post-intervention (Robert-Tissot et al., 1996; Salomonsson & Sandell, 2011). These results suggest that changes in parenting qualities could regulate the development of secure attachment and the improvement of mother-child interactions (Fonagy & Target, 2005). Several studies (Cicchetti et al., 1999, 2006; Sadler et al., 2013; Toth et al., 2006) exhibited lower rates of disorganized attachment at post-intervention. This implies that improvement in certain parental capacities could influence the child's attachment. Despite the evidence, associations between maternal sensitivity and infant attachment are insufficient to explain the transgenerational transmission of attachment patterns. Fonagy and colleagues (2005)

argue that maternal reflective functioning may contribute to understanding this transmission gap (van IJzendoorn, 1995).

Studies that focus on interventions with parents of children under the age of five suggest that psychoanalytic parent-infant psychotherapy interventions can be effective at promoting different components of the parent-infant dyad. Most of the studies followed rigorous designs, which included different steps to reduce the chance of biases. However, some studies did not perform statistical power analysis, did not report on attrition, or did not evaluate alternative treatments. Future studies need to consider these aspects of the design.

Interventions with parents of primary school-aged children

One narrative systematic review that examined the effectiveness and quality of existing research on mentalization-based interventions that mainly targeted children aged 6-12 and their parents was identified (Midgley et al., 2021). This review suggests that mentalization-based interventions can promote carers' and parents' reflective functioning, and self-efficacy and reduce stress. However, controlled studies were scarce and the relationship between improvement in the parent and the child was not examined, as studies did not report on direct measures of children's outcomes (Midgley et al., 2021).

This narrative review included a total of 22 studies, 8 of which involved evaluating parents' or carers' mentalizing capacity. Three studies (Adkins et al., 2018; Bammens et al., 2015; Enav et al., 2019) concerned parents whose children's age varied from 2 months to 18 years and are presented in a separate section. Two studies (Åkerman et al., 2020; Downes et al., 2019) did not specify the children's age and were excluded from this review. The remaining studies included samples of at-risk children whose

parents were separated and who were being cared for by foster carers (Hertzman et al., 2016; Konijn et al., 2020; Midgley et al., 2019).

Two studies evaluated two parenting programs that aimed to improve parents' and carers' reflective functioning, using a psychoeducational group-based format (Konjin et al., 2020; Midgley et al., 2019). The Reflective Fostering Program (RFP; Redfern et al., 2018) is a psychoeducational intervention that aims to improve self and other mentalization capacities. Caring for Children Who Have Experienced Trauma (Grillo & Lott, 2010) is a trauma-informed parenting training for foster parents that aims to improve behavioural difficulties, parental stress, and traumatic stress (Konjin et al., 2020). One study (Hertzmann et al., 2016) followed a randomized trial design to compare the effects of Mentalization Based Treatment – Parenting Together (MBT-PT) and psychoeducation parent group with parents who had separated. MBT-PT involved between 6 and 12 weekly meetings, attended by both parents and led by two therapists and the parent group was a one 4-hour or 2 2-hour group session for parents delivered by mediators.

The small sample only allowed the study to detect large treatment differences, which showed that parents in both groups had a reduction in anger expression, stress and depression (Hertzmann et al., 2016). Despite these changes, the lack of a control group limited the implications of the results. Also, the fact that some parents self-referred could have introduced selection bias.

Midgley and colleagues (2019) conducted a feasibility and pilot evaluation of the Reflective Fostering Program (RFP), a group-based intervention to support foster carers. Similar to Hertzmann and colleagues (2016), Midgley and colleagues (2019) showed that RFP improved the foster carer's stress and the child's well-being.

Although the results support previous findings, the lack of a control group and a randomization process limited the implications.

Midgley and colleagues (2019) included 28 foster carers who attended 10 weekly 3-hour sessions led by two facilitators. The small sample size reduces the generalizability of the results and could impact the sensitivity to detect change in certain areas.

None of the studies included in this review showed significant changes in parental reflective functioning and mind-mindedness measures (Hertzmann et al., 2016; Konjin et al., 2020; Midgley et al., 2019). However, qualitative results showed a subtle change in parents' mentalizing capacities in both intervention and control groups (Hertzmann et al., 2016). Parents in both groups reported being more aware of the impact that their conflict could have on their child and of the need to keep the child in mind (Hertzmann et al., 2016). Moreover, foster carers were found to make more positive than negative remarks post-intervention, whereas negative mind-mindedness did not appear to change (Konjin et al., 2020). These studies used different tools to examine reflective functioning and mind-mindedness. Midgley and colleagues (2019) used the Parental Reflective Functioning Questionnaire (PRFQ; Luyten et al., 2017). An earlier version of this tool (PRFQ-1; Luyten et al., 2009) was used by Hertzmann and colleagues (2016). These authors also used the PDI coded for reflective functioning (Slade et al., 1994, as cited in Hertzmann et al., 2016), which provided quantitative and qualitative data. Similarly, Konjin and colleagues (2020) used qualitative and quantitative data applying a coding manual to analyze the carer's descriptions of the child and evaluate parental mind-mindedness (Meins & Fernyhough, 2015). In addition to the PRF measures, future studies assess power and determine the sample size.

About the parents' reports of the child's difficulties, the SDQ total score showed a significant medium-effect size reduction (Midgley et al., 2019). Moreover, a medium effect size was also found in the improvement of emotional regulation (Midgley et al., 2019). Similarly, the externalizing behaviour subscale on the SDQ showed a reduction at post-intervention (Hertzmann et al., 2016). Post-traumatic stress symptoms reported by the foster carers showed a reduction at follow-up (Konjin et al., 2020). None of the studies collected child-reported measures.

Importantly, participants reported valuing the interventions (Konjin et al., 2020; Midgley et al., 2019) and that participants' recruitment and data collection were feasible (Midgley et al., 2019).

The studies of interventions for parents of primary school-aged children identified an increase in parental reflective function, as well as an increase in parental self-efficacy. In addition, the studies showed a reduction in parental depression and parent-reported child measures. The studies showed the feasibility of different interventions, which could allow the study of effectiveness in more robust ways. Whilst the results are encouraging, the studies showed several limitations, including the lack of randomization, control group and statistical power.

Interventions with parents of adolescents

No systematic reviews that examine psychoanalytically informed parent interventions that mainly targeted parents of adolescents were found. The four studies identified followed an observational non-control design, while two studies had an observational design with control waitlist groups. These studies did not compare interventions against an alternative treatment, which limits the implication of treatment effects.

Two interventions were evaluated in these studies. Parent Consultation Service (PCS) is a short-term treatment offered to parents whose adolescent children do not want to engage in therapy (Jarvis et al., 2004). Parents self-referred to the program and received between 4 and 39 weekly sessions. The Connect Program (Moretti & Obsuth, 2009) is a short-term group-based attachment intervention, which aims to promote parental reflective functioning and parental sensitivity in parents of adolescents who display aggressive and violent behaviour. Connect is delivered in weekly 10-session attachment-based psychoeducational group intervention and is facilitated by two leaders.

A pilot evaluation of PCS showed a significant post-treatment reduction of parent-reported problem severity and problem distress (Jarvis et al., 2004). Moreover, the total stress mean score reduced significantly, and the adolescent-parent relationship domain showed a statistically significant reduction. PCS was shown to be effective at promoting change in areas that cause parental stress and parents reported that adolescents' antisocial behaviour had reduced post-intervention (Jarvis et al., 2004). The sample consisted of 26 parents, who reported on self-measures at baseline and post-intervention and was selected after the intervention finished, based on post-treatment measures, which could increase the possibility of selection bias. The study didn't have a control group and didn't follow a randomization process.

Moretti and Obsuth (2009) presented the results of two studies that evaluated the effectiveness of the Connect program and compared it with a waitlist control group. Both pilot studies included parents of adolescents with aggressive and antisocial behaviour. The first study involved 20 parents of adolescents who were referred to a mental health centre and presented with externalising difficulties. It included pre, post and 12-month follow-up measures. This study showed that parents reported medium

and significant increases in parenting satisfaction after treatment compared with the waitlist. Parents reported a medium to large significant reduction of adolescent difficulties and no deterioration of symptoms at follow-up. This study had several limitations, which include not following a random allocation design. Also, it is unclear whether it was powered and how it accounted for the 3 missing participants at follow-up.

The second study involved 309 parents who attended 32 Connect groups. Pre and post-intervention tests showed that parents reported large and significant increase in parenting satisfaction and self-perceived efficacy. Regarding the child's presentation, parents reported a significant medium to large reduction in young people's problems. Like the first report, significant improvement in the young person's difficulties were identified (Moretti & Obsuth, 2009). Changes in the adolescents' behaviour seemed consistent with what was reported by Jarvis and colleagues (2004). Nevertheless, study one did not follow a random allocation design. The results of adolescent's difficulties are taken from parental reports, which could introduce bias. The adolescent's presentation was measured using the Child Behaviour Checklist (CBCL; Achenbach & Dumenci, 2001) and the Problem Perception Questionnaire. Studies on the validity and sensitivity of the latter were not found.

Subsequent studies showed that parents' reports of the adolescents' presentation presented a decrease in internalized and externalized difficulties with medium to large effect sizes (Moretti et al., 2012). Similar results were found in a study with a bigger sample using the Brief Child and Family Phone Interview (BCFPI; Cunningham et al., 2000) (Moretti et al., 2015).

A more recent study that included adolescents' self-report measures showed that adolescents' externalizing and internalizing difficulties had improved (Pasalich et al.,

2021). Exploring mechanisms of change, results showed that adolescents' affect regulation improvements were related to reductions in attachment avoidance (Moretti et al., 2015). It has been shown that Connect affected parents' rejecting and cold interactions with their children (Giannotta et al., 2013).

In a subsequent study, Moretti and colleagues (2012) reported the results of Connect in a sample of 31 parents. In post intervention, pre-posttest comparisons showed that parents described significant increases in parental competence and self-understanding (Moretti et al., 2012). This study (Moretti, et al. 2012) focused on the effectiveness of Connect in changing parental representations. The sample included 31 parents of adolescents who were referred to mental health services due to what is known as behavioural problems. The results showed that parenting representations changed significantly after treatment. Similarly, Increases in parental competence and self-understanding were observed.

Moreover, results post-intervention showed that parents perceived an increased security in the parent-adolescent relationship (Moretti et al., 2012). This is consistent with the results in the PCS intervention (Jarvis et al., 2004). Parental representations were shown to be more positive and balanced (Moretti et al., 2012). Parental representations of the child, the parent and the parent-adolescent relationship were assessed using the Parenting Representations Interview – Adolescence (PRI-A; Scharf et al., 1997/2000, as cited in Moretti et al., 2015). Since the study was not a randomized control trial, it is difficult to attribute change solely to the intervention. In addition to this, the study did not provide information on follow-up measures, which doesn't allow for evaluation of the consistency of change.

Looking at a bigger sample, Moretti and colleagues (2015) evaluated the effectiveness of Connect in influencing parent-adolescent attachment and parent-reported affect

dysregulation. 540 participants who completed at least 7 sessions were included. The results showed that attachment insecurity and anxiety reduced after treatment. This appeared to be linked with increased affect regulation.

The study excluded a considerable number of participants, like foster parents, which could introduce bias. It was not clear at what point where the exclusion criteria were established. Despite having a bigger sample size, the study was not a randomized control trial.

The studies with this age group suggest that parent interventions reduce the perception of problem severity and parental distress. These coincided with changes in parental representations. Results across studies showed that parents were very satisfied with the intervention post-treatment (Gianotta et al., 2013; Moretti & Obsuth, 2009; Moretti et al., 2012), providing support for Connect as a feasible intervention. Despite the results, all the studies in this section followed a poor design to evaluate interventions with adolescents. The evaluation of interventions with parents of adolescents would benefit from randomized control trials.

Interventions with parents of children aged 1-18

Three outcome evaluation studies included participants whose ages varied from 2 months to 18 years. Two studies were quasi-experimental and one was observational with a control group (Adkins et al., 2018; Bammens et al., 2015; Enav et al., 2019). Also, the studies were not powered to detect moderators by age difference.

Two studies focused on parents and carers of fostered and adopted children (Adkins et al., 2018; Bammens et al., 2015), while one included parents of children with a diagnosis of Autistic Spectrum Disorder (ASD; Enav et al., 2019). Bammens and colleagues (2015) and Adkins and colleagues (2018) evaluated Family Minds (FM), a

short-term psychoeducation, mentalization-based group intervention. This intervention aimed to educate and influence parents' and carers' mentalization functioning. FM consisted of three modules of around three hours each spread over between 4 and 6 weeks. Enav and colleagues (2019) studied the effectiveness of the Regulative Parenting Workshop (RPW), a short-term group-based psychoeducation intervention that aims to promote reflective functioning and emotion regulation in parents of children with a diagnosis of ASD.

The studies that reported on Family Minds showed an increase in reflective functioning scores post-intervention compared to non-intervention groups (Adkins et al., 2018; Bammens et al., 2015). Participants were recruited through placing agencies and social services and were self-selected to Family Minds (N=54) and a parenting intervention (N=48). The self-selection process could have introduced bias. The small sample size would have reduced the implication of the results.

Similar increases in reflective functioning were found in a sample of parents of children with ASD (Enav et al., 2019). Nevertheless, this study did not provide treatment fidelity analysis, increasing the possibility of bias. Parental reflective functioning was measured using different tools, such as the PRFQ, PDI and the Five Minutes Speech Samples (Magaña-Amato, 1983), which was coded using the RF manual (Fonagy et al., 1998).

Adkins and colleagues (2018) showed a significant group difference reduction of parenting stress at post-intervention (PSI). Another study showed that parent self-efficacy improved post-intervention compared to the control group (Enav et al., 2019). Regarding the child's difficulties, one study reported that the child's psychiatric symptoms improved post-intervention (Enav et al., 2019). This was captured via the

parent using the CBCL and the Aberrant Behaviour Checklist (ABC; Aman et al., 1985 in Enav et al., 2019). The other two studies did not report on children's outcomes.

Summary of findings and limitations

This narrative literature review explored the current evidence regarding the effectiveness of psychoanalytically informed parent interventions with parents of children aged 1-18. Following the design hierarchy for studies' effectiveness (Khan et al., 2001), the studies that examined interventions with parents of children under the age of five were at the top of this classification (Level 1). Studies of interventions with parents of primary school-aged children followed both experimental and observational designs, which corresponded with lower-level effectiveness studies (Levels 1 and 4). Studies of interventions with parents of adolescents were non-controlled observational studies, which resembled a lower level in the hierarchy scale (Levels 3 and 4). The three studies that evaluated interventions with parents of children with a wider age range followed a quasi-experimental design, which situated them on a higher level in this categorization (Levels 2 and 3).

The findings of this review revealed that there are several studies evaluating the effectiveness of parent interventions for parents of children under the age of five. Systematic reviews and randomized trial studies suggest that parent-infant interventions could be effective in promoting parental reflective functioning, maternal sensitivity, the mother's mental representations of the child, and in reducing attachment disorganization in the child. As studies were randomized controlled trials, these reduced the possibility of bias; however, in some cases, the process of random allocation (Cicchetti et al., 2006) and the presentation of data (Robert-Tissot et al., 1996) were not transparently reported. Moreover, the sample sizes were generally small, which limited the generalizability of the results. Similarly, few studies were powered to detect significant change.

While interventions with parents of children under the age of five have been widely examined for around twenty years, interventions with parents of primary school-aged children started being studied in the last quinquennium. This could explain the lower number of experimental studies and could suggest that the feasibility of interventions for parents of primary school-aged children is currently being developed and tested. Studies indicate that interventions with parents and carers of primary school-aged children could be beneficial for promoting parental reflective functioning, parental self-efficacy, and parental stress.

Interventions with parents of adolescents started to be studied more systematically in the last decade. Most of the studies that assessed the effectiveness of interventions with parents of adolescents followed an observational design without a control group, which increased the possibility of bias. Therefore, despite the evidence that suggests that these interventions could potentially improve parental efficacy and reduce parental stress, these findings need to be taken cautiously.

Regarding the outcome measures used in the studies, the abundance of studies focusing on interventions with parents of children under the age of five may be explained by the robust evidence showing the impact that the mother or carer has on the infant's early developmental trajectory. The effects that social disadvantage and maternal mental health have on the child's attachment and development have been widely studied (Goodman et al., 2011; Murray, Fiori-Cowley, Hooper, & Cooper, 1996). There is some evidence that maternal sensitivity at four months predicts attachment security at 18 months (Beebe et al., 2012) and is associated with the child's social and emotional development (Bakermans-Kranenburg et al., 2003) as well as attachment representations and mother-child interactions (de Wolff & van IJzendoorn, 1997; van IJzendoorn, 1995).

Similarly, the parental reflective function is regarded as an essential capacity in the transmission of transgenerational attachment patterns (Kelly et al, 2005). The parent-child relationship is shaped by the parent's reflective self, which is determined by the parent's attachment history (Fonagy et al, 1991). A poor representation of the parents' attachment history hinders the parents' capacity to represent the self and the other, interfering with their capacity to understand the infant (Fonagy et al, 1991). The parent's ability to understand the infant's mental state would offer the infant the opportunity to develop his mind (Fonagy et al., 2018; Slade, 2005). In line with this, interventions with parents of children under the age of five often evaluate the treatment effects on PRF and mother's representations (Fonagy et al., 2016; Suchman et al., 2010; Toth et al., 2002). The multiple ways in which PRF and parents' representations were studied in this body of literature allowed researchers to capture representational qualities about the self, the infant, and the mother-infant relationship.

Despite the increase in attachment and mentalization studies focusing on middle childhood, developmental research in this age group is still small compared to early childhood (Bosmans & Kerns, 2015; Ensink and Mayes, 2010 in Midgley et al., 2021). In addition to designing experimental studies, interventions with parents of primary school-aged children and adolescents may need to be further understood and developed. This could involve the validation of outcome measures and the report on feasibility and cost-effectiveness study assessments (Craig et al., 2013). It would also be important to conduct more developmental studies on the relationship between parental functioning and primary school-aged children's and adolescents' development. Following Craig and colleagues (2013), developmental studies may be more urgent than effectiveness evaluations.

Some interventions with primary school-aged children seemed to have been informed by developmental research (Hertzman et al., 2016; Konjin et al., 2020), which shows a relation between parental conflict, early trauma and child development, including attachment and mentalization capacities (Allen et al., 2003; Harold & Leve, 2012). This literature supports the importance of developing interventions that focus on promoting PRF and attachment.

Concerning the interventions' target groups, parent-infant interventions considered the child's functioning, but also the mother's social and emotional needs. In contrast, most interventions with parents of primary school-aged children focused only on the child. A large number of these interventions were designed for parents and carers of children who had been removed from their birth parents. Many of these interventions were psychoanalytically informed and had strong psychoeducational components.

Interventions with parents of adolescents targeted mainly parents of adolescents with affect regulation and impulsive behaviour difficulties. These interventions did not routinely monitor PRF and parents' representations. Nevertheless, one study showed change in parents' representations using the Parenting Representations Interview – Adolescents (PRI-A; Scharf et al., 1997/2000, as cited in Moretti et al., 2015). This tool examined parents' self-representations, representations of the adolescent and their relationship, offering insight into the parent-adolescent attachment quality. Theoretical formulations and developmental research with other age groups suggest that examining parental representations could be relevant for the development of interventions with parents of adolescents.

About treatment duration, the length of parent interventions for young children varied from brief (10 sessions) to long-term (over a year). In contrast, interventions for parents and carers of primary school-aged children and adolescents were shorter, with

a maximum of 12 sessions being offered. It would be helpful to compare treatment effects between short and long-term parent interventions.

About treatment provision, two studies that examined group-based interventions for fostered children showed that treatments were delivered by social care staff who received training and supervision. Similarly, group-based interventions for parents of adolescents were delivered by staff specifically trained in delivering Connect. This was also the case for all studies that evaluated interventions for parents of young children. In contrast, one study that evaluated the effects of a mentalization-based intervention for parents of children with ASD did not specify whether the people who delivered the treatment had received specialized training and supervision. Despite considering the quality of treatment delivery, studies did not report on the effects that this could have on the intervention's outcomes.

One of the findings of this review is that studies did not focus on engaging fathers and parental couples. Theoretical developments have elaborated on the importance that the parental couple has in the child's emotional development (Harold & Leve, 2012). Therefore, these could be an area of development for future research.

This review has several methodological limitations. The studies included in the review were published in English. This barrier excluded studies from lower-income and non-English-speaking countries. The research question involved a wide age range, which affected the consistency of the inclusion criteria for each age group. Hence, the inclusion criteria for interventions with parents of primary school-aged children and adolescents was broad. This could suggest that parent interventions in these age groups were not easily defined, which may be an aspect that needs to be further understood and better described.

It was striking that while many studies considered direct parent measures, the child's functioning was measured by proxy. This was particularly recurrent in studies evaluating the effectiveness of interventions with parents of primary school-aged children and adolescents. This could respond to difficulties in recruiting children or adolescents, as it was reported that some adolescents did not want to engage in therapy. Despite some preliminary evidence that interventions with parents could affect the child's and adolescent's functioning, direct measures would need to be used.

Conclusions

This narrative review explored existing studies on the effectiveness of psychoanalytically informed parent interventions with parents of children aged 1-18. The studies' design varied across age groups, with high-quality research design being more frequent in interventions with parents of children under the age of five. Interventions with parents of children under the age of five targeted a wide range of presentations but were relatively consistent in format. Interventions with primary school-aged children targeted children whose families had experienced some form of breakdown. These interventions were more frequently psychoeducational than psychotherapeutic. Most of the interventions with parents of adolescents targeted parents of adolescents with self-regulatory difficulties.

Three studies that aimed to target primary school-aged children included participants of at least another age group. Most of the studies with parents of primary school-aged children and adolescents reported pre and post-outcome data on small samples and followed an observational design both with and without control groups. This shows that the evidence for interventions with parents of primary school-aged children and adolescents is underdeveloped compared with the evidence of interventions with parents of children under the age of five. Developmental research could enrich the development of interventions with parents of primary school-aged children and adolescents.

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Part 2: Empirical Research Project

A qualitative exploration of parent workers' reflections on change in parent work in Short-Term Psychoanalytic Psychotherapy

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Abstract

Background: There is consensus on the importance that parallel parent work has in psychoanalytic psychotherapy treatment with children and adolescents. However, there is limited empirical evidence on what parent work involves, particularly, in studying parent workers' reflections on treatment.

Aim and Methods: This qualitative study aimed to explore the parent workers' reflections on what changed and on the factors that influenced change in parent work. A thematic analysis of 11 parent workers' responses to The Experience of Therapy Interview – Parent Worker focused on their reflections on: The story of therapy, Change, Evaluating therapy and Involvement in research.

Results: Two key themes regarding change emerged in the analysis of the interviews: *Aspects of change* and *factors that influenced change*. Two subthemes and five categories were identified concerning change. One subtheme involved the parent in his/her *parental role* and was made up of three categories, which referred to the experience of raising a young person with a diagnosis of depression. Parent workers also reflected on change in *the parent as the* patient, which involved thinking about the parents' difficulties, as individuals and as a couple. According to parent workers, the factors that influenced change varied significantly and included *the treatment model*, *parent workers' responsiveness*, *parents' commitment*, *research involvement*, *parents' worries about being judged* and parents *having another treatment*.

Conclusion: The results support previous studies that suggest that parent work enhances parental reflective function and could help parents elaborate their own difficulties. Further research is needed to understand the mechanisms that influenced change and how these support the adolescent's therapy.

KEYWORDS
Psychoanalytic parent work, adolescent depression, therapists' perspectives, psychoanalytic psychotherapy

Impact Statement

Parent work is regarded as a key part of psychoanalytic psychotherapy with adolescents. However, little is known about the actual nature of parent work and the impact that it has on the adolescent's treatment. This qualitative study focuses on parent workers' reflections on change and factors that influenced change in parent work.

The findings of this study could benefit mental health professionals who work with young people and their families. Listening to parent workers' perspectives deepens our understanding of parent work, which could impact the development of parent work technique and its relationship with treatment plans, goals and outcomes. This could lead to the development of treatment.

It is suggested that parent work in Short-Term Psychoanalytic Psychotherapy (STPP) could support the parent-adolescent relationship, enhance parental reflective function and help parents elaborate on their own difficulties, some of which may be stirred up when parenting adolescents. The findings of this study suggest that change seems to be promoted when there is a strong therapeutic alliance and to be hindered when parents develop a strong negative transference relation or when they present with complex mental health difficulties. In these cases, long-term work with the parents may need to be considered.

Contents

Introduction

In recent years, both clinical (Green, 2000; Horne, 2000; Rustin, 2009) and empirical (Midgley & Kennedy, 2011; Target & Fonagy, 1998; Trowell et al., 2007) evidence supports the importance of parent work in the child's psychoanalytic psychotherapy treatment. There is consensus that parent work is key for the success of individual psychotherapy with children and adolescents (Novick & Novick, 2000; Slade et al., 2005). It is suggested that parent work in the early years promotes parental reflective function, which is associated with early childhood development. For instance, parental reflective function is associated with the child's attachment security and it is a protective factor in high-risk samples (Fonagy et al., 1991; Steele et al., 1999). These findings have informed the development of psychoanalytic parent work with young children. In contrast, since one of the adolescent's developmental tasks is to resignify the relationship with their parents, the role that parental reflective function and attachment have in parenting adolescents is not that clear. This has resulted in limited and fragmented evidence about the nature of parent work with this age group, the extent of this work, goals and outcomes (Novick & Novick, 2005; Rosenbaum, 1994). The present study looks at parent work in psychoanalytic psychotherapy with adolescents with a diagnosis of depression. It focuses on parent workers' reflections on change and factors that influenced change in parent work. This section will start by examining the role that parental reflective function and attachment have when parenting adolescents with depression. This will be followed by a presentation of psychoanalytic work for parents of adolescents with a diagnosis of depression.

Parental reflective function, parent-adolescent attachment and adolescent depression

According to Green (2000), parental reflective function refers to the parents' ability to think about their own and their children's states of mind and is an attribute that evolves in response to the child's developmental stages (Piovano, 2004). The evidence on parental reflective function in parenting adolescents is insufficient but suggests that parental reflective function has a mediating role in the adolescent's development (Benbassat & Priel, 2012). According to Benbassat and Priel (2012), a high parental reflective function is related to the adolescent's reflective function capacity, social competence, and internalizing difficulties, such as depression. The latter contrasts with reports that link high levels of parental reflective function with a lower risk of children developing emotional difficulties (Sharp et al., 2006).

Studies on the parent-adolescent relationship show that the security of the adolescent's attachment is associated with a lower probability of impulsive behaviour and mental health difficulties (Cooper et al., 1998; Howard et al., 2004). For instance, securely attached adolescents are less likely to develop substance misuse problems, anxiety and depression (Nakash-Eisikovits et al., 2002; Sund & Wichstrøm, 2002).

Depression is one of the most common emotional difficulties that young people experience in the United Kingdom (UK). According to different studies, the prevalence of depressive disorders in children under the age of 13 is around 3%; this number increases to between 4 and 5% in mid and late adolescence (Costello et al., 2005; Costello et al., 2006), where depression presents more frequently in girls than boys. A more recent study (Daly, 2022) showed that 15.8% of adolescents aged 12-17 had reported a depressive episode. Several risk factors have been shown to contribute to the development of depression in adolescence, including family history of depression

and psychosocial difficulties (Thapar et al., 2012). Some studies show that parental depression powerfully increases the risk of developing depression during adolescence (Rice et al., 2002). Other studies show that maltreatment, challenging family relations and difficult parent-adolescent relations raise the risk of depression (Asarnow et al., 1994; Cregeen et al., 2017; Restifo & Bögels, 2009; Stapley et al., 2016; Thapar et al., 2012).

In addition, there is some evidence (e.g. Neece et al., 2012) that children's emotional difficulties can significantly affect parents' functioning. Some studies showed that parents of adolescents with mental health problems find it difficult to understand some of their children's behaviours (Karp & Tanarugsachock, 2000). Studies also showed that adolescents' difficulties may represent an emotional burden to the entire family (Barksdale et al., 2009). These findings have been confirmed in a subsequent study with parents of adolescents with a diagnosis of depression (Stapley et al., 2016). According to Stapley and colleagues (2016), parents can experience guilt and self-criticism about the adolescent's difficulties. These authors (Stapley et al., 2016) identified four themes in the parents' experience of adolescents' depression, which range from lack of awareness, emotional turmoil and helplessness to parental override. The influence that the adolescent's difficulties could have on the parents suggests that working directly with the parents could be a protective factor in the treatment of adolescent depression.

Psychoanalytic parent work with parents of adolescents with a diagnosis of depression

According to Novick and Novick (2005), the aims of parent work vary depending on the adolescent's age and the conflicts that this could produce in the parents. While

parents of young adolescents may need to revisit their teenage years and development of sexuality, parents of older adolescents may need support to understand how they can respond to their children's maturity (Novick & Novick, 2005). Jarvis and colleagues (2004) suggest that one of the aims of parent work is to reduce parental anxiety related with self-blame. Whitefield and Midgley (2015) suggest that parent work involves containment as well as addressing the parents' history. These authors identified differences in how this may be dealt with in actual parent work sessions and attributed these differences to the parent workers' training and experience. Regardless of the form that parent work may take, there is consensus that it focuses on the parenting role and the parent-child relationship (Sutton & Hughes, 2005). These areas could be understood in terms of parental functioning (Rustin, 2009) and parental reflective function (Green, 2000).

According to the National Institute for Health and Clinical Excellence's (NICE, 2019) guidelines for the treatment of depression in children and young people, alternative parallel interventions with the parents should be considered when the adolescent's depression does not respond to treatment and when the parents' emotional difficulties interfere with the young person's development. Some studies suggest that working with parents of children and adolescents with a diagnosis of depression promotes a facilitating home environment for the child, which impacts the child's emotional development (Trowell et al., 2003; Trowell et al., 2007).

Two psychoanalytically informed short-term interventions for parents of adolescents, the Parent Consultation Service (PCS) and the Connect Program (Moretti & Obsuth, 2009) were found. PCS is a treatment for parents of adolescents who do not want to start a therapeutic process (Jarvis et al., 2004). The Connect Program (Moretti & Obsuth, 2009) is a short-term group-based attachment intervention, which aims to

promote parental reflective functioning and parental sensitivity in parents of adolescents who display aggressive and violent behaviour.

In an evaluation study that compared pre-post treatment measures, parents reported changes in themselves, the adolescent, and the parent-adolescent relationship (Jarvis et al., 2004). Parents showed a significant reduction in problem severity, problem distress and total stress. About the adolescent, parents reported a reduction in antisocial behaviour (Jarvis et al., 2004).

A pilot study that examined parents' outcomes, showed that parents who engaged in the Connect Program presented a large increase in parenting satisfaction and self-efficacy at post-intervention (Moretti & Obsuth, 2009). Additionally, parents reported a large improvement in the adolescent's internalized and externalized difficulties (Moretti & Obsuth, 2009; Moretti et al., 2012). Similar findings were described in previous studies (Jarvis et al., 2004), which used parent self-report measures. One study that incorporated adolescents' self-report measures showed an improvement in the adolescent's difficulties (Pasalich et al., 2021).

Subsequent studies explored changes in parents' representations, which showed increases in parental competence and self-understanding and parent-adolescent relationship security (Moretti et al., 2012). Moretti and colleagues (2015) suggest that adolescents' affect regulation may have been mediated by a reduction in avoidant attachment. This corresponds with previous findings reported by Jarvis and colleagues (2004).

Intersubjective and relational approaches to psychotherapy research have produced interest in different aspects of the therapeutic process (Duarte et al., 2022). Despite the growing evidence that supports the multiple benefits of parent interventions, there currently exist only a limited number of studies that have examined parent work

(Whitefield & Midgley, 2015). To our knowledge, there are no empirical studies that examine what mechanisms are involved in parent work. Similarly, adult psychotherapy research has not been able to identify the mechanisms through which change occurs (Kazdin, 2009). However, multiple studies suggest that a strong working relationship is important for the success of an intervention (Karver et al., 2018). According to Rappaport (2012), an emotionally intense shared experience between patient and therapist impacts therapeutic outcomes.

More studies that examine the experience of those conducting parent work are needed to address the gap in psychoanalytic parent work research. The study of parent workers' reflections could contribute to understanding the nature of parent work, its technique, goals and outcomes. Therefore, this study aims to explore the experience of those offering parent work as part of STPP, one of the treatments offered in the Improving Mood with Psychoanalytic and Cognitive Therapies (IMPACT; Goodyer et al., 2011) study. Particularly, this study aims to understand parent workers' reflections on change and what influenced change, with the broader aim of deepening theoretical and clinical literature on the aims of parent work and of identifying possible mechanisms of change that are implicated in parent work in the context of psychoanalytic psychotherapy with adolescents.

Method

Participants

The IMPACT study is a national multi-site randomized controlled trial (RCT) conducted in the UK (Goodyer et al., 2011), which evaluated the effectiveness of different psychological treatments for adolescent depression. Participants were randomly allocated to one of three intervention groups: Cognitive Behavioural Therapy (CBT), Short-term Psychoanalytic Psychotherapy (STPP) or brief psychosocial intervention. Parent work in STPP comprises seven sessions, each of which lasts fifty minutes. The frequency of parent work sessions may vary, but it is recommended that it happens at least once a month at a regular time and space, usually at the same time as the adolescents' session; this regularity is thought to contain the parents' anxieties (Rustin, 2009). Parent work is undertaken by a different professional than the one working with the young person, frequently a child and adolescent psychotherapist or psychiatrist.

As part of this RCT, a qualitative branch was designed to explore the experience of young people, their parents, and their therapists. The IMPACT-My Experience (IMPACT-ME) study approached participants at three different times: Time 1 (baseline), Time 2 (36 weeks after baseline) and Time 3 (1 year later). The material for this study draws upon Time 2 interviews with parent workers.

Forty-three London-based participants were randomized to STPP in the IMPACT study. Of those, twenty-three took part in the IMPACT-ME study and fourteen parent workers were interviewed 36 weeks after baseline (Time 2). Of the fourteen parent workers interviewed, three had only had an initial session with the parents and were excluded from this study. Of the remaining eleven parent workers, who had more than one session with parents, five parent workers were child and adolescent

psychotherapists and six were child psychiatrists. In four of these cases, both parents participated in the parent work, while in the remaining seven the mother was the only parent who attended the sessions.

The median number of parent work sessions attended was five, with a range from two to seven sessions. Only two parent workers delivered two sessions, while four delivered seven. Three parent workers reported having more sessions than recorded (Table 1).

Table 1.

Participants

Parent Worker	Professional Training	Number of Sessions	Parent who attended
Alex	CAP	6	Both parents
Avery	CAP	2	Mother
Ezra	CAP	5	Both parents
Charlie	CAP	7	Both parents
Austin	Psychiatrist	7	Mother
Blue	Psychiatrist	2	Mother
Stephanie	Psychiatrist	7	Mother
Milan	Psychiatrist	7	Mother
Pau	Psychiatrist	5	Mother
Gael	Psychiatrist	3	Mother
Rene	CAP	4	Both parents

NOTE. CAP: Child and Adolescent Psychotherapist

Informed consent was obtained from the participants as part of the IMPACT-ME study. Parent workers were informed about the aims and scope of the study, about the use of audio recordings and the possibility that this material could be used in future studies. Ethical and information governance guidelines were followed by University College

London and the Anna Freud Centre's policies. In this study, pseudonyms have been used to protect the participants' confidentiality and any identifiable information was disguised in the transcripts.

Procedure

Parent workers based in Child and Adolescent Mental Health Services (CAMHS) in North London were contacted by IMPACT-ME research assistants, who arranged a time to meet for the Time 2 interviews. The research assistants had been trained in conducting qualitative interviews by the IMPACT-ME team. The interviews were audio recorded and eight interviews were transcribed verbatim by the IMPACT-ME team. The remaining three interviews were transcribed by myself. The audio recordings were accessed from a remote server and the transcripts were deleted after the analysis.

Interview Schedule

The Experience of Therapy Interview – Parent Worker (Midgley et al., 2011) was conducted at Time 2 (see Appendix). This is a semi-structured interview, developed for the IMPACT-ME study, that aims to understand parent workers' experience of treatment and change over time, focusing on processes that may have affected outcomes. The interview is divided into seven areas, namely: Therapist's professional background; Difficulties that brought the young person into contact with CAMHS; The story of therapy; Change; Evaluating therapy; Involvement in research; and the Interviewer's reflections. The semi-structured nature of the interview allowed the researchers to follow up on specific areas while being driven by the participants. The interviews' duration was between 40 and 70 minutes. Section 4 of the interview aimed to explore change in the adolescent, the parent-adolescent relationship and in the

parents themselves and section 5 intended to explore aspects of the parent work that were helpful and unhelpful. While only these sections specifically explored change, the entire interviews were analyzed for this study.

Data Analysis

Thematic Analysis (Clarke et al., 2015) was used to analyze the Experience of Therapy Interview – Parent Worker (Midgley et al., 2011) to answer the research question: How do parent workers reflect on change and the factors that influenced change in parent work in STPP?

Following guidelines on thematic analysis, three interview audio recordings were listened to multiple times whilst the transcripts were being read. Then, these transcripts were organized in units of meaning and were assigned initial codes. The research supervisor checked the coding of the data in these interviews and changes were made following a discussion to reach a consensus regarding the codes. After this, the codes were grouped and divided into 8 initial overarching themes and categories. The remaining eight transcripts were coded and categorized, using the initial coding system. This process increased the number of themes and categories to 12. All the coded extracts were grouped within these themes to analyze their relevance and suitability.

Next, an independent graduate researcher coded and categorized two interview transcripts (18% of the research material) to minimize bias in the analysis. In a process known as consensual analysis (Hill et al., 2005), the subthemes and categories produced by the independent rater were compared with those reached by the researcher and discussed until consensus was reached; following this process, 2 overarching themes, 2 subthemes and 11 categories were identified (Table 2).

These subthemes and categories were grouped into two themes: *Aspects of change* and *Factors that influenced change*. The change involved two subthemes, *Parental Role* and *Parent as the patient*, and five categories. *Factors that influenced change* were composed of six categories.

Table 2.

Themes and categories

Themes, subthemes and categories
Aspects of change
Parental role
The parent-adolescent relationship
Understanding the adolescent's difficulties
The extended family
Parent as the patient
The parents' own difficulties
The couple
Factors that influenced change
The treatment model
Parent workers' responsiveness
Parents' commitment
Research involvement
Parents' worries about being judged
Parent having another treatment

Findings

Eight parent workers noticed change in various aspects of the parents, while three did not identify change occurred; of these three parent workers, two had only two sessions. This suggests that a higher number of sessions may be required for any change to be observed.

Parent workers reflected on change in two distinct yet interrelated subthemes; they thought about change in terms of changes in the *Parental role* and the *Parent as the patient*. Changes in *Parental role* entail the parents' representations of an aspect of their role as parents of a young person with a diagnosis of depression that changed through therapy; this includes three areas of change: *the parent-adolescent relationship*, *understanding the adolescent's difficulties*, and *the extended family*. The *Parent as the patient* refers to an aspect of the parent in his/her condition as an individual and includes two categories: *the parents' difficulties* and *the couple*.

With regards to the parent workers' views on the process and mechanisms of change, six factors were identified by parent workers as facilitating or hindering change: *the treatment model*, *parent workers' responsiveness*, *parents' commitment*, *research involvement*, *parents' worries about being judged* and *parent having another treatment*. Nine parent workers reflected on the factors that influenced change, and this was independent of whether change was reported. Themes and categories will be defined and presented with excerpts that capture parent workers' thoughts.

What changed through parent work?

Parental Role

A predominant subtheme about change for parent workers concerned changes they observed in different aspects of parenting a young person with a diagnosis of

depression. This involved changes in *the parent-adolescent relationship*, *understanding the adolescent's difficulties* and in *the extended family*.

The parent-adolescent relationship. Five parent workers noticed that the way parents thought about their relationship with the adolescent was transformed during parent work. Change in *the parent-adolescent relationship* was referred to as a reflective capacity that created a new perspective in the parents' minds. Hence, parent workers mentioned an increased awareness of the impact that the parent's state of mind had on the way they related with the adolescent and, according to parent workers, parents, therefore, became more able to take a reflective stance when interacting with adolescents. For instance, Alex described this as follows:

> "I think it helped them to think a bit broader in terms of other dynamics and of their relationships you know, mother's relationships with [young person] (…) And I suppose also to think a bit about the impact of the parenting on her [young person] and the impact of their states of mind on her" (Alex, Child Psychotherapist).

Parent workers mentioned that talking about the parent-adolescent relationship helped parents think differently about their interactions with their children. In two cases, parent workers considered that these reflections involved trying to understand the meaning of parents' behaviour from their own and the adolescents' perspectives. Parent workers reported that this allowed parents to disentangle different aspects of their relationship with the adolescent. Alex, for example, when talking about the effect that the father's behaviour may have had on the adolescent, mentioned that:

> "We were able to talk about that [father's behaviour] some more and unpick his [father's] way of being and why it was that he felt he needed to do that and

> towards the end of the work he-he was still doing sort of cleaning, but he was able to step back a bit... and he was able to shut the door for instance on their bedrooms and he said he found it extremely excruciating knowing that there was a pile of mess behind the door... that he couldn't go and deal with... but he was able to leave the girls with their mess" (Alex, Child Psychotherapist).

This excerpt suggests that parent work allowed parents to re-calibrate the distance between them and the adolescent, creating space to think about the multiple layers involved in their relationship. In this case, the parent worker recognised a shift in the father's capacity to think about the effect of his behaviour. This suggests that parents increased their capacity to be concerned with the adolescent difficulties.

Understanding the adolescent's difficulties. Four parent workers, three of whom were child psychotherapists, perceived a change in the way parents *understood the adolescent's difficulties*. They reported that change in this area entailed the development of a more complex *understanding of the adolescent's difficulties*, which involved an increased capacity to take different perspectives and to be empathic. To support parents in this task, parent workers relied on the parent's capacity to be in touch with their feelings. For example, Stephanie said:

> "[We discovered] that there was a bit of mum that wasn't so completely cut off from feelings and didn't have to be so completely cut off from feelings and could have a bit of understanding from [the adolescent's] point of view" (Stephanie, Psychiatrist).

This suggests that the capacity to *understand the adolescent's difficulties* is linked with increased parental insight into their own emotions. Change in this area implied that

parents were more curious about their own and the adolescent's feelings. Parents' better understanding may have enabled them to respond with more compassion.

The increased interest in the adolescent's state of mind involved broadening the parents' understanding of the adolescent's depression. They moved away from conceptualizing depression as resulting from a single traumatic event to considering it may be linked with multiple factors, as illustrated in the extract below:

> "Parents maybe were able to think about things from a slightly different angle at times. I think it was possible for them to think about other factors that they initially thought might contribute to her feeling depressed. So they, they attributed it all to one family incident in which one of the brother's in law, one of the sister's partners, were blamed for it. So, I think it helped them to think in a broader way about what factors might have contributed to the adolescent's depression" (Alex, Child Psychotherapist).

Parent workers mentioned that change in this area involved helping parents see from the adolescent's perspective. This suggests that parent work could have helped parents' thinking become less rigid and more flexible. In some cases, parent workers identified a change in the attitude that parents had towards adolescents more generally, which suggests that helping them to think about the adolescent's experience may have increased the parents' empathy.

In some cases, *understanding the adolescent's difficulties* was also associated with thinking about the family as a whole, and approaching difficulties from a wider perspective.

The extended family. Three parent workers, and all child psychotherapists, reported that, throughout the treatment, parents became more able to think about the extended

family's difficulties. This category implied *thinking* about broader family dynamics and the roles both parents and adolescents occupied in it. It also involved reflecting *on* the impact that the adolescent's depression had on the family. According to parent workers, thinking about the extended family helped parents disentangle complex dynamics, including historic family difficulties. For Alex, parents

> "started to think about how far back things in the family might have been difficult and might have impacted on the adolescent. And they very much came to realise that she is the youngest in the family and that, at the same time, felt a huge responsibility to, I think, try and repair family relationships and try and be the link between her parents and some of the other broken down family relationships, but also had a very special position in the family" (Alex, Child Psychotherapist).

According to Alex, parent work enabled some parents to think about the transgenerational transmission of emotional difficulties. For Ezra, this entailed thinking about the family history and patterns of relating. She made a connection between talking about the parents' own experience of being parented and the way parents thought about their children. Ezra mentioned that the parent

> "spoke about his conceptions of what family should look like, his experiences of the family, his experiences of being parented. (…) He'd been opened to being able to see things differently and to be able to think differently about how you know how his daughter and the rest of their children could be thought about" (Ezra, Child Psychotherapist).

Parent workers reflected that the role that the adolescent represented within the family could have helped parents understand factors that may be implicated in the adolescent's conflicts.

In some cases, parent workers identified that change in the *parental role* was also related to changes in the parents on a more personal level, as discussed in the next section.

The parent as the patient

Several parent workers noticed that a more intimate aspect of the parents' functioning changed throughout parent work. These changes entail the parents' sense of self and the parental couple.

The parents' own difficulties. Three parent workers identified change in parents themselves. Two of them, both child psychotherapists, reported that mothers had the opportunity to work on their adolescent conflicts within the parent work setting. These parent workers seemed to consider that parents needed help in their own right. Ezra mentioned that:

> "There was time when mother actually acted out and we had to work through that as well. It felt as if she opened the door to adolescence and discovered adolescence and walked straight into it… and so I had to work with a mother who seemed to be in competition with her daughter. (…) And yes like I said we worked through that phase, (…) she was able to do that growing within the therapy (…) it was almost as if-well she-she began to… mourn the adolescence that she couldn't have because she'd had a baby (…) she'd done a lot of thinking she was able to take on her role as mother again and… wife to her husband" (Ezra, Child Psychotherapist).

Ezra identified that mother-daughter dynamics triggered past conflicts in the mother, which impacted her state of mind and her capacity to parent. The parent worker acknowledged that the mother did a lot of thinking, which was accompanied by working through her conflicts at an emotional level. This appeared to involve a tendency to act out and a reduced capacity to self-regulate, which suggests that parents could regress somehow mirroring the adolescent process, and increasing feelings of rivalry and enmeshment.

Milan noticed that a mother's state of mind became more vulnerable during the work. It is worth mentioning that this is the only participant who referred to a negative change in the parent.

> "[Mother] was so emotional sometimes I could tell that the adolescent was having a negative effect on her own mental health and indeed she went to her own psychiatrist (…) who was also worried about her fragile mental state cause you know she was tearful and was not sleeping and I'd be worried about her not sleeping and what that would do to her" (Milan, Psychiatrist).

Milan's reflection points towards the inter-generational aspects of mental health difficulties and the limitations that a time-limited framework may have in supporting the parents' own needs.

Talking about the couple. Two parent workers acknowledged that through parent work, the *parents' representation of the parental couple* changed. During the treatment, Charlie felt that parents were more able to talk about their relationship. According to her, parents were not only able to think about their way of relating but also about how this may impact the adolescent. For Charlie

> “It became easier to talk about their own relationship and the nature of their relationship and the impact of how they managed that first of all on themselves individually and on their interactions with their daughters (…) then like I said we began to talk about that and picked that bit by bit and I think the more that we began to talk about their relationship the more they focused on their relationship (...) they were also more aware of one another” (Charlie, Child Psychotherapist).

Austin noticed that one mother started to have a more coherent representation of the father, which included integrating difficult aspects of him. She reported that

> “[Mum was able to] see father a bit more realistically. And be prepared to acknowledge that things were actually incredibly bad with him. I think that perhaps it would have been, work had been more effective if I had been able to be more frank about difficulties and difficult feelings and difficulties in relationships and her part in that” (Austin, Psychiatrist).

According to Austin, parent work seemed to help the mother integrate different aspects of her representation of the father. Austin wondered if talking more directly about the couple may have been more helpful for this family. This suggests that Austin was ambivalent about exploring certain aspects of the parental couple.

What factors influenced change?

The second question of this study concerned the different factors that helped or hindered change. Six key issues, that varied from type of intervention to parents’ qualities, were identified, as described next.

The treatment model

According to three parent workers, change in the parents may have been promoted by the time-limited nature of *the treatment model*. Gael, for example, acknowledged that time-limited work was helpful for the parents and the agreed ending seemed to be linked with the focal nature of the intervention: “I liked the fixed time frame; kind of focused us and it was helpful for them to know they only had so- you know so for [adolescent] you only got this many sessions” (Gael, Psychiatrist). However, she also gave a contrasting reflection: “I have a question whether the timing was helpful whether she would’ve benefitted from more appointments” (Gael, Psychiatrist).

On the other hand, the time-limited nature of the model seemed to create ambivalence for some parent workers, who may have been used to having longer or more frequent meetings with parents. For example, Rene considered that seven sessions were not enough time to contain the parents’ worries: “The cases I’ve done, I think the one theme that’s run through it has been, you know, it isn’t enough to manage, the parents are so frightened” (Rene, Child Psychotherapist).

In different ways, parent workers thought the parents needed more time than they were offered. The child-centred nature of this treatment seemed to mean that some important aspects of the parenting experience may have not been addressed. While parent sessions supported parents, parent workers felt that the frequency and the number of sessions may have not allowed more in-depth work to unravel. In some cases, parent workers adapted their work to the parents’ needs.

Parent workers’ responsiveness

While parent work in STPP is supposed to be offered in seven sessions, parent workers were allowed some flexibility, which enabled them to respond to the parents’ individual needs. This category has been identified as *parent workers’*

responsiveness. Two parent workers, both of the psychiatrists, considered that having seven sessions spaced out was not going to be beneficial for the parent. In response to this, Stephanie saw the parents more regularly:

> "And I sort of thought but it, there was just absolutely no point [in seeing parent once a month]. It won't go anywhere. (…) I had to be more flexible and more responsive (…) and she did agree to come every two weeks rather than every month. And for quite a while we did kind of manage that" (Stephanie, Psychiatrist).

Parent workers' responses to parental needs did not only manifest in the frequency of the meetings but also in the way they interacted with parents. For example, when Milan noticed that the parent that she was working with was going through a difficult time, she considered that it was in the parent's best interest to be more directive:

> "One morning she came after she hadn't slept all night (…) she was almost shaking and desperate to see me and I just said look (…) what you need to do is go here and then go home and you actually need to rest (…) quite directive cause I could see was in such a state (…) and sit down and just breathe for a bit" (Milan, Psychiatrist).

Milan's response may have been a reaction to the parents' deteriorating state of mind. However, it could have also been a response to feeling ambivalent about the treatment model and what could have been achieved within that time. Milan considered that responding to the parent's needs in this way offered her a sense of being contained and cared for. "I ended up feeling she really benefited from quite directive sort of or being listened" (Milan, Psychiatrist). This therapeutic function may have enabled parents to commit to the work.

Parents' commitment

Two parent workers considered that the parents' dedication to the work was an important factor that facilitated change. *Parents' commitment* involved acknowledging the difficulties they experienced and their need for support. Alex, for example, thought that turning up for appointments despite the parents feeling ambivalent was positive.

> "[It was helpful] I think because the parents were committed and because they attended. I think, hm, I think that if the parents were more ambivalent and they came a bit later on in the process that maybe that would be difficult. (…) I think there is something very important about making a commitment, you know, to turn up is the most important thing. So that was important" (Alex, Child Psychotherapist).

Ezra linked the parents' commitment with the acknowledgement of the family's difficulties. One way in which commitment manifested was through the parents' attendance, which implied agreeing to the treatment. According to Ezra, this was essential to the work being useful:

> "[Parents were] opened to analysis of, you know, the difficulty that could be seen. (…) They were able to have opinions of their own as well but at least we were able to have a discussion and because engagement started quite quickly. They engaged, they wanted to come (...), you know, then you can go for it and this family, you know, (...) were, they were open to (...) being reflective (...) they were an engaging family and I think what we need in parent work is that the parents actually do want to engage and that you know once an analysis of the difficulties has been made... and you've agreed on the work that's to be done" (Ezra, Child Psychotherapist).

Engagement was one way in which commitment was identified by Ezra. In addition to this, commitment appeared to be noticed in the parents' capacity to open up and to allow themselves to feel vulnerable in the presence of the parent worker.

Research Involvement

Alex was the only parent worker who noticed that parents felt contained by the way they had been approached by the researchers. According to her, *research involvement* was a factor that may have affected change. Alex reported that the initial contact made by the researchers enabled the family to feel that they were being thought about.

> "The other thing that made a difference was that the parents felt very held by the fact that the researchers came into the house, so it wasn't as if they felt left out of the process. You know, they've met two other people who they knew they were part of the research study. So, I think that was quite important in supporting it. I thought it was really helpful that they experienced the researchers that came to the house very positively and that they felt that they took a real interest in them as a family and in [young person]. And that there was something that made them feel that they were listened to and that someone was trying to help and that they were taken seriously. And that in itself seemed to be quite positive" (Alex, Child Psychotherapist).

Alex mentioned that this made parents feel they were listened to and their needs were taken seriously. Perhaps this attitude was epitomized by the initial contact, which was a home visit and may have created a different proximity. Research involvement offered parent workers the opportunity to attend specialist supervision. It is possible that

parent workers themselves felt contained by this and by, in a broader sense taking part in research, which may have enabled them to contain the parents' worries.

Parents' worries about being judged

One parent worker noticed that one mother felt criticised when she confronted some of her ideas. She considered that this emotional response may have had a negative effect on the treatment, as the parent disengaged after two sessions. This category captures the *parents' worries about being judged*. Avery seems to link this with the emergence of negative transference:

> "I think she [mother] was quite hard on herself and felt that her parents were very critical of her, and I think that whenever I challenged her in some way, I was seen a bit like these parents who were quite critical and expected a lot of her and that could be quite harsh. But I think that that may have affected the work" (Avery, Child Psychotherapist).

Avery suggested that the mother's perception of the parent worker as critical of her may be linked to her previous patterns of relating, particularly with her parents. She referred to transference dynamics being present in the work but being unable to work with them. This suggests that time-limited parent work may not allow enough space to explore strong negative transference relations, which could affect parents' engagement.

Parent having another treatment

Avery also considered that one factor that hindered change was that the *parent was having another treatment*. She speculated whether this could have affected the mother's commitment to the work:

> “One of the things that was difficult about working with her as a mum and that maybe put me in a difficult position as a therapist was that mum had her own therapist and that she – in her own right, that she had been seeing for some time and that the work was coming to an end. And […] I think what I thought was very difficult for her…was to differentiate what belonged where and that we did have- we did talk about that, no? What to bring to me and what to bring to her therapist and why there were some things that I was getting into you know when asking her about it and some things […] I wasn’t. […] and that maybe she rejected coming to see me because she felt that somehow that interfered with her relationship with her therapist” (Avery, Child Psychotherapist).

Avery suggested that having a parallel therapeutic process interfered with the development of a working relationship. It appeared that having two treatments could have allowed the emergence of a split transference, which could not be taken up in the parent sessions.

Parent workers’ reflections about factors that influenced change were heterogeneous, as they linked change with different elements of the work. In contrast, change focused on two subthemes *parental role* and *parent as the patient*. The majority of parent workers identified change in at least one of these areas. In the next section these findings are discussed in the context of theoretical and empirical research.

Discussion

This study aimed to explore an under-researched area by investigating parent work from the perspective of parent workers. Parent workers reflected on change at different levels and identified change occurring in different aspects of the *parental role* as well as in a more personal aspect, the *parent as the patient*. The factors identified as influencing change were diverse and included *the treatment model*, *parent workers' responsiveness*, *parents' commitment*, *research involvement*, *parents' worries about being judged* and *parent having another treatment*. In this section, the findings are discussed in the context of previous studies on parent work.

Parental functioning

Most parent workers reported that change occurred in the parental role, whereas some parent workers identified change in the parent as the patient. Although these two subthemes are distinct, they are interlinked and could be conceptualized as components of what is known as parental reflective functioning (PRF) (Luyten et al., 2017). PRF is defined as the parent's capacity to represent a child's internal world and to identify personal states of mind about the child (Sharp & Fonagy, 2008; Slade, 2005; Slade, 2007). In several cases, parenting adolescents seemed to elicit unprocessed adolescent states of mind in the parent, which needed to be understood and worked through within the context of parent work.

About the parental role, many parent workers noticed that change happened in the parent-adolescent relationship and it had both a reflective and a behavioural quality, as it transpired from the use of words about *thinking*, *talking* and *doing*. This is in line with Cregeen and colleagues' view (2017), who suggest that parent work may bring change in their relationship with the adolescent. In all cases, the transformation of the

parent-adolescent relationship seemed to be related to the change in the degree of separateness (Novick & Novick, 2013), which involved the re-calibration of both physical and psychological distance (Holmes, 2018). According to participants, this may have helped some parents step back into their roles. This finding concurs with Barber's (1996) results that adolescents who attribute intrusive and controlling attitudes to their parents tend to present with depressive symptoms. Moreover, parents' increased reflective function has been linked with the development of the adolescent's reflective stance (Benbassat & Priel, 2012).

Another aspect of change involved parents understanding the adolescent's difficulties. In a study with parent workers, Holmes (2018) showed that parent workers thought that understanding the adolescent's difficulties is one of the aims of parent work. In contrast with the increased reflectiveness discussed above, understanding the adolescent's difficulties had both a reflective and an emotional quality, as it involved being curious about the adolescent and being in touch with the parents' own feelings as the basis for understanding the adolescent's experience. Parent workers' reflections suggest that this process was facilitated through parents being supported in becoming more empathic towards the adolescent. Similarly, in the context of a parent consultation service, Trevatt (2005) found that there were changes in the way parents perceived the adolescent; parents' capacity to be thoughtful and to communicate with the adolescent affected the way they understood their children. This suggests that understanding the adolescent's difficulties is linked both with increased empathy and reduced enmeshment, which have been identified as some of the aims of parent work (Holmes, 2018).

Cregeen and colleagues (2017) argue that being more connected with the adolescent's depression could create new ways of thinking about them, which could

affect the parent-adolescent relationship. Similar findings have been reported in a study that examined consultations with parents of adolescents who did not engage in therapy (Jarvis et al, 2004). This suggests that the two aspects of change discussed, i.e. changes in the parent-adolescent relationship and understanding the adolescent's difficulties, are intimately related.

Another area of change identified by parent workers is concerned with thinking about the extended family. Focusing on the broader system offered an opportunity to think about ways in which the adolescent's difficulties may affect the rest of the family. Previous research studying the experience of being the parent of an adolescent with a diagnosis of depression (Stapley et al, 2016) found that the entire family could be affected by the adolescent's difficulties. From a systemic perspective, the adolescent's depression may also be understood as an expression of complex family dynamics, including parental conflicts and parental depression (Kaslow et al., 1994). Focusing on the broader family system also involved reflecting on trans-generational aspects of parenting, which included the parents' own experiences of having been parented. In a study about how parent workers incorporate the parents' history in their work, Whitefield and Midgley (2015) found that a limited number of sessions may not allow parent workers to explore sufficiently the parents' childhood and the effects of their early experiences on their parenting. In this study, parent workers appeared to question whether there was scope to explore the parents' own childhood experiences. Some parent workers considered that this could open areas that were going to be difficult to process, especially within the time-limited nature of parent work in STPP. Moreover, it is interesting to note that the participants who identified change in this area were child psychotherapists; this suggests that there may be a link between the parent workers' training and their ideas about the family more broadly and inter-

generational mental health difficulties. Similarly, Whitefield and Midgley (2015) suggested that child and adult psychotherapists felt more confident in exploring the parents' past compared to participants with other professional backgrounds. Traditionally, parent work in psychoanalytic psychotherapy has been conducted by child and adolescent psychotherapists. This study could enrich the understanding of change and the factors that influence change, including the parent worker's professional training.

Some participants considered that change occurred at a more personal level. In line with this, Cregeen and colleagues (2017) suggest that parenting adolescents may evoke unresolved adolescent conflicts in the parents, which in turn may get in the way of their capacity to parent. Furthermore, it appears that some parents may need to work through rivalrous feelings with the adolescent.

Throughout parent work, only one parent developed depressive symptoms. Stapley and colleagues (2016) found that one of the complications that parents of depressed adolescents face is that they have to deal with their difficulties while looking after their children's needs. According to these authors, high levels of parental stress may be linked to the parent's capacity to represent the adolescent's difficulties and the parent-adolescent relationship.

A few parent workers noticed a change in the way parents perceived the couple's relationship. Regardless of who attended the sessions, parent workers identified that parents started to have a conversation about their relationship as a couple and changed their representations of each other. It appears that the parents' increased reflective capacity included thinking about their relationship with their partners. This area of change may be associated with the adolescent's developmental task that

involves revising his/her sexual and gender identity in the context of the relationship with his parents and new objects (Freud, 1963).

It is striking that despite parent work being a component of supporting the treatment of adolescents, there was no reference to change in the adolescent. While some parent workers reflected on the change in the parent-adolescent relationship, it was not possible to think about how this reflected on the adolescent. The lack of references to the adolescent resembles the separateness' recalibration (Novick & Novick, 2013) that parents and adolescents experience. It may be that a similar dynamic occurred between the parent worker and the adolescent's therapist, which could have affected the way they reflected on the other's work.

Factors that influenced change

Parent workers' reflections on the factors that influenced change were diverse. This heterogeneity may reflect the absence of evidence about why a treatment works and how change occurs (Kazdin, 2009). The lack of consistent knowledge about how change takes place could have impacted how parent workers reflected on factors that influenced change.

While factors that influenced change varied, they appeared to be linked with either the parent and the parent-parent worker relationship or with the setting. In this sense, parent workers thought that change was influenced by factors that are associated with the therapeutic relationship, such as parents' commitment, therapist responsiveness and parents' strong transference feelings. Parent workers' responsiveness was one factor that parent workers considered to have a positive impact on change. This concerned parent workers' attunement with the parent's needs, but also with their understanding of what could be achieved in time-limited work. In a study that looked

at therapists' perspectives on change in adult work, Duarte and colleagues (2022) identified that therapists' capacity to listen and their openness affected the therapeutic encounter.

Perhaps some of these qualities fostered the parents' commitment to the work. Parents' commitment seemed to be a way in which parents acknowledged their need to be supported and their wish for change. This resembled what is known in psychoanalytic Kleinian theory as a depressive position (Steiner et al., 2011), where parents could take responsibility and acknowledge the separation between themselves and the adolescent and the way one affects the other.

Parents' commitment and parent workers' responsiveness may be seen to contribute to the development of an emotional connection and shared understanding (Duarte et al., 2022). The combination of these elements resembles what is required to build a strong working relationship, which according to studies on therapeutic alliance, is linked with positive therapeutic outcomes (Karver et al., 2018).

The emergence of intense feelings has been related to therapeutic ruptures (Cirasola et al., 2022), which could take the form of withdrawal or confrontation. Previous research on parents of adolescents with a diagnosis of depression has shown that parents often experience guilt and self-criticism (Stapley et al., 2016). When parents' worries about being judged were not contained, there seemed to be a higher risk of dropout. Horne (2000) suggests that early dropout could be avoided if strong transference feelings were acknowledged. Nevertheless, it appeared that having a limited number of sessions may not have allowed parent workers to work at a level that acknowledged the transference. This contrasts with the STPP manual reference to using the transference in parent work.

Some factors that influenced change could be thought about as external to the therapeutic relationship and rather belonging to the space where this relationship unfolded. Parent workers reported change being facilitated by the treatment model and the research involvement and hindered by being involved in other treatments.

One parent worker reflected that the research involvement provided parents with a sense of being contained (Bion, 1962). This is in line with what different authors (Green, 2000; Horne, 2000) consider to be one of the aims of parent work. In this case, it appeared that being involved in research and having extra contact with researchers may have facilitated change.

Several parent workers felt ambivalent about working within a short-term psychotherapy frame and expressed concern about what could be achieved in a limited number of sessions. Part of their ambivalence may have to do with resistance to follow a manualized model, which contrasts with long-term work, a more habitual way of working for many parent workers, especially child psychotherapists. STPP may have limited the parent workers' expectations of change, which could have influenced their approach to parent work. Parent work may have provided a sense of compartmentalization, where some themes that may have not been considered to be linked with the adolescent's depression, could not develop.

Whilst the STPP manual is flexible and non-prescriptive, some parent workers, particularly child psychotherapists, seemed to have had strong responses to a manualized form of treatment. For them, this appeared to oppose child psychotherapy values, which tend not to be determined by time-limited treatment constraints.

A negative change in the parent was attributed to the parent having another treatment. Following Horne's (2000) argument about transference, this working relationship may have promoted a transference split, which could have created confusion about the

treatment aims. This suggests that not only negative transference but strong transference dynamics could not be interpreted, which may have contributed to early dropouts.

Understanding the factors that influenced change could allow parent workers to be more attuned to parents' needs, which could lead to repairing therapeutic ruptures and positive treatment outcomes.

Limitations

The Experience of Therapy Interview – Parent Version aimed to understand parent workers' experience of treatment and change over time, focusing on processes that may have affected outcomes. It did not focus specifically on change and factors that influenced change, which constitutes a limitation for this study. An interview focused on these aspects could have led to a more in-depth reflection.

Time 2 data collection and retrospective analysis of data limited the analysis and the information about the participants, which could have enriched the results. For instance, some parent workers expressed that it was difficult to recall the therapy process. Future studies may benefit from a different organization of data collection.

Additionally, the interviews were not conducted by myself, but by research assistants, whose interest may not have been in studying change. Therefore, opportunities to ask or explore this area further may have been missed. This could explain the absence of reflections on change in the adolescent.

Conclusion

This study contributes to the growing body of evidence that highlights the importance of parent work in the context of adolescent psychotherapy treatment. The findings could inform clinicians about the scope of parent work, which could benefit treatment design and recommendations. Moreover, the results of this study may inform the development of parent work techniques.

The findings support previous studies that suggest that parental reflective function is the focus of parent work (Rustin, 2009). Change in this area seems to enable a transformation in the parent-adolescent relationship (Green, 2000; Holmes, 2019). It was striking, on the other hand, that parent workers did not reflect on change in the adolescent. Future research focusing on parent work and the adolescent's outcomes is needed.

While parent workers reported change on different levels through parent work, they suggested that strong negative transference dynamics and complex personality presentations may hinder the therapeutic process and outcome. In these cases, open-ended or long-term parent work may be indicated. Understanding the factors that influence change could allow parent workers to design optimal treatments and help them understand how to repair therapeutic ruptures. Future single-case empirical studies are needed to complement and enrich the understanding of how parent work functions. This study has offered an initial exploration of parent workers' reflections on change in psychoanalytic parent work.

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Appendix

Overcoming depression in adolescence: the experience of young people and their families

Experience of Therapy Interview – Parent worker

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1. Therapist's professional background:
What is your professional training? Have you worked as a parent worker alongside child psychotherapy before?

2. The difficulties that brought the young person into contact with Child and Adolescent Mental Health Services (this section will probably be quite brief)
Thinking back to before you met [parent], what was your understanding of the difficulties that led [YP] to be referred to CAMHS?

Do you remember any thoughts or feelings you had about [parent] before you even met them?

3. The story of therapy
At what point did you first become involved with the referral? Do you remember what your first impressions were of the parent/s?

When the family were randomised to STPP, did you think that this type of therapy would be suitable for the YP and his family? Fantasies about STPP

Can you remember, at the start of your work, what you thought or hoped the work with the parents would be about? [N.B. May need to prompt about ideas in relation to both parents and/or step-parents, depending on family set-up].

And in retrospect, is that how it turned out? What do you feel was the main focus of your work with the [parent/s]?

Can you tell me the story of the work you have done with the parent/s as you see it?

How do you think your work with the parent has linked to the young person's therapy?

Possible prompts:

How would you describe your relationship with [parent]? How do you think [parent] would describe his/her relationship with you? Transference/countertransference

Are there any particular moments in the parent work that come to mind?
[Prompts: Things that happened that seemed important? Things that you or [parent] did or said that you particularly remember?]

Can you tell me about the ending of the parent work?
[Prompts: How did the parent work end? How do you feel about the way the parent work ended?]

4. Change
If you compare today with when the family began therapy, what do you think is different and what remains unchanged? [What has improved? What has got worse? (Concrete examples)]. [N.B. Ask open question first, and then follow-up, as needed, with any view on how the YP may have changed (or not), how the parent-YP relationship has changed, and whether anything in the parents themselves has changed].

5. Evaluating the therapy
What do you think were the most helpful things about the work you did with the parents? (General/specific)

What kinds of things about the work with the parents do you think were unhelpful, negative or disappointing?

Do you think [parent] would see it the same way? How would his/her view be similar or different?

If you were starting work with the parent/s again, would you want to do anything different?
What/why?

In hindsight, do you think that the YP and his/her parents were suitable for STPP? Why/why not? [Prompt specifically in relation to the parent/s, if doesn't come up – i.e. was parent work a suitable intervention for them.

Was medication ever discussed with the parent for [YP]? [If yes, get the story of this, including how it came up in the work with parents].

Are there other things *besides the therapy* and the parent work meetings that you think have been of help regarding the YP's difficulties and problems? (Can you give concrete examples?) What do you think has been unhelpful regarding YP's difficulties and problems?

6. Involvement in research
I would like to ask you a few questions about what it has been like being involved in the research side of the IMPACT study so far...

First, ask a broad question to get a sense of what for the therapist has been the most significant element of the research context with this family. E.g.

Prompts of areas to explore (including what impact, if any, it had on treatment itself):

- The process of random allocation*
- Working with a treatment manual
- Audio-taping sessions*
- Delivering parent work in a fixed time frame [N.B. For parent work, this means 7

sessions]
- Filling in forms
- The meetings with the RA's
- Being part of a large, national-study
- Any other

What do you think [parent/s] would say about how being part of a research study has affected their experience of coming to CAMHS?

For you, what has it been like overall to take part in the IMPACT study?

What has it been like for you as a parent worker to be doing this work as part of a research study? [Prompt – how different/similar to doing parent work alongside child psychotherapy in other contexts].

Do you have any suggestions for us regarding the research?

7. Interviewer's reflections
(For interviewer, after interview, to dictate into recorder) How did the interview feel? Was it difficult or easy to conduct? Initial thoughts or understanding of what heard.

Part 3: Reflective Commentary

Word Count: 3514

Candidate number: [redacted]

A reflective commentary on conducting a qualitative research project as part of the clinical doctorate in psychoanalytic child and adolescent psychotherapy

Introduction

My pre-clinical journey started in Peru, my home country, where I trained as a clinical psychologist. I moved to the UK to continue my personal, academic, and professional development. Here, I was struck by the impact that the Controversial Discussions continued to have on psychoanalytic practice and psychotherapy training schools. In some ways, the Controversial Discussions resembled an unresolved parental conflict, where it seemed difficult to create a dialogue between different psychoanalytic traditions.

Something similar appeared to occur with the introduction of research components in the Child and Adolescent Psychotherapy (CAP) training, which was perceived as a loss of the psychoanalytic identity. Both the Controversial Discussions and the introduction of empirical research into the profession created a new space where CAP was challenged and re-signified.

This paper reflects on the experience of conducting a qualitative doctoral research project as part of the Independent Psychoanalytic Child and Adolescent Psychotherapy Association (IPCAPA) training. This paper aims to offer an account of my experiences and progress as a child psychotherapist conducting empirical research. On the following pages, I give a personal account of how this learning process unfolded year by year until the completion of the doctorate.

Child Psychotherapy Training in the UK: Background

The training in CAP is a professional doctorate course commissioned by Health Education England (HEE), which coordinates the training and education within the National Health Service (NHS) in the United Kingdom (UK). Hence, the training must comply with NHS standards, which involve the provision of evidence-based treatments. In this context, CAP training is shaped by national policies that regulate treatments in the NHS and by policies around children's welfare (Urwin et al., 2009) that include considerations regarding different treatments' costs and effectiveness (Rustin, 2003; Urwin et al., 2009). This brought to the fore tensions within the profession. In 2003, the Journal of Child Psychotherapy published two papers by Fonagy (2003) and Rustin (2003) that addressed several issues around incorporating research into CAP training and practice.

Fonagy (2003) and Rustin (2003) had very different views on how the tensions between empirical research and child psychotherapy should be resolved. While Fonagy (2003) argued that the future of CAP depended on its flexibility to create a dialogue with empirical research, Rustin (2003) argued that psychoanalytic and empirical research draw upon different and competing epistemologies. He suggested that the consulting room was the child psychotherapist's laboratory. Until then, most published papers in the profession presented evidence following the clinical case study tradition, which has been criticized from an empirical research approach (Midgley, 2004). In addition to this problematization, Briggs (2003 in Midgley, 2004) argued that by getting involved in empirical research, particularly in randomized controlled trials, CAP could lose what was central to psychoanalytic epistemology, its focus on the unconscious. Simultaneously, by staying in the laboratory of the consulting room, CAP could face other losses (Briggs, 2003 in Midgley, 2004), such

as not being a treatment offered in the NHS. According to Midgley (2004), qualitative research is an approach that could help navigate between these two poles, where both psychoanalytic thinking and empirical methods could co-create an understanding of mental functioning and the process of change. When I read this article (Midgley, 2004), I felt that the author tried to build a bridge between two traditions that had been portrayed as irreconcilable.

A similar conflict occurred between psychoanalytic traditions in CAP training in London, namely the Independent and Kleinian traditions. Before deciding what training school I wanted to join, a clinical supervisor told me that my style of working resembled the Anna Freudian tradition or even play therapy. I felt that these comments were charged with a certain bitterness, which made me feel that by choosing to train at one school I would automatically become unloyal, or even, ungrateful to the other. When I applied to the training, I was lucky to have the option to choose between two different schools. Before being offered these opportunities, I already knew that I wanted to train at IPCAPA. The Independent tradition offered a more flexible and integrative stance, which captured the complexities of psychoanalysis and child development. With some of these tensions in mind, I felt that I could find a more familiar ground training at IPCAPA.

In the Independent's model of development, the internal world and the environment interact shaping the subjective experience of the Self. A similar process seemed to occur with CAP when, in the light of changes in the NHS, it had to incorporate new functions, which could facilitate its survival in the public sector. Some of these experiences appeared to be contradictory and my task seemed to be to accept this conflicting nature (Kohon, 1986).

First year: The Independent Tradition in Child Psychotherapy

Since the first weeks of the training, I was confronted with the question of what child psychotherapy meant. During my pre-training experience, I met various people who held different positions about what CAP meant for them. This was reflected in the way they made clinical formulations and interacted with children and families. In some cases, their positions appeared quite rigid and slightly critical of other approaches. One thing most of them shared was a slight disregard for psychotherapy research. In some cases, this pointed to what appeared to be a generational gap. Some very experienced psychotherapists were curious about research, but very few of them seemed keen to get their hands on it. With all these different experiences in mind, searching for what CAP meant for me was anxiety-provoking. I felt that positioning myself about psychotherapy research would make me disloyal to a more traditional view that, in my mind, disregarded the importance of research.

In the first year, I attended a research seminar. The first part of the seminars focused on learning about research design and methodology. The second part of the seminars was dedicated to research presentations delivered mostly by clinical psychologists. Most presentations, although interesting, did not reflect the way child psychotherapists work. There were no references to the setting, to the therapeutic relationship, to emotional development or the unconscious. As a first-year trainee who was starting to build a CAP identity, this seminar seemed to increase the apparent split between child psychotherapy and research. Was the absence of teaching by psychotherapists because they were not interested in this area? Or was it because they had not conducted much empirical research? This made me feel scared and excited about becoming a child psychotherapist who could navigate these conflicts. In the first year, the psychotherapy-research split felt like an actualization of the Controversial

Discussions. The feeling was that of being parented by two, if not more, figures with very different parenting styles. Some of them integrated different theoretical and methodological views; others were critical of such dialogues.

As the year progressed, I started to become more familiar with working in Child and Adolescent Mental Health Services (CAMHS) and noticed that the psychotherapy discipline was facing new challenges than previous generations of psychotherapists had experienced. In this context, CAP had to incorporate empirical evidence to allow psychotherapy to remain a valued discipline within the public service. This carried a sense that the profession was losing valued clinical time, but the risk of losing even more seemed greater.

The value that CAP could bring to the CAMHS team was captured in the process of designing and carrying out an audit. In the first year, I looked at treatment offers for young people who self-harmed at a referral point. This helped me create a dialogue with other disciplines while experiencing the different levels at which CAP could work. The audit showed that most young people who self-harmed at referral were offered a combination of talking therapy and psychiatric treatment. Also, it exposed that there was space to incorporate new treatment models, like Dialectical Behavioural Therapy (DBT), which was developed a few years later. While this showed the space that CAP could play in service development, the experience of looking at the data felt very monotonous. It was not something I enjoyed, but I could see the value of it.

With this ambivalence, I transitioned into the second year, when I had to start working on my research project, which involved working with research material from the Improving Mood with Psychoanalytic and Cognitive Therapies – My Experience (IMPACT-ME) study. The idea of engaging in qualitative research felt exciting after the dull experience of doing the audit. This, again, felt like a middle point between clinical

practice and empirical research, which reminded me of the openness in the Independent tradition. Qualitative research combines elements of listening and analysing data with a naïve listening attitude and flexibility with systematic rigour, which resembles how clinical work unfolds.

Second Year: Working with parents

Midgley (2004) refers to qualitative research as a methodology that could facilitate the dialogue between psychoanalysis and empirical research epistemologies. Perhaps with this in mind, I felt excited when I was told we would carry out our studies on IMPACT-ME data. Trainees were split into two research groups that explored different subjects. One focused on the psychotherapy process and the other on parent work. I found both areas interesting, but I also found it frustrating that we were not allowed to choose our research topic. At the same time, something about being told what to do, when I felt I knew very little about research, was containing and relieving.

When I found out that I had been assigned to the parent work research group, I felt excited and curious. Parent work was an area where clinical practice felt vague. Hence, I thought that learning more about this area could amplify my knowledge and develop my clinical skills. At first, I was more motivated by the clinical implications of research than by the research itself. Around that time, I was starting to do parent work in CAMHS and I thought that reading about it and listening to parent workers' reflections on conducting parent work could guide me through this new experience.

As I had learned in previous seminars, before embarking on the research project I had to understand the state of the literature. Identifying an area to do a literature review was frustrating. Perhaps still wishing to be told what to do, like being assigned to the parent work research group, part of me still expected to be guided. My literature review looked at ways of doing psychoanalytic parent work across different age groups. The first difficulties I found were related to defining the subject and determining the inclusion criteria. Psychoanalytic parent work is an area where there is not a lot of empirical research. Nevertheless, it is a broad subject and the selected literature needed to comply with certain criteria.

Until the first quinquennial of this century, most of the literature on parent work was informed by case studies. According to Midgley (2004), child psychotherapy had not published research using qualitative methods before the first decade of the new century. Initially, I included case studies and other non-empirical research in my review. When informally discussing this with colleagues, a clinical psychologist commented ‘That is not research’ about case studies. This comment, which felt hurtful, made me think that the nature of child psychotherapy was being questioned. However, it made me redefine the inclusion criteria to focus on empirical research only. I made this change to prove that psychoanalytic psychotherapy is an evidence-based practice. At a personal level, while case studies do not have a high status in evidence-based practice, I consider them to be critical in the development of theory and technique.

Parallel to this process, we were attending a Journal Club, where we analysed and discussed the quality of published empirical papers. I felt that the Journal Club held Anglo-centric views on what a good quality paper was. Moreover, it did not incorporate a self-reflective stance that could question its methodology. In contrast, it appeared to promote a pure way of presenting research findings. At a personal level, this seminar and what it triggered exposed my migration journey, where I had to leave family, friends and ideas behind and incorporate new ways of thinking. My experience of psychotherapy in Peru was linked with philosophy and post-structuralism, while here things seemed to be understood from empiricism. At times this felt like being re-educated in what in the Anglo-Saxon tradition was thought to be good research. This process seemed to resemble post-colonial dynamics, where there was no space to pause, question and see oneself and one’s assumptions. This experience of getting to know psychotherapy research felt non-creative and rigid.

Perhaps resembling its complex socio-political history, psychoanalysis in Latin America has been influenced by American, Anglo-Saxon and French traditions. This influence has promoted a fluid dialogue and critical among what seem to be portrayed as contradictory traditions. In contrast, the Anglo-Saxon training appears to hold a sense of purity that avoids some potentially enriching inter-mingling.

For instance, the increasing number of psychotherapy research studies published in the form of 5000-word journal articles correspond to a particular production of knowledge, where the methods and results are privileged. In this logic, the position from which knowledge is produced is obscured in a process where data appears to be equated with reality. The apparent atemporality of some psychotherapy research made me feel sceptical. This feeling was increased by the lack of self-reflection and self-criticism in the Journal Club. When I perceived this level of dogmatism both in clinical work and in research methodologies, I found myself wanting to take some distance. At times, this was because I did not feel represented by either of these positions and because they made it harder to find my views and to integrate contradictions.

Towards the end of the second year, I started to read Short-Term Psychoanalytic Psychotherapy for Adolescents with Depression: A Treatment Manual (Cregeen et al., 2017). Before reading it, I felt that treatment manuals were diluted versions of what the actual treatment experience is. They seem to be written for a public who is not necessarily familiar with a topic. In this sense, I came to read the manual with a critical spirit, but curiosity. How could a treatment that involves the development of the adolescent and his or her parents' transference and the therapists' countertransference therapist be manualized? This question pointed towards the epistemology of psychoanalysis, more particularly of Short-Term Psychoanalytic

Psychotherapy (STPP). As it may have become clear, psychoanalytic psychotherapies, although founded on certain principles, respond to different epistemologies. In my opinion, by creating a treatment manual to protect the delivery of CAP in the NHS, the profession could be colluding with the short-term, quick-fix view that the NHS seems to promote. In a public service hit by financial cuts and restructuring, manualized treatments miss what we need to be thinking about, which is the provision of long-term care.

From a clinical perspective, after some months of doing parent work, I noticed that most of the families that attended CAMHS had longstanding emotional struggles. The fact that most of them were not referred to STPP made me question the impact that 7 parent sessions could have on their development.

Having some theoretical knowledge of parent work made me feel less insecure about starting parent work. Somehow, I thought that although I had not had this experience before, I knew about others' experiences, which was reassuring. Working with some parents who showed high levels of entrenched parent-child dynamics, re-actualize my resistance to short-term and time-limited treatments.

Although these reflections did not guide my day-to-day experience of doing the literature review, they shaped some very strong resistances towards it. The second year may have been the hardest in terms of integrating and thinking about very different views on both CAP and research.

Third year: Searching for the data

While I was still in the second year, I started to look at the IMPACT-ME data. As a first impression, it was disappointing to see how much information was missing. The records of participants' demographics were sometimes contradictory and others simply absent. Listening to the audio recordings and speaking with colleagues from the research group helped me identify some information that had previously been missing. This confronted me with the immense difficulty of conducting large-scale research. The IMPACT research was so large, that it felt as if we were little miners digging into the dark ground in our search for data.

During the process of familiarizing myself with the data, I transcribed three parent-worker interviews. This was an opportunity to not only read but also feel the material. Listening to the audio recordings transported me to the clinical rooms and created an additional dimension, one of feelings, pauses and intonation. This made me feel curious about the interviews that were already transcribed. Also, although there were transcription guidelines, I wondered how the transcription processes could have been influenced by the different transcribers.

Around the same time, my research supervisor asked a couple of us whether we could help a year 4 trainee with her data coding process. Initially, it was hard to find space to do this, but something about looking at someone else's coding felt important. This process helped me familiarize myself further with the data and see what the next years would be like.

In the early days of the third year, I had a look at the Experience of Therapy Interview - Parent Worker Version (Midgley et al., 2011) structure to identify topics that could help me think about a research question. Creating a research question was one of the most frustrating tasks. Initially, the questions I came up with seemed vague. At such

moments, I wished, once again, that I was told what to do. It is as if tolerating uncertainty in the context of research, where one is supposed to hold certainty, was extremely difficult.

Once I came up with a research question, listening to the data took a different form. I was not only trying to get a sense of the experience of the interviews, but I was paying attention to specific topics. I continued to feel curious about the non-verbal information that I had no access to. Also, I identified with some of the parent workers. Particularly, with the parent workers that considered that 7 sessions were a short time to help parents in the way they would have liked.

Finishing and not ending: fourth and fifth years

As I started to make some progress with the analysis of the data, I discovered that I enjoyed thinking about ways of understanding it. Creating links between different categories and finding out ways of presenting them felt like being in the therapy room. In some way, the data analysis and presentation reminded me of psychotherapy formulations, where findings had to be shared and scrutinized. Sharing the preliminary results at seminars and discussing them with the study group helped me think about new ways of interpreting the categories. Although at times this was frustrating, it was an important part of the research process, where categories needed constant rethinking and interpreting.

For me, this process did not finish at the end of the fourth year. I took the first months of the fifth year to revise my literature review and complete my empirical research project. At that point, I had to transition towards practising as a qualified psychotherapist. The idea of having to finish the research while working in CAMHS made me feel slightly worried about having to cope with different demands. Also, starting a new post without having finished the research felt burdensome. Nevertheless, I noticed that, in contrast with how I felt at the beginning of the training, I was not taken up by colleagues' and psychotherapists' views on how psychotherapy and research should be performed. I wonder whether this may have had anything to do with starting to find my steps within an independent psychotherapy identity.

Toward the end of the training, while writing my qualifying paper, I incorporated some empirical research findings into the analysis of the clinical material. This made me think that psychotherapy research and clinical work had become more integrated in my mind. I felt I was more able to see the contributions that psychotherapy research

offered, bearing its contradictions and without perceiving that this was a threat to psychoanalytic identity.

In the process of data analysis, I discovered that I could enjoy doing qualitative research, which felt gratifying. I think this may have been linked to noticing that I had developed some research skills. This made me wonder whether some of my initial resistance to research could have been linked to not feeling competent at it.

If we were to use Anna Freud's developmental lines to think about the process of becoming a researcher child psychotherapist, the clinical and research seminars helped me to even my development. This could have facilitated a sense of integration and increased my capacity to tolerate contradiction. Although I still identify myself as a clinician, the dialogue between these two areas of the CAP discipline is more harmonious. I feel it has become easier to move between a clinical and a researcher position and to embrace both simultaneously. I think this was also enabled by how qualitative research and clinical work complement each other.

I like to think that these are some of the qualities that the Independent tradition of British psychoanalysis offered to my training experience. This experience has helped me to hold both certainty and doubt while working clinically and as part of a complex institution like CAMHS.

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