

Children's Views of Psychotherapy in Residential Alternative Care in Malta

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Declaration

I, Daniel Mercieca confirm that the work presented in this thesis is my own. Where information has been derived from other sources, I confirm that this has been indicated in the thesis. I confirm also that the thesis has not been submitted for a comparable academic award. The research work disclosed in this thesis is partly funded by the Malta Government Scholarship Scheme.

Abstract

Research on children's views of mental health services in alternative care has been identified as an underrepresented domain within literature about children in care. This practice-based qualitative enquiry aims to elicit, represent, and understand children's accounts and evaluations of psychotherapy. It also aims to enable children's feedback about the methods used to engage them in research. It focuses on the psychotherapy interventions offered to children by a team of psychotherapists from different modalities, working in a residential alternative care setting in Malta. The study aims to contextualise children's views by including the perspectives of adults involved or related to the service. It problematises the similarities and differences between children's and adults' views of psychotherapy and seeks to understand them in the light of child-adult dynamics within a specific context. The study also involved a children's reference group where they were consulted about the research aims and design. Fifteen children, who were attending, or had attended therapy, consented to participate. Data with children were collected through a flexible, multiple method approach where children were offered a choice regarding how they wished to express their views. The study included the inductive thematic analysis of 29 interviews with children and 13 interviews with adults. Findings convey children's views regarding engagement, expression, change and power dynamics, and communicate children's needs and priorities which were absent from adults' understandings. They challenge adult-determined psychotherapy beliefs and practices, and inform the development of psychotherapy services within the setting. By enabling and problematising children's agency and participation, this study contributes to knowledge about children in therapy as active agents and rights holders. It communicates the opportunities revealed by such an approach within research, offering critical insights into the development of data collection tools, and proposes a relational, interactional and multi-layered conceptualisation of children's voices and agency.

Keywords: child voice, child agency, child psychotherapy, residential child care, arts therapies

Impact Statement

This study offers an alternative way of thinking about and engaging children in the evaluation of therapeutic interventions. It contributes to the development of a new paradigm which aims to involve children as active agents, rights holders and knowledgeable participants in the evaluation of mental health interventions.

The impact of this study can be considered in terms of benefits at different levels. Whilst this study's findings relate to a specific residential alternative care setting in Malta and demonstrate the outcomes and opportunities revealed for this setting, this study communicates other levels of impact which apply to wider contexts. These include informing psychotherapy practices with children in alternative care; proposing a research methodology that aims to involve children as knowledgeable participants; and contributing to the conceptualisation of children's voice and agency in academic contexts.

In terms of impact on the practice of child psychotherapy in alternative care, this study sheds light on the dynamics of child–adult relations and meaning making within psychotherapy interventions. Findings show that the participation of children in the evaluation of therapeutic interventions reveals children's views regarding engagement, expression, and challenges related to child–adult power dynamics. Such findings can impact service development as they highlight areas of concern which are absented within adults' accounts. Moreover, findings indicate that such participation can also result in an empowering relational experience for children. Within a practice context where children's voices tend to be excluded from professional and academic reflection, this study highlights the value of enabling children's evaluation of mental health interventions. It exemplifies the potential benefits to children's well-being and considers how this may be achieved within practice.

In terms of impact on research practices, key findings offer insights into approaches, methods, and specific tools that can be used to engage children in the evaluation of

psychotherapy. Findings indicate the positive impact of approaches that consult children as knowledgeable participants during the process of designing research, offer children choice regarding how they wish to express themselves, and enable the use of creative data collection methods. Additionally, this study suggests that practitioner research offers reflective possibilities which may be different from opportunities for evaluation within child psychotherapy.

In terms of impact within an academic context, this study reiterates the need for researchers within child psychotherapy and the arts therapies to specify and evaluate the outcomes, benefits, and limitations of studies which enable children's voices and participation, rather than assuming a positive impact. This study indicates that a key aspect within such an approach is an attention towards the conceptualisation of the child's voice. This study's academic impact is realised in communicating the benefits of conceptualising children's voices as multi-layered, interactional, and relational processes, emergent from the structure of beliefs and practice contexts within which they are situated. This informs the recommendation to include children's voice, rights, agency, and participation as areas of study within academic curricula related to mental health practitioners working with children.

The impact of this study has been brought about by disseminating its outputs through publications in peer-reviewed journals, presentations to professionals, and through the co-authoring of the book *Child agency and voice in therapy: New ways of working in the arts therapies* (Jones et al., 2020).

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Children's Views of Psychotherapy in Residential Alternative Care in Malta

Chapter 1: Introduction

This introduction orients the reader to the researcher's motivation for engaging in such an enquiry, communicates the researcher's positioning within a specific context, and presents the main research aims and questions. It also seeks to convey the cultural and professional practice contexts within which this research is set and introduces key theoretical concepts drawn upon with regard to the design of this study.

Research Rationale

Jonas¹ participated as an adolescent in this study. He had long-term experience of child psychotherapy within the context of a childhood spent in residential alternative care. Later, as a former member of the children's reference group which had aided me to develop this study, he was invited (together with other former members) to a presentation of the main findings. Following the communication of the emergent themes, Jonas reflected on findings within this thesis, highlighting the importance of different modes of, and spaces for expression for children attending psychotherapy. His response, now as a young adult, was immediate:

It is clear, therapy needs to change its image. It should not just be talk and just talk.

There needs to be guidelines for therapists so that they include games and creativity in their work. Also, it should not just be confined within four walls. I think there should be guidelines for newly qualified therapists regarding how they should ask questions, so they would know, so that there will not be that separation between therapist and child.

Jonas's response illustrates the potential outcomes and opportunities created when children are invited to evaluate psychotherapy interventions. It exemplifies how children's

¹ In order to protect the identity of research participants, pseudonyms are used throughout the thesis.

participation in the evaluation of mental health interventions creates opportunities for professionals to learn about children's needs and priorities. This could potentially inform their practice: "there should be guidelines for newly qualified therapists". Jonas's suggestion that therapy "should not just be confined within four walls" demonstrates that such participation may enable and support an opportunity to critically reflect on orthodox, adult-determined agendas and professional practices. Such agendas inform, for example, spatial and temporal boundaries regarding holding therapy sessions in the same room.

Apart from such opportunities for professionals, this study also communicates the potential benefits for children whose voices are usually excluded from the process of professional reflection. Jonas's "separation between therapist and child" perhaps echoes and reflects the dynamics of such an exclusion. The benefits for children stem from the potential for such research to enable participative opportunities, resulting in empowering experiences for them.

The intention of this study is to explore such outcomes and opportunities for children and adults by enabling and researching children's views of psychotherapy interventions within a residential alternative care setting. This intention reflects a commitment towards children's rights as outlined by the United Nations Convention on the Rights of the Child (1989). This commitment particularly relates to Article 12 which stipulates that children have the right to express their opinion regarding issues affecting them. Such an intention also reflects and stems from my own personhood as a researcher, my personal engagement with voice as a child, and my professional aspirations in terms of enabling child voice and agency as a dramatherapist and a registered psychotherapist working in Malta.

By respecting, enabling, facilitating, and problematising children's agency, voices and participation, this study seminally contributes to a new paradigm (Jones et al., 2020) for thinking about and working with children in therapeutic interventions. Such a paradigm offers an alternative way of thinking about children involved in therapeutic interventions: as

active agents and rights holders. It informs the facilitation of adequate spaces and the development of appropriate tools for children to participate in the evaluation and development of mental health interventions. This study contributes towards the development of this paradigm by communicating the opportunities revealed by such an approach within research, offering critical insights into the development of data collection tools, and proposing an innovative theoretical frame in terms of conceptualising children's voices and agency within this new paradigm.

The thesis' rationale and intentions relate to the development of the concept of *child voice* within childhood studies (Wyse, 2009). This concept underscores the acknowledgement of children as rights holders (Welch & Jones, 2010) who are recognised as being active in constructing their own childhoods (James, 2010). The study's intentions also reflect an interest in engaging with children's competencies and agency. Montreuil & Carnevale (2016) reviewed how, within the context of health provision, the concept of child agency has changed from the notion of an *ability* that a child can develop, towards a more widespread consideration of children as *active agents*. As active agents, children are considered to construct their worlds by increasingly influencing the identification of their needs related to health. This study's objective is to enable and critically engage with such a consideration of children's agency by seeking to facilitate their participation in evaluating child psychotherapy. This potentially contributes towards a need to research children's views of mental health services in alternative care, which Tatlow-Golden and McElvaney (2015) identified as a research gap.

Whilst recognising the seminal contribution of children as rights holders and active agents, this study concurrently considers and responds to theoretical developments within childhood studies (Graham & Fitzgerald, 2010; Mannion, 2007; Thomas, 2012; Tisdall & Punch, 2012) in terms of conceptualising child voice, participation, and agency. These developments have progressively proposed that the act of listening to and representing

children's voices needs to consider the adult-child relational processes within which children's voices arise and are situated (Mannion, 2007). These theoretical developments influenced both this study's research design and its conceptual framework. Thus, this study considers children's voices as being situated within child-adult interactions and relations, and as emerging from the structures of beliefs, values, and practices within social, cultural, professional, and political contexts.

In terms of research design, these theoretical developments inform the intention to consider the larger contexts within which children have their say (Clark & Percy-Smith, 2006) by researching the perspectives of adults involved or related to the psychotherapy interventions. Such considerations and intentions enlighten the research aims and questions communicated in the following section.

Research Questions and Aims

This study focuses on the psychotherapy service offered to children living in residential care and delivered by a team of psychotherapists from different modalities working in a specific residential alternative care setting in Malta.

Research Aims

This practice-based qualitative enquiry aims to elicit, represent, and understand children's accounts and evaluations of their engagement in psychotherapy interventions in a residential alternative care setting in Malta. In line within this enquiry's conceptualisation of children's voices, this study conceives of and considers these accounts as emerging within child-adult relations and contexts. Thus, whilst foregrounding children's accounts within the presentation of data, this study also aims to research the perspectives of therapists and adult carers on children's engagement in psychotherapy interventions. It seeks to analyse these perspectives in the light of child-adult dynamics in this context. This includes engaging with and problematising the similarities and differences between children's and adults' views; understanding them within the context of psychotherapy in a residential care setting; and

critically considering how children's perspectives can function as critiques of adult-determined discourses and practices.

This research also aims to critically explore how children's views of therapeutic interventions may be elicited and enabled. This is accomplished both by researching the process of enabling children's participation in the design of this study, and by researching children's feedback regarding their research experience and the data-collection tools employed.

Research Questions

This study addresses the following questions:

1. How do children describe and evaluate their experiences of the interventions delivered by a team of psychotherapists working within a residential alternative care setting in Malta?
2. How may children's, therapists', and carers' views of psychotherapy interventions be conceptualised, elicited, and understood?
 - i. What influences these perspectives?
 - ii. How are these perspectives similar and how are they different?
 - iii. What might explain the similarities and differences between children's and adults' accounts of these psychotherapy interventions?
3. How do children evaluate the methods used in this research to obtain their perspectives on psychotherapy interventions?

Conceptualising Child Voice and Agency

This section introduces the theoretical concepts around children's voice and agency by drawing on developments within childhood studies and referring to a theoretical dialogue between dialectical critical realism (Alderson, 2013) and social constructionism (Berger & Luckmann, 1966 / 2011), whilst considering the contexts of child psychotherapy and

residential alternative care. These concepts inform the study's theoretical and conceptual frameworks presented in Chapter 3.

Developments within childhood studies communicate a need for researchers to engage with the way in which children's voice and agency are conceptualised and theorised (James, 2007; Komulainen, 2007; Prout, 2011). These developments highlight the risk of assuming child agency and voice to be essentially decontextualised elements (Tisdall & Punch, 2012). For example, Lundy (2007) maintained that child agency necessitates effective and active listeners, thus substantiating the consideration of child agency as interactional.

The conceptualisation of child agency and voice as relational and interactional within this study has broad implications in terms of the study's theoretical and conceptual framework and its methodology. With regard to the study's conceptual framework, it informs the intention to avoid separating children's voice and agency from the structure of beliefs, relations, and practices within which they are situated and from which they emerge. Such a conceptual framework is supported by a theoretical dialogue between dialectical critical realism (Alderson, 2013) and social constructionism (Berger & Luckmann, 1966 / 2011). This theoretical dialogue mirrors Pocock's (2014) integration of critical realism and social constructionism as a theoretical framework and philosophy of practice for systemic psychotherapy. Thus, this study supports a critical consideration of both practice and research contexts, whilst at the same time upholding the reliability of what children say. It aspires to listen to and represent children's voices as expressions of their lived experiences and perceives their voices as representative of their intentions. At the same time, children's accounts and agency are linked to power dynamics within the contexts of psychotherapy and alternative care.

This is especially relevant when conducting research within the contexts of child psychotherapy and residential alternative care located in Malta. Later in this chapter these contexts are introduced as critical elements. At this point their consideration draws attention

towards how children's voices and agency may be mediated by, for example, the theoretical frame of psychotherapeutic practice and a Maltese alternative care context with significant Roman Catholic underpinnings.

The alternative care context presents complex adult-child dynamics and beliefs. Within the Maltese setup, adult professionals determine what is in the best interest of children, control where they should be living and position themselves as well-intentioned, alternative caregivers. When taking this context into consideration, the intention to avoid essentialising child agency and voice mirrors Graham and Fitzgerald's (2010) recognition that children's voice, agency, and participation are also the result of tensions within child-adult interactions. Moreover, both psychotherapy and alternative care contexts include the values, beliefs, and practices of adult professionals. Such contexts co-construct (Berger & Luckmann, 1966 / 2011) children and foster beliefs and assumptions around their competencies. Thus, for example, Maria – a therapist within the multidisciplinary team working at the setting within which this research is set – reported that before she started exploring how children evaluated their engagement in therapy, she “used to think that, because they are children, maybe they will not see the value [of therapy]”. Maria’s statement underscores the impact and role of adult professionals’ values, beliefs, and assumptions. Thus, this study’s commitment to develop a conceptual framework which does not undercut children’s accounts yet avoids essentialising children’s voices and agency, is a seminal issue, especially when taking into consideration the reported contested nature of child clients’ views within mental health services. After all, Maria’s “because they are children” implies a specific construction of children and their competencies. In fact, according to Day et al. (2011), the perception of mental health child clients as unreliable has particularly limited research on children’s perceptions of mental health services.

Such a conceptualisation of child agency and voice has important implications with regard to the consideration of my position as a practitioner-researcher. I acknowledge my

agenda within the facilitation of children's participation in this research. Thus, within this study I seek to communicate my awareness of how I influenced the research context, and how I was in turn influenced by my engagement with the child participants. Within the next section I introduce my positioning as a practitioner-researcher and the key issues related to this study's status as practitioner research.

My Positioning as a Practitioner-researcher

For 19 years I worked as a dramatherapist and psychotherapy supervisor in alternative care. I coordinated a therapeutic service within a leading Roman Catholic organisation which provides residential care in Malta. In addition to my professional positioning, I acknowledge that my childhood experiences around expressing my voice, have shaped my motivations in terms of honouring the less heard and seen. I recall how my voiced priorities as a child had to yield to considerable pressures and tensions when my father was demoted to four-day week pay and when as a family we struggled with mental health challenges. Yet within the memory of seeking to be heard and acknowledged, I also vividly recall my resilience. For example, towards the end of my primary school years, adults around me questioned my resolve to take part in the Easter play. They invited me to consider that my obsession with drama – a tolerated activity considered to be for the less academically gifted – could seriously limit my achievement in the all-important end of Primary school exams. I still sense the energy in my gut as I recall quipping something to the effect of: "If I can't take part in the play, then I'll intentionally fail my exams."

In terms of my professional positioning, I acknowledge where my identity as a white, middle-aged, Roman Catholic male and father, trained in dramatherapy and systemic psychotherapy, positions me especially within the context of practitioner research. I acknowledge the tensions implied in this positioning. As a professional working within a system of care, I always considered myself as "in it but not necessarily with it or of it". Yet my Roman Catholic beliefs, and perhaps my unmet needs as a child, drew me into a sense of

loyalty towards this system of care. During this research, I experienced the tension between this loyalty and my resolve to critique and problematise. For example, on the one hand I appreciated the eagerness of adults to help children, yet on the other hand I became increasingly aware of the way in which residential care and psychotherapy contexts co-create adult-determined and taken-for-granted assumptions about children. I was intrigued by the idea of challenging the taken-for-grantedness of such assumptions within professional practice – and ultimately also within myself as an adult. Yet I acknowledged that my loyalty, my positioning, and their impact on my thinking and practice may at times surpass my conscious awareness. Thus, I sought to remain very much aware of my assumptions about children, including the assumption that they wish to be consulted and asked for their opinion.

I am also very much aware that situating this research within my practice introduced a complex set of dynamics. For example, my new identity of researcher within an already established work context as a dramatherapist, supervisor, and ex-service coordinator challenged me to shift between insider and outsider positions (Shaw, 2005). Such shifts brought forth ethical and methodological implications, which will be extensively considered in this thesis. At the same time, my positioning as a practitioner-researcher mediated but also enabled the opportunities created when children are invited to evaluate therapeutic interventions. The next section introduces this study's identity as practitioner research.

Practitioner Research

Within the fields of psychotherapy and counselling, Bondi and Fewell (2016) described practitioner research as a powerful form of knowledge creation which may develop from reflective practice. They view practitioner research as an “experience near” (p. 5) form of research which foregrounds the practitioner’s knowledge gained through practice and articulates it in forms that can be applied to future practice. In response to Bondi and Fewell’s contribution, Etherington (2017) highlighted the wider scope of practitioner research in these fields and recommended that it should not be limited to clinical case studies, which prioritise

the practitioner's analytical gaze on client's processes. From a wider perspective, Shaw and Lunt (2012) advised that practitioner research should be seen as "a multiform activity that challenges the taken-for-grantedness of practice, mainstream academic research, management and, in all likelihood, the experience of receiving services" (p. 1). In relation to Shaw and Lunt's proposal, this study seeks to explore the potential of children's voices to challenge the taken-for-grantedness of practice. It attempts to do so by developing theory grounded in practice and setting it within a new paradigm for thinking about and working with children in therapy (Jones et al., 2020).

McVey et al. (2015) described practitioner-based research also in terms of practitioners "listening carefully not only to participants, but also to themselves, and monitoring the process of the interaction as well as its content" (p. 148). The reflexive analysis implied is especially relevant to this study, particularly in terms of negotiating the uncertain, tenuous, and liminal qualities of a space that rests between practice and research (Mercieca & Jones, 2018). This study includes the participation of children who were attending therapy with my colleagues; children who were attending therapy with myself; and children who had previously attended therapy either with myself or my colleagues. This foregrounds ethical considerations extensively discussed in Chapter 5. Yet it also highlights the complexity of analysing the bearing of particular practice-based relationships on children's engagements and expressions. This informed a commitment to analyse both the content of children's views and the process within which these views were enabled. Such reflexive analysis seeks to acknowledge and examine the relational processes in engaging with child participants. Moreover, it echoes the aforementioned conceptualisation of children's voice and agency as interactional processes set within research and practice contexts.

Practice Context

Within this section I will introduce and problematise the Maltese context whilst highlighting the role of the Catholic faith in Malta since the research has been conducted in a Roman Catholic setting. Moreover, I will highlight the main developments in alternative care services in Malta, and subsequently focus on the practice of a team of psychotherapists working within a residential setting. I will also introduce the terminology used within the Maltese context and thus justify its use in this thesis.

A Maltese Context

Malta is an island state of 316 square kilometres and a member of the European Union with a population of around 450,000 people. Following World War Two the country experienced a 25% population growth rate (National Statistics Office, 2002) which contributed towards Malta's status as the sixth most densely populated country in the world (Abela & Sammut Scerri, 2010). The Constitution of Malta (1964) recognises Maltese as Malta's national language yet also acknowledges both Maltese and English as the country's official languages. Whilst Maltese is considered as the language of the majority (National Statistics Office, 2014) over 70% of participants in a representative research sample (Sciriha, 2013) reported a good standard of English, thus attesting to the country's bilingual nature.

Since becoming a republic in 1974, following over 150 years of British rule, the Maltese have experienced considerable and relatively rapid social change. This gave rise to an interesting, at times tense, dynamic between tradition and post-modern values. Thus, for example, whilst on one hand Malta is considered as being among the best European countries in terms of LGBT rights (Leone-Ganado, 2016), according to the European Institute for Gender Equality (n.d.) the debate around gender mainstreaming is still relatively new for Malta. This is echoed, for example, in the slow progress regarding women's representation in the Maltese parliament.

Such rapid social change has also influenced the development of social welfare services such as the provision of alternative care services in Malta. Traditionally, two main protagonists in the provision of social welfare services for children who could not live with their parents, were the extended family and the Roman Catholic Church. In 1956, there were 18 orphanages in Malta. The vast majority were run by all religious staff under the responsibility of the Catholic Church (Farrugia, 2011). This can be interpreted as reflecting the central position and influence of the Catholic Church within Malta's social fabric. Such influence is enshrined in the constitution which establishes the Roman Catholic faith as the religion of Malta whilst guaranteeing the right to freedom of worship for every citizen, regardless of religion. The Catholic Church hegemony in Malta has been challenged on various occasions such as with the introduction of divorce in 2011 and the legal recognition of same sex marriage in 2017. Within the alternative care field, since 2003, allegations of sexual abuse within a Catholic Church run home, have also challenged the confidence in the church as a main service provider in the field.

One may argue that Malta has become more secular, mirroring its European counterparts (Greeley, 2003). Yet, whilst referring to a European Values Survey (1999) which revealed that 74.7% of Maltese people still claimed to be religious persons, Gellel and Sultana (2008) argued that "religion has been and, to a certain extent, still is, an important protagonist in the construction of the identity of Maltese society and of individuals" (p.1). In fact, interestingly, in a qualitative study exploring secularisation and intimate relationships in Malta, Deguara (2020) found out that even if LGBT participants "may disregard Church teachings on matters of sexuality, their reconstructed sexual morality is still embedded within a Catholic framework" (p. 372).

Thus, one may argue that, to a certain degree, the Catholic faith still influences underlying values, beliefs and the construction of identities in Malta. Yet the secularisation process is evident in the way Maltese institutions, such as social welfare services, have

developed. In fact, whilst researching the development of residential care in Malta, Farrugia (2011) argued that “in recent years civil society started playing a bigger role” (p. 16) especially in terms of residential services for children in the mental health field and for unaccompanied children seeking asylum.

Development of Alternative Care Services

During the 20th century, alternative care service delivery in Malta was dominated by Roman Catholic religious orders as the main service providers. The scenario included a number of philanthropists building large institutions for children who could not reside with their family (Abela et al., 2005). It positioned children as needy, silent, and unseen residents behind the fences of such institutions. Several important changes have been introduced over the past 20 years. These include, amongst others, the National Standards for Out-of-Home Child Care (DSWS, 2009); the Foster Care Act (2007); and the Minor Protection (Alternative Care) Act (2019). Whilst the legacy of the past is still apparent in some of the large buildings still in use today – and in certain practices such as gender segregation – national developments proposed an engagement with children’s rights, suggesting an alternative view of children. One such development has been the setting up of the Commissioner for Children Act in Malta in 2003. The alternative positioning of children as rights holders who need to be listened to is implied within local research by the National Commission for Child Policy and Strategy (2014) listening to the voices of children in care prior to the legislation of Malta’s first Children’s Act. Research was publicised as taking a bottom-up approach and postured by policy makers as being democratic and child friendly (Malta Independent, 2014). Yet the key ethical issues that were raised around consent and safeguarding, highlight and exemplify the tensions between, on the one hand, ethical and respectful child participation, and on the other hand the populist and romanticised appeal of *giving children a voice*.

Another significant development in Malta has been the growth of foster care and the gradual increase in the number of children placed in foster care (Galea-Seychell, 2011) This

development may be understood as a response to local and international research (Abela et al., 2005; Abela et al., 2012; Triseliotis & Hill, 1990) which highlighted the more positive outcomes of foster care placements and the detrimental impact of institutional placements. Yet the limited number of available foster care placements contributed to a growing awareness that it may be impossible to eradicate residential placements (McKenzie, 1999). Locally, this has resulted in an effort towards trying to downsize the large buildings, rendering residential placement more therapeutic, and the opening of small residential family-based units. This development has been accompanied by widespread references to child development texts (Gerhardt, 2004) which highlighted the negative impact of institutionalisation on the structure of children's brains and hence their relational competencies. Such developments are never neutral in terms of how they position children. Whilst such texts have been critiqued in terms of "how the biological child can be unravelled from the social child" (Alderson, 2013, p. 27), I argue that they have also contributed to the pathologising of children in residential care in Malta.

The risk of pathologising children needs to be considered in the light of the widespread introduction of psychotherapeutic services in alternative care, especially for children living in residential care. One of the findings that emerged when I was part of a group who researched the psychological, academic, and behavioural profile of all children in residential care in Malta was that, at that time, 48% were attending therapy. (Abela et al., 2012). Most of these interventions were state funded, yet no service evaluation research had ever been conducted.

In terms of the terminology used in this study in relation to the Maltese context, latest Maltese legislation and the Social Care Standards Authority use the term *alternative care* to include both residential and foster care provision. Thus, this term is used throughout this thesis with reference to foster and residential care as a whole. I use the term *residential*

alternative care to refer specifically to service provision where children are placed in residential settings.

Psychotherapy Services in a Residential Setting

This study focuses on the service provided by a team of psychotherapists, from different psychotherapy modalities, within a residential care service provider for boys. At the time of the study the residential set-up hosted around 25 boys between the ages of nine and seventeen years, who lived in small groups of 6 to 8 boys within different units. Though housed within a large institutional building, the smaller units aspired towards creating a less institutional, domestic living environment. The boys residing at the setting were cared for by mixed gender care staff, were all assigned a residential social worker and were nearly all protected by a Court or Care Order.

The psychotherapy service was set up as an in-house assessment and therapeutic intervention unit which at the time of the study had been in operation for around ten years. The team was made up of a gestalt psychotherapist, an educational psychologist, a dramatherapist, and two systemic family therapists. All professionals had worked at the setting for more than seven years. The service aimed to integrate a focus on attachment and trauma (Cairns & Cairns, 2016) with a systemic focus (Dallos & Vetere, 2014). It sought to engage therapeutically with children and their families and to collaborate with care workers and social workers in providing a more holistic service to the child.

The five professionals within the team sought to share roles and responsibilities and purposely crossed the boundaries between different disciplines and modalities, thus moving towards a more trans-disciplinary way of working (Gibbs, 2015). At the same time, team members upheld an awareness towards the distinctions between different disciplines, whilst remaining cognisant of the fact that all the disciplines represented in the team are legally recognised as forms of psychotherapy in Malta.

With regard to the terminology used in this study, within Maltese legislation, family therapy, dramatherapy, and gestalt psychotherapy are considered as different modalities registered and regulated under the Psychotherapy Profession Act (2018) as one psychotherapy profession. The legal recognition of such diversity is mirrored in the training pathways of Maltese psychotherapists with the older generation of psychotherapists trained mostly in English speaking countries, working alongside a younger generation of psychotherapists trained at local training institutes. Yet, whilst recognizing such diversity, the act also provides a unifying and all-encompassing definition of psychotherapy as:

...the comprehensive, deliberate, and planned treatment, or therapeutic intervention, given on the basis of general and special psychosocial, psychosomatic and behavioural disturbances, or states of suffering, training, by means of scientific psychotherapeutic methods, through an interaction between one or more persons being treated, and one or more psychotherapists, with the aim of relieving disturbing attitudes that lead to change, and to promote the maturation, development and health of the treated person... (p. C635)

Thus, for the purposes of this study, psychotherapy interventions are meant to include gestalt psychotherapy; family therapy, which includes one-to-one sessions with the child; and dramatherapy. In Malta, dramatherapy is defined by the Creative Arts Therapies Society as a

...psychotherapeutic practice where the therapist and client meet within a trusting relationship (through) the intentional use of drama, metaphor, play, and other creative expressive media for the client's holistic well-being. (Creative Arts Therapies Society Malta, 2015)

In Malta, dramatherapy is recognised as a humanistic modality of psychotherapy within the Psychotherapy Profession Act (2018).

Originality and Significance of the Research

This study communicates the potential outcomes and opportunities revealed when children are invited to evaluate mental health interventions. It addresses a gap in knowledge identified by Tatlow-Golden and McElvaney (2015) in terms of the need to research children's views of mental health services in alternative care.

The study reveals different layers and levels of significance. Within the specific context of psychotherapy in a residential setting, it makes a significant contribution in terms of communicating children's nuanced and complex understandings of child psychotherapy. It highlights and seeks to represent children's evaluations of what supports their engagement in psychotherapy and what can be challenging. Within the context of residential alternative care services that aspire to address children's needs and priorities, the findings foreground areas which merit practitioners' attention with regard to the development of psychotherapy practices.

In terms of its significance for the children participating in this study, the findings indicate that the process of enabling children's evaluations of therapy can result in an empowering relational experience for them. The findings highlight the potential of such research to facilitate participative spaces for children whose voices are usually excluded from professional and academic reflection.

The study's significance can also be appreciated at the level of theoretical and methodological contributions relating to the conceptualisation of children's voices and agency as relational, interactional and multi-layered. This study considers, analyses, and holds children's and adults' accounts of psychotherapy in relation to each other. Whilst this results in an understanding of the key similarities and differences between such accounts, the study's approach to the contextual analysis of such accounts sheds light on the dynamics of child-adult relations and meaning making within psychotherapy interventions. It highlights the impact of adult-determined, professional discourses on practices with children, including

the practice of evaluating psychotherapy. This is especially evident in moments where children are empowered or inhibited from exercising their agency.

In terms of a wider contribution to knowledge, the study significantly contributes to the development of a new paradigm which aims to involve children in therapeutic interventions and research, as active agents, rights holders, and knowledgeable participants. Key findings offer insights into approaches and methods that can be used to accomplish this aim. The findings show that when children's views of professional services are trusted, their notions and preferences with regard to engagement, expression, and power dynamics can significantly inform adult practices and redress the absence of children's views within professional languages and cultures. The findings also indicate the potential offered by a interactional, relational, and multi-layered conceptualisation of child voice and agency in accomplishing the aspirations of this new paradigm.

This study also highlights the potential for, and discusses the limitations of, practitioner research to create spaces where professional practices can be evaluated. The study shows that practitioner research can offer reflective and child-participatory possibilities which may differ from the perceived expectations and beliefs constructed around child psychotherapy and alternative residential care.

Over the years of conducting this research I have sought to share its significance by publishing in peer-reviewed journals, contributing chapters in books, and co-authoring the book *Child agency and voice in therapy: New ways of working in the arts therapies*. I have published on the use of a reference group in psychotherapy research with children (Mercieca & Jones, 2018), the bearing of participant involvement in research on reflective practice (Jones et al., 2019) and the use of creative, art-based tools for data collection in research concerning well-being (Jones et al., 2018). This has enabled me to share the developing knowledge, improve my practice, continue listening to children and communicate my understanding of their views. Moreover, publishing within the child psychotherapy field

helped me to understand the challenges faced by the child psychotherapy community in engaging with such research, further revealing the professional dynamics at play.

Thesis Structure

Chapter 2 presents a critical review of relevant literature and critically engages with the main ideas informing the theoretical approach and conceptual framework of this study. Chapter 3 outlines the study's theoretical and conceptual frameworks whilst Chapter 4 presents the study's methodology and communicates the research design. Chapter 5 focuses on the study's approach towards ethical conduct. Chapters 6 and 7 communicate the research findings by presenting the results of an inductive thematic analysis of data collected with children and adults. Chapter 8 discusses the study's overall findings and their implications for practice. Chapter 9 critically appraises the study, communicates the main recommendations, and highlights opportunities for future research. The following section introduces each chapter in more detail.

Chapter Breakdown

Chapter 2 considers the main theoretical issues related to the conceptualisation of child voice within childhood studies (Wyse, 2009) and reviews the contribution of dialectical critical realism (Alderson, 2013) in relation to the conceptualisation of child voice and agency. This chapter also refers extensively to child voice research within the fields of child psychotherapy, mental health, and alternative care, identifying gaps in knowledge and directions for further research. The nature and outcomes of such research are critically reviewed in relation to the theoretical and methodological issues identified within childhood studies and the aforementioned contributions from dialectical critical realism.

Chapter 3 presents the study's theoretical and conceptual frameworks and justifies the application of such frameworks in view of meeting the research aims. Chapter 4 presents the study's methodology and justifies the methodological choices made in relation to children's participation within the study's reference group, the recruitment of participants, the

flexible and creative approach towards data collection, the data analysis protocol and the researcher's positioning. Methodological choices are related to the study's epistemological and ontological assumptions and to the research questions.

Chapter 5 considers the ethical principles informing the choices made and procedures followed within this study. It includes an in-depth consideration of ethical guidelines and documents the study's approval by two ethical boards.

Chapter 6 is the first of the two chapters that present the main findings emerging from the analysis of data. This chapter communicates the result of a thematic analysis of 29 transcribed interviews with 15 children. It presents the 11 themes communicating these findings. Each theme identifies, represents, and communicates a patterned meaning across the child data set in relation to the research questions. Tables and concept maps are also used to summarise the main findings.

Chapter 7 communicates the main findings of a thematic analysis of interviews with four therapists, two residential social workers, and three lead care workers. This is achieved by presenting themes and categories across two separate data sets: interviews with therapists, and interviews with carers and social workers.

Chapter 8 considers how this study addresses the research questions, by discussing the findings presented in Chapters 6 and 7. It conveys the study's contribution to knowledge and its implications for child psychotherapy in residential care and for researching children's views of mental health services. It discusses differences and similarities in adults' and children's views, and moves on to consider the relationship between this study's findings and the conceptualisation of child voice and agency. The discussion also considers modifications to child psychotherapy practice in terms of therapists' roles and actions, children's expression, the therapeutic setting, and service evaluation. It also discusses the contributions and limitations of practitioner research by discussing children's experiences of research and their feedback regarding the data collection process.

Chapter 9 addresses the limitations of the study, identifies its strengths, and communicates its recommendations within the context of both child psychotherapy and research. This chapter identifies areas for future research opportunities and concludes the thesis.

Conclusion

This chapter sought to introduce the study by communicating its rationale, aims, and research questions. Moreover, this chapter located the study within a broader research and academic field by communicating its relationship to child voice, agency, and participation in child psychotherapy, and by establishing its identity as practitioner research. The chapter also introduced the practice context within which this study was conducted. In addition, the thesis' structure was explained.

The next chapter comprises a critical review of literature related to the evaluation of mental health services focusing on child psychotherapy and alternative care. It informs the development of the study's theoretical and conceptual frameworks and methodology.

Chapter 2: Literature Review

This chapter presents a critical analysis of literature which seeks to link the study with previous research and locate it in terms of main concepts and theories within the fields of child psychotherapy, alternative care and childhood studies (Wyse, 2009). Such analysis also seeks to consider and problematise how international literature aligns to a Maltese context whilst also drawing from a limited body of knowledge about alternative care in Malta. Such an approach to literature reflects Savin-Baden and Major's (2012) understanding of the functions of a literature review in terms of locating the study "in a critical way" (p. 133), seeking to transcend the aim of mere synthesis whilst aspiring towards developing an analytical argument. In line with Trafford and Leshem's (2008) understandings of the outcomes of such a critical engagement with previous research and theory, within this study, the analytical review of literature informs the development of the research design and its conceptual framework.

The review of literature starts off by highlighting the main theoretical issues related to the conceptualisation of child voice within childhood studies (Wyse, 2009) whilst grounding these issues within child–adult research relations. The identification of sources was achieved by searching the Web of Science and ProQuest Central databases using the following keywords: "child", "children", "adolescent", "voice", "voices", "agency", and "child participation", used in Boolean combinations. The search was augmented by a review of the bibliographic related articles within peer-reviewed publications and within the seminal journals *Childhood* and *Children and Society*.

Subsequently, this chapter reviews the contribution of dialectical critical realism (Alderson, 2013) in relation to the conceptualisation of child voice and agency. It moves on to consider how the concepts of child voice and agency have been theorised and researched within the fields of child psychotherapy, child mental health and alternative care. The review critically examines the nature and outcomes of child voice research within these fields, in

terms of how this research relates to the theoretical and methodological issues identified within childhood studies and the aforementioned contributions from dialectical critical realism.

The identification of sources within child psychotherapy was achieved through a comprehensive search using PsycINFO, PsycNET, Web of Science and ProQuest Central databases, by means of the following key terms: "child psychotherapy", "counselling", "arts therapies", "play therapy", "dramatherapy", "art therapy", "adolescent", "children", "child", "voice", "voices", "child participation", and "client voice", used in Boolean combinations. The identification of sources within the field of alternative care and mental health services was achieved through a similar search, substituting the psychotherapy-related keywords with "mental health", "alternative care", "looked-after children", "alternative care", and "residential care". The searches were augmented by a review of the bibliographic related articles within identified sources.

Finally, the review identifies and critiques potential developments related to the conceptualisation of child voice and agency, considers how these are related to a reflexive attention towards child-adult research relations and scrutinizes the theoretical implications of data-collection methods within child psychotherapy. It also considers how these developments and considerations apply to the potential impact of such research on actual practice.

Researching Children's Views

The recognition of childhoods as socially constructed and the view of children as "active social agents in the construction of their own childhoods" (James, 2010, p. 486) are seminal notions within what James and Prout (2003) described as a paradigm shift in childhood studies. A substantial driving force within such a paradigm shift, involves the interest in researching children's views whilst actively favouring children's participation in research. New approaches towards research with children have included an acknowledgement

of the relevance of children's perspectives. This was the result of a shift towards communicating and representing children's competencies and acknowledging children as rights holders (Welch & Jones, 2010).

A review of literature indicates that within different fields (Cavet & Sloper, 2004; Jager & Ryan, 2007; Ross & Egan, 2004; Willumsen & Skivenes, 2005) researchers justified their interest in studying children's views in terms of the lack of representation of children's voices in areas which directly impacted their lives, whilst referring to Article 12 of the United Nations Convention on the Rights of the Child (1998).

A review of literature also indicates a developing interest, within a number of different fields, in evaluating the actual contribution of such voices towards service development (Percy-Smith, 2011). For example, this can be seen as a major driving force in Persson et al.'s (2017) research on children's perspectives regarding outpatient services received within community mental health clinics in Sweden. In the field of alternative care, Caldwell et al. (2019) noted a movement from child empowerment towards research co-production and referred to its impact on practice as a "dialogue that leads to change that can be measured on a personal and systemic level" (p. 2). Such an interest is also evidenced in the work of mental health service providers, professional bodies and research institutions (Brown et al., 2014), policy makers (National Commission for Child Policy and Strategy, 2014) and non-governmental organisations (VOYPIC, 2017) in relation to the inclusion of children's feedback in service development. At the same time, one notes a commitment in literature (Mannay et al., 2019) and policy making (Care Quality Commission UK, 2016) towards developing specific methods for listening to children's views of services.

Yet, such an ever growing interest in researching and including children's feedback in service development, needs to be critically evaluated in terms of the extent to which such research has responded to the calls for re-framing child participation research and re-conceptualising child voice, highlighted by an extensive body of literature within childhood

studies (Graham & Fitzgerald, 2010; Mannion, 2007; Spyrou, 2011; Thomas, 2012; Tisdall & Punch, 2012). The next three sections address this issue and critically review responses towards such a suggestion, ultimately informing the conceptualisation of voice and agency within this study.

Conceptualising Children's Voice in Research

The call for a re-conceptualisation of children's voice and participation stems out of acknowledging what Spyrou (2011) described as a failure of voice research to scrutinise itself and problematise issues of representation. Mannion (2007) suggested that child voice research needs to focus on child-adult relations and spaces, where rather than being static entities, both adults and children "can be conceived of as 'becomings' cohabiting overlapping and emergent spaces" (p. 411). Fielding (2012) commented on a movement within student participation research that, whilst honouring a rights-based approach, moved beyond a romanticisation of the child's voice. James (2007) highlighted the impact of cultural scripts which attribute an innocent authenticity to children's voices and critiqued the tendency to neglect the impact of context on the outcomes of childhood research.

In response to such critiques, a growing body of literature within childhood studies sought to theorise the relationship between context and children's voice, and the relevance of such a relationship within research methodology. For example, in terms of a theoretical framework, Spyrou (2011) highlighted the risk of attributing authenticity within the act of representing children's voices and emphasised the situated nature of children's voices. Moreover, Spyrou (2016) considered the value of assigning meaning to children's silences by foregrounding the contexts within which the absence of voice is situated. In terms of methodology, Eldén (2013) argued that it is still possible to conceive of "reflexive and creative research" (p. 66) which uses, for example, children's drawings to represent children's narratives about care – if and when researchers manage to acknowledge and

account for the multi-layered, ambiguous, polyvocal nature of meanings within such narratives.

Tisdall and Punch (2012) invited researchers to “reclaim and consider ideas that incorporate change, transition, contexts and relationships, moving beyond concepts that are unduly fixed and static, with unhelpful dichotomies and ignorant of cultural and contextual variations” (p. 254). This involves critically examining how the concepts of *voice*, *agency*, and *participation* are concepts which can be located in a contemporary minority world (Punch & Tisdall, 2012) and which need to be scrutinised rather than taken for granted.

Wyness (2013) argued that within childhood studies, a primary focus on the child's perspectives, alongside a parallel quest for “more authentic spaces for children” (p. 430), has tended to move adults to a marginal position from both methodological and epistemological points of view, rather than acknowledging interdependence in child–adult relations. He proposed that adults interested in children's participation hold power and control, thus urging a critical consideration of adult-based agendas within the facilitation of such participation.

Such developments, critiques and responses inform the development of this study's conceptual framework. Responses from research which foreground the situated nature of children's accounts and the polyvocal nature of meanings within such accounts, inform this study's attention towards the relational and interactional nature of children's voices emerging within child–adult relations and spaces. Yet, ideas presented in the following sections will also communicate how in this study such a conceptualisation of voice does not mean reducing the ontological validity and significance of children's accounts.

The relational conceptualisation of child voice as emerging within child–adult interactions and communicating multi-layered meanings, has particular significance in the field of child mental health services and alternative care, which both present complex child–adult power-based relational dynamics. In her discursive analysis of how children's interpretations are treated in family therapy, O'Reilly (2006) highlighted adult–child power

relations within a psychotherapy intervention and noted that “there are rare occasions where the child is given the space to make their point” (p. 563). The impact of complex child–adult relations within the field of mental health services was also noted by Aubrey and Dahl (2006) and Cavet and Sloper (2004). Within child psychotherapy, Midgley and Navridi's (2007) research about what affects children in dropping out of psychotherapy highlighted the extent of adults' impact on children's access to and engagement in psychotherapy. Additionally, the alternative care context presents scenarios where children frequently experience ill-treatment by adults prior to admission, coupled with adverse experiences whilst in care such as frequent changes of placements and discontinuation of meaningful relationships (Stein et al., 2011). For example, within practice, qualitative research conducted in Malta about children's experiences in foster care (DeBono & Muscat Azzopardi, 2016) flagged the negative impact of frequent changes in social care professionals. Within research, Mannay et al. (2019) wrote about an imbalance in representation and claimed that research about children in care still tends to privilege the voices of researchers, policy makers and professionals.

Thus in addition to a relational and multi-layered conceptualisation of child voice, the attention towards the impact of power within adult–child relations, introduces an additional aspect within the development of this study's conceptual framework as presented in Chapter 3. Within such relations Holland et al. (2010) conceptualise power as a relational and dynamic social phenomenon constructed through language and arising within discourse. It operates both to enable and restrict agency within child and adult relations. Such a relational conceptualisation draws from the idea of power as a network of relationships within which it is exercised (Foucault, 1975 in Kendall & Wickham, 1998). This study subscribes to such a conceptualisation of power especially since it acknowledges both the fixity and fluidity of power within child adult relations within research, residential care and child psychotherapy. Yet this study also relates to Berger and Luckmann's (1966 / 2011) ideas regarding power related to structures and hierarchies which, as structural conditions, mediate, shape and

transform actions and relations. This consideration of power provides the rationale for the review of literature on child–adult research relations in the next section.

Child–Adult Research Relationships

Kellett (2010) described the child–adult research context as one in which the contention that adults have power over children is largely undeniable. An awareness of the implications of such power in asymmetrical child–adult relationships underscores literature on reflexivity (Phelan & Kinsella, 2013). Moreover, it influenced the development of research methodologies with children, which sought to challenge what Jones (2009) and Kellett (2010) described as traditional attitudes towards researching children's services which tend to foreground adults' rather than children's perspectives.

Kellett et al. (2004) explained how some fields related to children's services sought to respond to the dominance of adult research agendas by promoting the child's active role in research. This includes the development of creative and flexible research methodologies which ask children about service provision (Mannay et al., 2019) and which seek children's ideas regarding research design. One such expression of children's participation in research involves the use of reference groups where children are consulted about various elements of the research process. Moore et al. (2015) described the use of reference groups as a research method which acknowledges how children's views may meaningfully impact the research process and which promotes an adult–child co-reflexive space. Mercieca and Jones (2018) conceptualised reference groups as “participatory pathways towards conceiving areas of attention within research in terms of the choice of subjects and ways of approaching them in research” (p. 259). Yet, within the context of reference groups, both sets of authors underlined the need to critically consider children's participation in research rather than assuming its unfailing significance. This is especially relevant when taking into consideration an emerging critique in childhood studies (Hunleth, 2011) highlighting the lack of reflexivity in adopting and developing such participatory methods.

Spyrou (2011) reiterated the need for a critical consideration regarding the ways in which power differences and specific research contexts, such as practitioner research, shape the production of children's voices. Such a critical consideration is reflected in literature that looks at the relational nature of research with children. For example, Kina (2012) argued that a reflexive consideration of children's participation within research necessitates an exploration of the impact of emotions and power on children's participation and an acknowledgement of how researchers impact and are impacted by their engagement with child participants. Moreover, whilst proposing the notion of voice as a process rather than a static entity within child-adult research relationships, Komulainen (2007) suggested the concepts of "multivoicedness" and "mutuality" as alternatives to the social construct of voice as an individual, isolated notion.

Such contributions which challenge the idea of child voice as a static and essential entity and propose a relational consideration of children's participation in research, inform the development of this study's conceptual framework. In fact within this study, as presented in Chapter 3, children's voices are considered as relational processes set in practice and research contexts, thus foregrounding an element of social construction. Yet Alderson (2013) maintained that such a stance presents dilemmas in terms of ontological assumptions within childhood research, and these are also relevant to the conceptualisation of child voice in this study. Whilst introducing the potential of dialectical critical realism (DCR) within childhood studies, Alderson (2013) argued that when research adopts an uncertain ontology about children's bodies and foregrounds presentation and construction, there is a risk of children's own real agency and activity becoming side-lined.

Within DCR, childhood research is perceived as an endeavour whereby children and their views can be studied independently from the researcher and can be thought of as existing as entities before the onset of the researcher's glance. Consequently, DCR proposes a separation between researchers' knowing and children's independent being. Yet – and this is

particularly relevant to the development of this study's conceptual and theoretical frameworks – Alderson (2013) explained that there is also an awareness of their interdependent and overlapping nature. Whilst the invitation for researchers is not to allow their perceptions to colour what belongs to the world of the research participants, at the same time DCR acknowledges that this is not completely possible, even if it is desirable.

Whilst the orientation of this study as practitioner research is discussed in Chapters 4 and 8, it is important to consider how the epistemological stance within DCR relates to practitioner research. A case-study evaluation of practitioner-researchers' experiences in a UK social work agency (Shaw & Lunt, 2012) highlighted the researchers' complex task in terms of navigating and negotiating "a culture that lies between practice and research but is fundamentally shaped by and challenges both" (p. 6). This implies the act of being situated in the intermediate space between research, practice and young service users. Such an in-between position involves negotiating uncertainty and risk and can be perceived as challenging the nature and extent of the separation implied in DCR's proposal.

This section has reviewed ways in which child–adult research relations have been theorised and how this informed the development of this study's conceptual and theoretical frameworks. The next section will expand on the contribution of DCR, introduced in this section, and how this contributes to this study's conceptual and theoretical frameworks and my positioning as a researcher.

The Contribution of Dialectical Critical Realism

Gorski (2013) introduced critical realism as a response to what he described as the shortcomings of positivism on one hand and constructivism and interpretivism on the other. Pocock (2014) advocated that critical realism is "a more coherent, accountable and enabling philosophy of practice for systemic psychotherapy" (p. 167). As a practice framework, systemic psychotherapy informs service delivery within the research setting – i.e. the team delivering psychotherapy interventions in residential care. Pocock suggested critical realism

as a response to the dominance of social constructionism as a theoretical frame within systemic psychotherapy, and hence a response to the tendency to focus only on epistemology and how we know, whilst neglecting the ontological nature of what we need to know about. Within their research on service users' accounts of mental health problems, Sims-Schouten and Riley (2018) perceived critical realism as the endorsement of an analytic approach that allowed them to acknowledge the "material, embodied, and institutional factors that contain what is possible to say" (p. 1016) whilst concurrently recognising the impact of language in terms of construction of meaning.

Dialectical critical realism (DCR) is perceived by the International Association for Critical Realism as an enhancement of the concept of dialectic implied in critical realism. Bhaskar's (2008) original concept of dialectic allows us to conceptualise change, the interactions between structures in the world, the spatial, cultural, and temporal nature of such interactions and our own agency. This was applied to the study of childhood in Alderson's (2013) exploration of DCR. DCR's concept of emergence alongside a three-tiered concept of natural necessity (Alderson, 2013) address and counter what Prout claimed to be "an intense focus on the subjectivity of children" (2011, p. 6) in childhood studies. These concepts also inform this study's conceptual framework, especially in terms of how children's voices are connected to the relations and contexts within which they are enabled.

Alderson (2013) proposed three levels of natural necessity: empirical, actual, and real. These levels will be explained by referring to the context of child psychotherapy in alternative care and to Sims-Schouten and Riley's aforementioned research (2018). The empirical level of natural necessity is related to the collected data about the experiences of psychotherapy. Within Sims-Schouten and Riley's research (2018) this is related to service users' perceptions of mental health problems. The actual refers to the interventions and events that take place. This encompasses actual experiences within the conduct of psychotherapy and the processes related to mental health interventions. The real level refers

to deeper, unseen structures and mechanisms that generate effects, causes and possibilities, some of which may in turn be experienced. This relates to the neurological and biological impact of disrupted attachments (Gerhardt, 2004), the bio-psycho-social nature of trauma and its impact on children (van der Kolk, 1994), the procedures within a residential setting and the professional languages and practices within child psychotherapy. This level also relates to the beliefs of adults and children about alternative care and psychotherapeutic interventions. This includes beliefs about children's challenging behaviour; beliefs about the children's families; and beliefs around well-being and ill health in children which would then give rise to structures governing service delivery, referral, assessment, and children's participation in service delivery. Sims-Schouten and Riley (2018) perceived this real level as "exploring causal mechanisms of events, such as hormonal imbalance, trauma, and cuts to services" (p. 1017). A critical realist framework enabled the researchers to connect participants' talk with the above-mentioned deeper, unseen structures and mechanisms.

Within DCR, these underlying structures are thought of as causing movement and change, thus giving rise or impacting the experiences of adults and children and the relationships between them. The underlying mechanisms generate events, yet they are independent of the generated events. A central assumption is that these structures or underlying mechanisms are only visible in their impact – an impact which happens at the level of the actual but which we access at the empirical level of natural necessity. Neither critical realism nor dialectical critical realism claim to identify direct causal relationships between the three levels; rather they look at and investigate how these three levels interact in complex configurations, giving rise to the endeavour of making sense.

Within this study, the above theoretical contributions are seen as addressing Percy-Smith's (2011) invitation to embrace complexity and move beyond "having a say" towards a consideration of the contexts and value matrix within which child-adult interactions take place. They mirror Mannion's (2007) assertion that the idea of listening to children's voices

necessitates a consideration of the wider cultural context and the relational processes at play. He maintained that a research agenda that focuses solely on children's voices will not lead to an understanding of relational processes, "which are as much about adults as about children" (p. 414).

Whilst acknowledging the contribution of childhood studies in terms of proposing children's agency, Prout (2011) suggested that in such research, "the agency of children as actors is often glossed over, taken to be an essential, virtually unmediated characteristic of humans that does not require much explanation" (p. 7). He attributed this to childhood studies uncritically taking on the modernist dichotomy of *children as agents* versus *childhood as structure* – whereby these two concepts are considered mutually exclusive. Alderson proposes the concept of emergence as a way through which to address and transcend such dichotomies:

In emergence one thing depends on another for its existence. The two are interdependent, and if one changes, so does the other. Yet the second cannot be reduced back into the first, neither can it be explained or predicted by the first. (p. 165)

Thus, within this study's conceptual framework, voice and agency are conceptualised as emergent from the structure of underlying interacting forces, mechanisms, values and beliefs related to the setting, the professional practices within it and the academic rigours of research. Through the concept of emergence, children's voices and agency are not mystified or romanticised as being separate from the structure within which they are located. Neither are they reduced or set aside as merely the consequence of children engulfed within a structure that is portrayed and treated as one that exerts determining action. Children's intentions and reasoning can thus be seen as causes of their own actions even within a structure of beliefs and interactive practices.

This section has reviewed the potential contribution of concepts within DCR to this study's conceptual and theoretical frameworks. The next two sections will look at how the main emergent conceptual and theoretical notions within this review relate to literature within the specific contexts of mental health services and alternative care.

Children's Views of Mental Health Services

Woodgate et al. (2017) rationalised the need for a synthesis of international literature researching young people's experiences of living with mental illness, in terms of the incidence of mental illness in young people – seen as “the leading health problem faced by young people” (p. 278) – and the estimation that only 25% of young people requiring specialised treatment actually received services. Their synthesis of findings from 48 research studies communicated the extent of challenges faced by young people, alongside the hard work and experience of lack of control during recovery. Findings indicated that there is a “need for youth friendly mental health services that support youth participation at all levels and shared decision-making principles” (p. 300). Yet, whilst the study's rationale and conclusions implied that child participation can impact service delivery, surprisingly, the synthesis did not analyse whether reviewed studies reported any impact on actual practice. A previous systematic review of research which sought to represent young service users' views of mental health services (Worrall-Davies & Marino-Francis, 2008) had found that none of the 13 reviewed studies reported on actual changes resulting from the suggestions made by the children themselves.

Whilst a comparison between the above-mentioned reviews suggests that there has been an increase in the effort to elicit young users' views of mental health services, Woodgate et al.'s (2017) review does not support an understanding of whether this has resulted in changes in service provision. This warrants a consideration of how children's voices are made sense of in the context of professional languages and services. This consideration seems to be more pressing in the light of findings from an analysis of 31

research studies on children's perceptions of health professionals in the UK (Robinson, 2010). Robinson (2010) maintained that it is "noteworthy that over the nine years many studies repeated the same broad messages to health professionals" (p. 310) and indicated the need to consider how health professionals and researchers interpret young service users' suggestions. For example, following their review, Worrall-Davies and Marino-Francis (2008) commented that "young people in child and adolescent mental health services are often not comfortable verbally" (p. 18) and recommended thinking creatively about data collection methods rather than relying only on the verbal interview. Yet an overwhelming majority of the 48 studies reviewed by Woodgate et al. (2017) still utilised verbal, interview-based data collection, except for four studies. The heavy reliance on verbal expression in data collection contrasts with Woodgate's recommendation of encouraging "the use of art-based strategies to help young people manage their feelings" (p. 300) within practice.

The review of these sources shows that whilst the call for children's participation within mental health services is largely endorsed by practitioners, its translation into practice necessitates a consideration of the extent to which adults are willing to critically question and modify their frames of reference and practices. Not surprisingly, whilst examining the contribution of children's participation within mental healthcare, Day (2008) maintained that whilst we have access to children's advice, the move from consultation to impacting practice requires professionals "to find their own accommodation with the objectives that [young persons'] involvement sets out to achieve, particularly in relation to professional power and autonomy and requirements for clinical transparency and accountability" (p. 6).

Notwithstanding the above issues, Weil et al. (2015) highlighted international developments in the representation of children's voice in healthcare, and identified research projects which did in fact lead to changes in service provision. In the mental health field, whilst piloting a method exploring children's evaluations of Child and Adolescent Mental Health Services (CAMHS), Day et al. (2006) reported that children's feedback regarding the

usefulness of play-based activities facilitating expression during sessions, resulted in changes within a CAMHS provider: clinicians decided to invest in resources and training which enabled them to include play activities in their interventions.

At the same time, Weil et al. (2015) recommended that there is still “a need for greater evaluation of how lessons learnt through the participatory process with children and young people are acted on, and what long-term changes are made” (p. 916). This is even more seminal in the light of findings which show that children feel disappointed and disenchanted when consultation does not result in any action (Hill, 2006; Hill et al., 2004).

Reviewed literature in this section offers directions for enabling and problematising voice within children's views of mental health services – namely the link between research and practice and how this may be shaped by adult agendas and perceptions. These concepts will be explored within the specific context of child psychotherapy in the next sections.

Child Psychotherapy Research: Concepts and Developments

In conceptualising child psychotherapy research, Rustin (2009) noted a tension between psychotherapists interested in individual experiences whilst at the same time looking for abstractions and underlying uniformities which give rise to a variety of psychic phenomena. Fonagy (2009) wrote about this as an apparent incompatibility between the preoccupation of child psychotherapists with first-person, subjective experiences and the kind of third-person observation which scientific investigation privileges. Midgley et al. (2009) referred to a tension between explanations which foreground causes and others which highlight meanings and reasons. Midgley et al. (2009) perceived this tension as being inherent to the complex epistemological basis of child psychotherapy research and its “multifaceted lineage” (p. 10).

In exploring this complex epistemological base, Rustin, Midgley, and Fonagy separately claimed that this impact has conditioned, modelled and perhaps privileged ways of knowing within child psychotherapy research, which aspire to the scientific rigor of

“randomised controlled trials” (RCTs). Yet Midgley perceived difficulties in terms of child psychotherapy research completely fitting the requirements of RCT practices. Fonagy (2009) argued that such difficulties have been interpreted as a weakness within child psychotherapy practice, rather than being seen as exemplifying different ways of knowing.

Henriksen (2014) framed the motivation to research adolescents' experience of successful outpatient mental health treatment in Norway in terms of a response to a practice scenario which the author perceived as overemphasising evidence-based practices. Henriksen argued that this reduces psychotherapy to a diagnostic exercise resulting in the marginalisation of clients' views. Henriksen's rationale echoed Bury et al.'s (2007) suggestion that the emphasis on process-outcome research in psychotherapy results in a tendency to disregard clients' perspectives in researching outcome.

Within the wider field of adult psychotherapy, in 2005 Sapyta et al. started writing about “patient-focused research” (p. 145), both as a theoretical stance and as a new research approach. They conducted a meta-analysis of randomised clinical evaluations focusing on client feedback systems and concluded that “feedback to clinicians about client progress shows promise for promoting client improvement and clinician behaviour change” (p. 149). Their theoretical contributions addressed the complexity of the process of accessing and using client feedback via structured, questionnaire-based tools delivered by clinicians after sessions: a method which was also incorporated in child psychotherapy.

Within child psychotherapy, Low (2012) described child client feedback tools for outcome, such as the “Outcome Rating Scale”, and feedback tools for therapeutic alliance such as the “Session Rating Scales”, as “giving young people and carers a voice in treatment as it allows them to provide immediate feedback on what is working and what is not” (p. 1). Whilst referring to a number of validation studies, Low (2012) advocated that such tools are reliable, valid, and feasible for application within clinical practice. Yet Kodet (2015) remarked that whilst the use of structured client feedback enjoys a developing evidence base

in interventions with adults, there is a dearth of studies evaluating the impact of client feedback tools with children. Following a review of evaluation studies, Kodet reported significant empirical support in terms of the efficacy and effectiveness of such feedback tools with children. Yet, interestingly, following a systematic review of RCTs comparing child client feedback with no client feedback in psychotherapy, Bergman et al. (2018) found there was insufficient evidence to reach any conclusions regarding the function of structured client feedback tools in psychological therapies for children. They attributed this to the lack of high-quality data and the significant lack of consistency in findings from different research projects.

The above-mentioned developments within child psychotherapy created a research focus around how child clients' feedback can provide insights into the outcome and process of psychotherapy. Hermeneutically and phenomenologically framed qualitative research about children's views of psychotherapy on one hand, and child client feedback tools on the other, seem to endorse the widely accepted theoretical notion that client factors influence therapeutic outcomes (Lambert & Barley, 2001). Highly structured and adult-determined child feedback tools delivered by clinicians, favour epistemological assumptions which may fit the requirements of positivist-oriented research in child psychotherapy. Yet the extent to which they can contribute to an understanding and recognition of child psychotherapy as a "subjective, interpersonal experience" (Macran et al., 1999, p. 327) is hugely debatable. Asking a child, for example, to position themselves on a child session rating scale continuum between the poles – *my therapist did not always listen to me* and *my therapist listened to me* (Low, 2012) – may be limiting in terms of detailed feedback regarding the therapeutic relationship. The epistemological tensions outlined above highlight the relevance of Midgley's appeal for the acknowledgement of methodological pluralism within child psychotherapy research, where different methodologies represent different relationships between psychotherapy and science.

This review considers how concepts and developments within child psychotherapy research relate to child clients' voices. Moreover, it invites a critical consideration of methods employed to enable children's voices in the context of the theoretical framing of child psychotherapy. The framing of child psychotherapy as a subjective interpersonal experience risks simplifying the kind of epistemological tensions between the first-person and third-person explanations mentioned in the introduction to this section. Studies focusing on children's views of psychotherapy need to be critically reviewed in terms of how they consider the impact of micro, meso and macro contexts on practice (Jones et. al, 2019), on children's experiences of services and on the nature of research. Such a critique mirrors developments within childhood studies (James, 2007; Komulainen, 2007; Prout, 2011) which suggest a move beyond a mere emphasis on agency and voice towards an understanding of how agency and voice are constructed and theorised.

The next three sections summarise the outcomes of research that represents children's views of psychological therapies. They explore the ways in which such research relates to the epistemological concerns identified within this section, how it informs this study's conceptual framework and methodology, and how it relates to the already reviewed theoretical and conceptual developments within childhood studies and DCR.

Children's Views of Psychotherapy: Research Methodology and Indications Regarding Practice

Freake et al. (2007) reviewed 54 studies which looked at adolescents' views of helping professionals – including psychologists, counsellors, doctors, and physical health-care workers. Findings highlighted the importance adolescents attributed to relational issues between professional and client, especially in terms of the professional's personal qualities, their attitude towards the client and their consistency.

The importance children attributed to the quality of helping relationships also emerged consistently in Shirk et. al (2011) meta-analysis of alliance–outcome associations in

individual child psychotherapy. Shirk et al.'s meta-analysis concluded that "therapists' alliances with both youth and their parents are predictive of treatment outcomes" (p. 22). The authors remarked that adults and young people may have different opinions regarding the goals of treatment. They recommended that clinicians need to consider such divergence and acknowledge that alliance-building with adolescents requires striking a balance between providing some structure whilst actively listening to the young person's priorities.

As regards the significance of the therapy alliance, there seems to be some convergence between Shirk et al.'s (2011) research utilising formal child–therapist alliance measurement tools and qualitative child psychotherapy research foregrounding client voice. For example, the importance of being listened to and taken seriously within the therapy relationship emerged as an important theme in Bury et al.'s (2007) qualitative enquiry of six adolescents' experiences of individual psychoanalytic psychotherapy. This is echoed in Buston's (2002) exploration of the views of 32 adolescent mental health service users, and in Moore and Seu's (2011) research on children's views of family therapy. Additionally Henriksen (2014) reported that adolescents spoke about the importance of coherence between what they wanted to address and what the therapists chose to focus on, and linked this to positive outcomes. He reported the seminal importance of a sense of shared understanding around goals, and the importance of a fit between the therapist's explanation of the problem and the client's understanding of it. Interestingly, respondents in Henriksen's study also spoke about the importance of challenging statements from their therapists. This links to Binder et al.'s (2011) findings, which suggest that adolescent clients value having a counsellor who respects their autonomy and independence. This quality also emerged in participants' descriptions of their process when choosing and appraising counsellors, within Gibson and Cartwright's (2013) study of 22 adolescents looking back at their experience of counselling in New Zealand. Adolescents spoke about themselves as being actively involved

in choosing who to work with, within a context where counsellors were not constructed as experts but as equals.

In terms of the active processes within the therapeutic alliance, Henriksen's (2017) latest research on therapist–adolescent dyads in the early phases of the intervention indicated that adolescents' understanding of their difficulties, alongside their understanding of therapy, significantly impacted their engagement with therapy. Correspondingly, analysis of therapists' data indicated that the psychotherapist's experiences with their client's agency, alongside the therapist's responsiveness, collaboration and flexibility, influences positive engagement. Echoing the importance of such responsiveness, Donnellan et al. (2013) contended that though child psychotherapy presents inevitable power differences, these need not prescribe the course of therapy. This mirrors the indications emerging from this review regarding the inevitable impact of power relations between child and professional, and how the nature of this impact depends on the way in which mental health professionals engage with these issues in practice. Dittmann and Jensen's (2014) research also indicated a process of engagement with therapy moving on from initial suspicion and disengagement towards being able to speak about traumatic events.

The significance of such client feedback research needs to be appreciated, particularly in view of the fact that dropout rates in the early phases of psychological therapies with adolescents can be as high as 40%–60% (Tuber & Caflisch, 2011). This is echoed by Day et al. (2011), who within the context of developing ChASE – a tool to record children's views of mental health services – maintained that “children's dissatisfaction with services has been associated with poorer child mental health outcomes, early treatment termination as well as disagreements over the nature of mental health difficulties, reasons for referral and therapy goals” (p. 452). Based on extensive piloting, preliminary qualitative research and participative methods through consultation teams, Day et. al (2011) described the three factors that underlie the ChASE method of determining what is important for children in their

understanding of mental health experiences: Relationship, Privacy, and Session Activity. Moreover, within correlations between service experiences measured through ChASE and clinical outcomes, scores by young people were more consistently related to outcomes than those of adult carers. Day et al. (2011) recommended more research in this area, given that clinicians tend to privilege the views of parents and carers, even when research evidently indicates that children's views of mental health services seem to be more predictive of outcomes. Such a recommendation highlights how clinicians' beliefs and actions constitute a seminal element within an understanding of the practice context of child psychotherapy.

Such literature communicates the value of researching children's views of psychotherapy in terms of informing practice, especially with regard to facilitating engagement. Reviewed literature highlights the relational nature of the psychotherapy experience for children, yet also emphasizes the influence of structural, contextual factors related to practice and research. This informs this study's methodology in terms of its engagement with both the relational nature of psychotherapy and the impact of practice and research contexts. Within the following sections, the specific practice and research contexts of different studies are highlighted and reviewed in terms of how they relate to the interpretation of the studies' findings.

Children's Views of Psychotherapy: Practice Contexts

Attention to contexts needs to include a consideration of the practice context of the psychotherapeutic modality. For example, Lobatto's (2002) grounded theory-oriented study on children's talk about and within family therapy indicated that the family-focused nature of the therapeutic intervention itself, determined by adult actions, may shape the way children think and talk about the experience. This will be explored further in this section by looking at practice models within child psychotherapy, how children are considered within such practice, and linking these to child voice research.

Ramires et al. (2017) analysed the first year of the psychotherapeutic process of a seven-year-old boy who "had no friends at school and [whose] schoolmates called him 'cry baby', 'big baby' and 'sang songs teasing him'. George was unable to share friends ..." (p. 78). Five psychologists analysed 10 videoed psychotherapy sessions through the Child Psychotherapy Q-Set (CPQ), whilst his parents and therapist also answered a questionnaire about changes in psychotherapy. The child's development was also studied through the Rorschach method, applied and coded before therapy and after one year. The authors explained that the child consented to the study yet was never asked about his experience of therapy. The child was described in excerpts such as:

... dominant behaviours toward the therapist, trying to give orders and make a series of demands. He expressed strong feelings of irritation, aggressive behaviours and outbursts of anger. He also hit objects, toys and dolls in the office and showed resistance when the therapist tried to explore his anger. (p. 79)

The child was interpreted and analysed as "a resistant patient, who rejected the therapist's interventions and expressed anger or aggressive feelings. These characteristics limited the use of psychoanalytic interventions such as interpretation" (p. 88). It is immediately evident that the psychoanalytical practice context positions the adult professional as the seat of knowledge and the child as the voiceless object of study who will be analysed and whose behaviour will be interpreted.

Within this practice context professionals assume the univocal impact of unconscious forces and focus on the internal landscape of the child at the expense of a wider focus on the child's social, familial, and educational contexts. Within their analysis of findings all levels of natural necessity collapse into the real and unseen levels which remain inaccessible to the child and his parents. Nothing that could have been said at the empirical level can be understood as being what the child intended to say, but needs to be related to something unseen and deeper.

Other studies within individual psychoanalytic psychotherapy (IPP) have attempted to look at the experience from the child's point of view. Within Bury et al.'s (2007) qualitative enquiry of six adolescents' experiences of IPP, the adolescent client's voice is conceptualised as important, separate and reflecting the client's perception. A closer analysis of the researcher's discussion of results introduces a complexity in terms of how this voice is thought about. To illustrate this complexity, I will refer to an extract from the research. In this extract the researcher presents results related to the theme "Learning the ropes". The participant said:

Yeah, like knowing where to begin and like how to say it and what to say. It was just difficult. And then after about three or four weeks I finally started getting the hang of it. ... I did get used to it after a while, so. It was good. (p. 87)

The researcher interpreted this as:

Yvonne describes this as a learning process of becoming familiar with the rules of therapy and what is expected. Once learning the ropes has been mastered, Yvonne is able to engage with the process of therapy and, as she points out, derive benefit from it. (p. 87)

Yvonne spoke about therapy as a space where she did not know how to be; as confusing, difficult, and something which required getting used to. In her discussion, the researcher presented therapy as a space with its own expectations which requires a degree of compliance. Such a conceptualisation of this psychotherapy modality – indeed, of any modality – is by no means neutral. Within Bury et al.'s research, adolescents' successful engagement is thought of as dependent on the extent to which they manage to fit in with the culture of the modality. Another participant's experience of the process not feeling right for him (p. 88) is interpreted by the researcher as the participant's "inability to overcome this sense of difficulty in communicating and being required to reflect" (p. 88). The study conceptualises the client's agency in a manner which is congruent with IPP's practice context

including expectations and theories about clients' engagement where rules and ropes need to be learnt.

Whilst the inductive frame of qualitative research seeks to give prominence to participants' own categories of meaning, this review indicates that such qualitative child psychotherapy research is still set within a practice context and constructed within a particular discourse. Thus, this review proposes that the manner in which child psychotherapy research constructs, interprets, and enables children's voices and agency is never neutral and needs to be scrutinised. The review has shown that children's voices tend to be mediated through languages (Neimeyer, 1998) pertaining to psychotherapeutic values, beliefs and theories and, at times, analysed by researchers set within them. This gives rise to an epistemological frame where research is based only on the reliability of practice theories and research methods, rather than in the accounts of the original subjects of research and how they are understood (Alderson, 2013). This emerging consideration is especially relevant in scenarios where researchers are also practitioners and hence acculturated to and socialised within a practice. The impact of such research contexts is reviewed in the next section.

Children's Views of Psychotherapy: Research Contexts

Harper et al. (2014) researched adolescents' experiences of a new mental health service for 16 to 18-year-olds in the UK. Participants in this study had prior experiences of CAMHS services for younger children. Participants appreciated the collaborative approach within the service targeted for 16 to 18-year-olds where participants felt they were treated "like an adult" (p. 94). Participants contrasted this with CAMHS, which they characterised as having an "us and them" dynamic which made them feel powerless, unheard, and treated like a child.

Findings from Harper et al.'s (2014) study concur with results emerging from Pycroft et al. (2013) interpretative phenomenological analysis of adolescents' experiences of the Unified Adolescent Team (UAT): a UK-based multidisciplinary initiative aimed at engaging

adolescents with complex psycho-emotional needs. All adolescents within this study spoke about a lack of engagement by helping agencies they had previously been involved with. Pycroft et al. (2013) concluded that findings show that pre-existing agencies do not seem to have managed to respond to the needs of hard-to-reach clients. Yet, concurrently, findings within both studies can be understood as representing the research context. For example, Harper et al.'s (2014) research was set within the context of a new service which matched adolescents' need for independence. Moreover, adolescent participants were interviewed whilst accessing this new, set-apart service. A critical consideration of the participants' and the researchers' contexts could have facilitated a reflexive approach, hence questioning the extent to which the aforementioned elements shaped the manner in which adolescents thought and talked about their experiences.

Such results indicate the need to theorise the relationship between the subjective interpersonal psychotherapy experience and the research context. This context mediates the manner in which the interpersonal experience is thought and talked about. This has important implications in terms of how this study explores and conceptualises the relationship between practice and research contexts whilst representing the subjective interpersonal experience of child participants.

Freake et al.'s (2007) aforementioned review also indicated that the research context impacts the kind of data generated. The reviewers concluded that in terms of views about mental health services, "teenagers' willingness to give critical feedback about adults may depend on who is asking the questions" (p. 649). The reviewers noted that in studies where the practitioners themselves interviewed children (Dunne et al., 2000; Kendall & Southam-Gerow, 1996 as cited in Freake et al., 2007), only a small number of participants mentioned things they disliked about the service. Yet when researchers made it clear that they were not part of the service, "young people made nearly twice as many negative as positive

comments" (Buston, 2002, p. 649). The practitioner-researcher's positioning mediates and influences client voices.

Henriksen noted the limitation that even though within his research clients did make some negative comments regarding their therapists, participants may have been reluctant to share very negative aspects. Subsequently, Henriksen (2014) considered the complexity of how therapists – even within structured child feedback tools – invite clients' feedback on the helpfulness of their intervention. He referred to literature which suggests that it may be difficult for clients to provide feedback about what is helpful and what is unhelpful if it is not asked for (Duncan et al., 2010; Lambert, 2010 as cited in Henriksen, 2014). Yet Freake et al.'s (2007) previous comment seems to indicate that this may not only depend on how adults ask for feedback but is linked to the identity and positioning of the researcher. As will be presented in Chapter 4, these aspects regarding positioning and its impact on the nature and quality of data, inform this study's methodology. This impact is considered both in terms of the data collection methods employed and the analytical frame adopted.

A critical consideration of research and practice contexts adds a further dimension and a depth of meaning to the conclusions drawn from research. It introduces an important dilemma in terms of how a consideration of contexts may lead to an interpretation of findings that undercuts and downplays the voices and agency of child clients. This issue is most relevant in a mental health context, where according to Day et al. (2011), the perception of mental health child clients as unreliable has particularly limited research on children's perceptions of mental health services. In the light of these concerns, the next section contributes to a critical understanding of child agency within child psychotherapy research.

Children's Views of Psychotherapy: Child Agency

Gibson and Cartwright (2013) researched the perspectives of 22 young people looking back at their experience of counselling in New Zealand. Undertaking a narrative approach, they sought to look at how young people constructed their agency as clients. Gibson and

Cartwright (2013) problematised what they perceived as an emphasis on adolescents' agency, motivation and commitment in counselling literature (Bohart & Tallman, 1999; Hoener et al., 2012) and proposed that more caution should be taken when ascribing such agency to adolescent clients. Authors commented that participants seemingly needed to portray themselves as agents, highlighting their own autonomy beyond levels attributed to adult clients. Yet the researchers commented that such attributions of agency did not match another finding – of participants' perceived lack of readiness to challenge helpful adults. Gibson and Cartwright (2013) proposed subtler tensions between a need to present oneself as agentic and an underlying desire to fit into a system of help. Thus, agency is also considered to be constrained by beliefs around fitting into a professional system which mediates interactions between child and adult.

This has strong implications both in terms of psychotherapy practice and in terms of theorising voice and agency within this study. It echoes previous considerations within this review around how power issues within the helping relationship (Aubrey, 2005; Cavet & Sloper, 2004; Midgley & Navridi, 2007; Polvere, 2014) may constrain children's voices and agency in child voice research within psychotherapy.

In proposing a more complex view of child clients as agents, Gibson and Cartwright (2013) suggested considering internal and external constraints on clients' agency. They referred to internal constraints situated within the therapy relationship, such as the client's perceived power to criticise the therapist and feelings of indebtedness towards the therapist. For example, one of the emergent themes within Bury et al.'s research (2007) was that of participants finding it hard to challenge their therapist or ask questions. Participants explained this in terms of not wanting to be rude, feeling that if they did speak the therapist would turn their words around, or feeling that as patients they should not challenge.

In terms of external constraints, Gibson and Cartwright (2013) explained how adolescents are more prone than adults to be positioned in a manner which limits their

agency. In line with such a consideration of external constraints, adolescents within Henriksen's (2014) study shared struggles over which they had little control or which they could not change. This echoes Grehan and Freeman's (2009) conceptualisation of adolescents in therapy as less autonomous than adults.

When conceptualising agency within child psychotherapy research, the outcomes of this review suggest a theoretical position which moves beyond a univocal emphasis on the empirical level of collected data, and considers the actual and real levels of natural necessity (Alderson, 2013). Chapter 3 will explore how this theoretical position informs the study's theoretical and conceptual frameworks, highlighting an attention towards broader structural and relational contexts. The presentation of the study's methodology in Chapter 4, will explore how this study attempts to address the above concerns related to child agency, especially through the use of member-checking interviews with children, the use of first- and second-cycle coding within this study and the emphasis of the researcher's reflexivity.

The next section reviews the manner in which the child's personal context is considered and conceptualised in child psychotherapy research.

Children's Views of Psychotherapy: Child's Personal Contexts

Midgley et al. (2014) researched the expectations of 77 adolescents referred to CAMHS and diagnosed with depression. When asked about their expectations, the phrase "don't know" was used in 70 interviews. Midgley et al. (2014) reiterated that such an expression cannot be made sense of "without consideration of the context within which it emerges" (p. 5). Whilst for some adolescents "dunno" meant a lack of desire to think about therapy in view of being referred to therapy without their consent, for others "dunno" related to how they managed the anxiety at the start of therapy, whilst some were actually communicating that they did not know what to expect. The lack of understanding about therapy is simultaneously interpreted in terms of the adolescents' intentions within the

interview, whilst also being linked to findings about how adolescents were ill-informed and felt powerless within an adult-determined context.

Such a multi-level consideration of meanings contrasts with Pycroft et al.'s (2013) interpretation of children's lack of understanding at the point of referral to therapy, which was referred to earlier in this review. Pycroft et al. seemed to privilege one explanation and link findings to the upheavals within the adolescents' lives, noting that: "Given the nature of crisis in their lives, it is debatable the extent to which they could or should know what was happening and whether it would make a difference to the course of their referrals" (p. 7). They exclusively foregrounded the adolescents' personal context and the impact of psychological trauma on adolescents' understanding and self-determination. Thus, the experiences of powerlessness and shame are only made sense of as emerging from the adolescents' contexts and difficulties. Yet when such data is analysed in relation to real, actual and empirical levels of natural necessity, the experience of shame and the sense of stigma can be related to deeper, unseen structures and mechanisms which generate effects and causes which are in turn experienced as shame, powerlessness and stigma. This sense of shame and stigma is represented in Ross and Egan's (2004) study, aptly entitled "What do I have to come here for: I'm not mad?" The study echoed the experience of adolescents who spoke about the anxiety around first contact with mental health services.

Midgley et al. (2014) exemplified methodological sensitivity by attending to multiple layers of meaning in analysing how adolescents spoke in research. The authors managed to move away from a univocal, essentialist interpretation. In making sense of the difficulty adolescents had in expressing themselves within a research interview and imagining what therapy would be like, Midgley et al. (2014) considered how on one level depression may have impacted respondents' expression and their inability to imagine a future event. Yet, on another level the researchers made sense of it by referring to adolescence as: "a period at which dialogue with an (unknown) adult is not always easy" (p. 8). On yet another level they

referred to the anxiety in attending an unknown event and in speaking about it within research. The latter levels seem to relate to the real level of natural necessity and the unseen structures and mechanisms pertaining both to the developmental phase of adolescence and to the research context. The influence of language and social construction can also be appreciated in how, prior to actually meeting their therapist, adolescents within Midgley et al.'s study (2014) anticipated what researchers described as a medical model of therapy supported by popular, media-mediated images of therapy embedded in language. Researchers linked the adolescents' use of such language to their need to manage both proximity to and distance from an adult professional whom they were about to meet.

Reviewed literature within this section suggests a requirement for methodological sensitivity towards different personal contexts and the impact of language, as well as a multifold consideration of meanings within data analysis. The next section considers the various indications emerging from the review of literature within the last five sections and communicates its significance for this study's methodology and conceptual framework.

Proposals for Methodological and Conceptual Developments

The outcomes of this review suggest a conceptual frame and methodological stance that can represent and account for the multiplicity of practice, research and personal contexts whilst advancing knowledge of their impact on children's accounts, understanding, agency, and power, even within the act of research. Critical realism's theoretical contribution, represented within DCR in terms of the three levels of natural necessity, supports such a multifold consideration of contexts. It enables the researcher to listen to and value children's views about the experiences of psychotherapy, whilst considering how these provide particular insights into actual psychotherapy experiences which relate to deeper, unseen structures and mechanisms which generate effects and causes.

The outcomes of this review also support the acknowledgement and involvement of children as knowledgeable participants in this study. In fact in their proposal of a research

agenda for understanding therapeutic change in psychotherapy with adolescents, Donald et al. (2014) proposed that qualitative research into therapeutic change needs to take into consideration the adolescents' experiences and consider them "as the site of change" (p. 317). Additionally they highlighted the suitability of qualitative means in achieving this. Yet the outcomes of this review also suggest the consideration of multi-layered meanings within children's views. This informs the study's approach towards data analysis communicated in Chapter 4.

Attention towards multi-layered meanings within children's views alongside an awareness of how child psychotherapy values and beliefs impact children's experiences of therapy, invites a consideration for children's and adults' use of and relationship with language, in this study. This is supported by a reference to a social constructionist framework within this study's conceptual framework. Such a reference allows a consideration for how the language of child psychotherapy impacts children's and adults' constructions of their experiences of psychotherapy. Moreover, it supports an understanding of how the cultural contexts of alternative care, the languages of psychotherapy modalities, and the nature of practitioner research influence what counts as knowledge in this study. Thus, informed by the outcomes of this review, this study's conceptual framework endorses Pocock's (2014) integration of critical realism with what he described as moderate social constructionism (Berger and Luckmann, 1966 / 2011), which he proposed as a metatheory for systemic psychotherapy.

The outcomes of this review of child psychotherapy research, also clearly suggest that the therapy relationship is a central notion meriting attention. Donald et al. (2014) recognised the wealth of a range of outcome studies with children which have established correlations between outcome and a number of therapy relationship factors. Moreover they proposed a research agenda which develops qualitative accounts of how adolescents utilise the therapeutic relationship in achieving change. In terms of the relationship between outcome

and therapy relationship factors, Freake et al. (2007) commented that qualitative literature needs to achieve further understanding with regard to how a young person decides that a professional is any of the things that are portrayed as helpful, and how this changes over the course of their relationship with the adult helper. Freake et al. (2007) invited researchers to “expand from asking what young people think, to asking how their views relate to their use of the services they are offered and how we as professionals can be helped to work most effectively with young people” (p. 651). Freake et al.’s (2007) invitation alongside the outcomes of this review, imply an extended and collaborative research engagement with child clients where they are able to express themselves in ways that mirror how they wish to communicate. This informs this study’s development of a flexible multiple-method approach to data collection and the use of a reference group to inform this approach. Moreover, Freake et. al’s invitation indicates the need to invite children to deepen their reflections on their own views by thinking further about how they engaged with the services and by making suggestions regarding service development. This is reflected in the adaptation and use of member-checking interviews in this study.

The following sections narrow down the focus on the review of studies which researched children’s views of alternative care, with an additional focus, within the last section, on children’s views of mental health services in alternative care.

The Views of Children Living in Alternative Care

A review of literature indicates international initiatives (e.g. Dixon et al. 2019; McDowall, 2013; Voice of Young People in Care, 2017) heralding the development of participative methods through which children in alternative care can be heard. For example, care leavers were recruited by the Massachusetts-based Transformation Center in 2010 (LeBel & Kelly, 2014) to research the views of over 100 young people residing in care, resulting in several recommendations. Interestingly, these recommendations included the need for structured feedback from young people to inform service operations alongside the

need for youth-led initiatives within residential services. In line with this, Lulow et al. (2014) advocated for "youth guided care" (p. 46). Brady et al.'s (2019) thematic analysis of inspection reports, published over a two-year period by the Health and Information Quality Authority in Ireland, found evidence of good practice across services and commented that:

children in care are provided with the opportunity to influence decisions in relation to their everyday lives, to participate in child in care reviews, receive information, avail of advocacy services and have access to a complaints mechanism. (p. 22)

Yet whilst cognisant of such developments, Caldwell et al. (2019) wrote about this scenario as one where "children and young people do not feel heard or understood and secondly ... professionals lack the skills and sufficient time to ascertain the wishes and feelings of children and young people" (p. 1), and advocated "raising the volume of the voices of children and young people in care" (p. 1).

In Malta, the development of initiatives through which children in alternative care can be heard have included a national study representing the views of children in care, intended to inform child protection legislation (National Commission for Child Policy and Strategy, 2014), and studies commissioned by the Commissioner for Children on the experiences of care leavers (Abela et al., 2012) and on children's experiences of foster care (DeBono & Muscat Azzopardi, 2016). Yet, despite these research efforts, Carabott (2017) and Zerafa (2016) maintained that Maltese legislation still failed to provide children with a voice in order to participate in important decisions about their lives.

Such a contrasting Maltese and international scenario foregrounds the relevance of Percy-Smith's (2011) framework for evaluating the quality and nature of children's participation in terms of the extent to which children's views are really heard, whether such views actually influence decision making and the extent to which participation results in changes in service delivery. Moreover, such a scenario denotes the need to review how the

intention to listen to and represent children's voices in alternative care is translated into actual research methods and how it impacts practice. This is the focus of the next section.

Translating Commendable Intentions into Research

Whilst tracing the evolution of looked-after children's voice research in the UK, Dixon et al. (2019) explained that the increased visibility of the voices of care leavers in research has been taken up by children's rights organisations. This has led to seminal, historic consultations with children, such as "Me, Survive, Out There?" (1999) and influenced "an overhaul of services for care leavers" (p. 7). In spite of these developments, Dixon et. al (2019) identified a particular challenge in terms of the fact that children's views tended to be represented from adults' perspectives within what can be described as an "about children" research approach (Kellett, 2010). They claimed that a response to this challenge is represented in the development of "methods that place young people more firmly at the centre of the research process" (p. 7) and the utilisation of creative approaches towards data collection. They sourced examples of conducted research utilising such methods within the context of alternative care, including consultation projects (Dixon & Baker, 2016) where "there is an explicit expectation that it will have a direct influence on the course of action" (p. 8), the use of reference groups, peer research and co-production. Co-production engages children as "active and equal agents in the production of services designed to address their needs and research designed to reflect their experiences" (p. 12). Yet, Dixon et al. (2019) accounted for the benefits of increased participation without indicating the need to also problematise such frameworks rather than focusing only on the unfailing significance of participation. This is especially relevant within a Maltese residential context that presents complex child-adult power dynamics (Farrugia, 2011).

The significance of issues of power, authenticity and representation clearly identified within childhood studies (James, 2007) seem to be especially relevant within the alternative care context. McLeod (2007) described this context as one in which listening to children

foregrounds "power plays" (p. 278) where children may resist adult agendas and where adults need to consider that their agendas may necessitate reframing.

Holland (2009) reviewed methodological approaches within 44 research articles, published between 2003 and 2008, which sought to represent the views of children living in alternative care. The most prevalent finding was that "there were often different understandings of key concepts or different priorities between the children and adults" (p. 232). To my knowledge, and as reported by Aslam (2012), no further updated systematic reviews were published. Holland's findings highlighted prevalent issues which were also consistently reported in more recent literature, as will be reviewed in this section. Moreover, they echoed findings from a previous, more focused review of qualitative studies which researched looked-after children's perceptions of mental health services (Davies & Wright, 2008). Davies and Wright (2008) commented that studies predominantly showed competing principles between what emerges from consulting children and what is considered evidence-based practice by professional adults. These findings seem to be in line with Mason's research (2008) on children's own definition of needs in alternative care, which once again highlighted differences between adults' and children's opinions. For example, adults tended to give importance to child-adult relations, whilst children tended to perceive peer relations as more important. In the context of research with children living in eight residential homes in Ireland, Emond (2014) commented that even though children indicated that peer relationships are "a crucial source of both stress and support"(p. 194), professionals tended to overlook such relationships.

In terms of research methodologies, an awareness of such differences seems to have influenced the popular use of triangulation between children's and adults' views in this field. Literature (Calheiros & Patrício, 2014; Stanley, 2007) indicates that triangulating children's and adults' accounts within alternative care can be useful in terms of describing such differences. Yet the use of triangulation to verify children's accounts, introduces important

conceptual and methodological issues which need to be considered, especially in view of the extent to which children's accounts are considered trustworthy. Rather than to verify children's accounts, the triangulation of children's accounts with adults' views has been used, for example, by Beck (2006) to link children's and carers' views about mental health services to a relational context in alternative care. Beck (2006) found that whilst carers tended to focus on externally visible behavioural problems, the children themselves attributed problems to relationships and tended to blame others.

Whilst triangulation allows the description of differences, it does not necessarily shed light on the way in which such differences between children's and adults' views emerge and develop. The following review of sources shows how such differences in points of view arise within, represent and reflect particularly complex child-adult relations in an alternative care context. Differing children's and adults' points of view also relate to what Rocco-Briggs (2008) referred to as the impact of the child's past adverse experiences on their present understandings and behaviours; how children communicate this; and ultimately how carers make sense of it also in the light of carers' own psychological baggage. Differences can also be related to the interaction between beliefs at the level of alternative care policies and values at the micro level of interpersonal experiences. For example, Brown et al.'s (2019) research with children, social workers and carers indicated that children wanted to be cared for in a manner that felt familial and did not merely meet the minimum standards of statutory care. On the other hand, carers felt limited in providing this type of care, and social workers responded by both behaving according to their role description whilst at the same time seeking to go beyond what such descriptions requested. Furthermore, differences between children's and adults' views also relate to and arise within a wider macro context involving broader social and cultural domains. For example, Farmer et al.'s (2013) research with 80 children in kinship care demonstrated how children who are not living with their biological

family of origin need to negotiate their identity with peers, and revealed that one-third of the children experienced bullying related to the stigma of their placement.

This review has highlighted positive developments in terms of raising the profile and volume of the views of children in alternative care. At the same time, it has highlighted contrasting elements. On one hand it evidenced researchers', policy makers', and practitioners' awareness of the specific power relations within the field, and their responses in terms of representing children's views. On the other hand, it showed that messages from research with children, still point towards a context where children tend to feel powerless and out of control (Stanley, 2007), unheard, at times uncared for (Brown et. al, 2019), and where they want to be informed and involved (UK Chief Medical Officer, 2012). Moreover, reviews of existing practices revealed the challenges of meeting the mental health needs of children living in alternative care, with some reviews (Shannon & Gibbons, 2012) actually indicating the failure of systems to respond adequately. Within the next section I will appraise the ways in which these ideas relate to research that focuses on children's views of mental health services in alternative care.

Children's Views of Mental Health Services in Alternative Care

A review of literature by Davies and Wright (2008) reported the paucity of research on children's views of mental health services in alternative care. Davies and Wright specifically commented that "no studies were found that exclusively investigated looked after children's experiences of mental health services" (p. 28). Aslam (2012) affirmed that there is a dearth of research on looked-after children's experiences of mental health services, "despite the concept of participation and being listened to [being] strongly exemplified throughout government policy and guidance" (p. 1). This was confirmed by Tatlow-Golden and McElvaney (2015) as they sought to research care-experienced young adults' perceptions of mental health services in Ireland.

Concurrently, international literature is laden with studies that focus on looked-after children's mental health (Armsden et al., 2000; Baker et al., 2007; Richardson, 2003).

Research in Malta (Abela et al., 2012) mirrors findings in other countries indicating that children living in alternative care present with a higher rate of mental health problems that fall in the clinical range when compared to a general population. Attachment-related issues (72.1%) and the impact of trauma or maltreatment (70.2%) were identified by UK child psychotherapists as the most common presentations of externalising and internalising difficulties amongst looked-after and adopted children (Robinson et al., 2017).

The contrast between the sheer volume of research documenting mental health needs and the paucity of research documenting these children's views of mental health services, indicates a need reviewing the ways in which children who face mental health challenges whilst living in alternative care, are conceptualised both in research and in practice. In view of the above-noted paucity, I undertook an altmetric supported analysis of Davies and Wright's (2008) aforementioned publication in order to attempt to identify literature researching children's views of mental health services in alternative care between 2018 and 2008. The search yielded a number of recent studies that indicate that when children are consulted, their views communicate seminal aspects about service delivery. Young Minds (Improving the mental health of looked after young people, 2012) published the research findings that emerged from 50 creative workshops with children in alternative care. The findings reported that many participants tended to view mental health services negatively. Children who had not had contact with services reported wariness, and they associated services with children who are "mad" or "mental". Those who had accessed services found receiving a diagnosis helpful, though they disliked having to wait for a length of time. They also suggested improvements in terms of acknowledging that children need time to build relationships with professionals, and they reported hesitancy in opening up with mental health workers, citing trust as a key issue. The report recommended that young people

"should also be involved in the design and delivery of mental health services" (p. 3). Besides commenting on the poor provision of mental health services for looked-after children, a report by the Education and Health Committees within the UK House of Commons (2017) identified literature which noted that in terms of helpful and less helpful characteristics within mental healthcare, children highlighted the issues of continuity, stability and real care within relationships with professionals who communicate with each other.

Findings from Tatlow-Golden and McElvaney's (2015) qualitative research with young adults in Ireland indicated that "these young adults felt they had not been heard or understood" (p. 3). The findings communicated a "shifting landscape of relationships" (p. 3) as carers and professionals changed, thus contributing to a lack of continuity which was also exacerbated by adults' lack of specialised skills in terms of recognising and responding to mental health needs. With regard to mental health services, young adults' responses indicated that "settings generated atmospheres of scrutiny and constraint for several participants" (p. 4). These included being forced to meet with or open up to strangers, with one participant describing this as re-traumatising. Participants favoured professionals who proposed choices and gave young people some control over the process. Young people suggested a need for less formal services which communicate with each other and which seek to understand the children's resistances and ambivalence, in terms of wanting someone to understand whilst at the same time finding it difficult to open up and share their inner world.

Stanley's (2007) earlier research on young people's and carers' perspectives on looked-after children's mental health needs also pointed out that children wished to be more in control of the process of accessing mental health services. This echoed Street and Svanberg's (2003) finding that over half of 107 young people in their research on children's views of in-patient mental health services wanted to be more involved in their care and have a choice regarding what they perceived as being most useful to them. In Davies and Wright's (2008) review, *desire for inclusion* emerged as a central theme, echoing children's desire to

be included in decisions about the services they are offered and how these services are evaluated. These findings invite a consideration of the extent to which, within services, these children tend to be thought of as knowledgeable rights holders within adult-child professional interactions. This enquiry will be explored and reviewed in the next section.

The Conceptualisation of Children and Children's Voices within Mental Health Services in Alternative Care

The Mental Health Foundation (Richardson, 2003) identified the considerable extent of mental health needs amongst these children as a potential difficulty in terms of obtaining their views on mental health services. Such a notion suggests the idea that children's mental health needs devalue their voice, implying a somewhat unreliable and marred inner world. Various authors have proposed understandings of the "complex internal landscapes of these unhomed children" (Russell, 2017, p. 155). Russell wrote about children in alternative care in terms of their bringing with them "internal parental objects that are untrustworthy and abusive" (p. 155) and presenting with "very primitive states of mind" (p. 155). These concepts seek to communicate the far-reaching impact of early trauma which is thought to require resolution if the child is to proceed to other, more age-appropriate ways of being and relating. Durban coined the term "internal nowhere-ness" (Durban, 2017) in exploring the concept of psychological homelessness whilst communicating the pain related to traumatic disruptions for both child and parent.

The presentation of children in alternative care as developmentally injured by traumatic impact and early deprivation, in a manner that does not allow their sense of self to develop on a par with that of other children, builds on an extensive heritage within child psychoanalysis. Dockar-Drysdale (1991) developed Winnicott's contribution to the British object relations school (Reeves, 2002) by theorising about the notion of children moving on from a state of ego unintegration towards fuller ego integration. As Reeves, (2002) explained, this approach had a seminal impact on practices within therapeutic communities in child care

and psychotherapeutic work with children in alternative care. In making sense of the impact of the deprivation on the child's engagement with the psychotherapeutic space, Hurley (2017) referred to the concept of "pathological narcissism of a child who turns towards him or herself in the context of inadequate holding as a side-step from loss or separation" (p. 156) – and hence the recovery to normal narcissism through the process of psychoanalytic psychotherapy. The developmental impact of early deprivation is also proposed by Donachy (2017) as an explanation as to why some of these children may remain psychologically "unhomeable" despite loving and self-reflexive carers.

This conceptualisation of children echoes the outcomes of reviews within previous sections regarding the ways in which practice and research contexts mediate children's voice and agency. It is worth noting that none of the above contributions sought to engage with children's views of services. Children were conceptualised as hurt, deprived, injured, suffering, barely psychologically born, and thus consequently barely knowledgeable and agentic. In fact, Holland (2009) referred to this as an extensive pathology-laden language, echoing Winter's (2010) concerns about research on young children's perspectives of alternative care. Winter maintained that despite the purpose of research in terms of listening to children, children still tend to be construed and treated as passive clients. This is in line with findings emerging from a recent qualitative study on the perspectives of institutionalised youths who received a psychiatric diagnosis (Polvere, 2014). The findings highlight how reliance on a medical model which "positions youths as self-contained, passive objects of study" (p. 191) impacts the way in which youths' agency is perceived and how it is constrained by adults.

In contrast with the above conceptualisation of children receiving mental health services in alternative care, Davies et al. (2009) remarked that whilst mental health difficulties need to be taken into consideration in terms of proposing an adequate research approach, such difficulties need not limit these children's participation in research. This is

confirmed by literature (Aubrey & Dahl, 2006; Irwin, 2005; Munro, 2008) that has contributed to the development of adequate and sensitive methods within the wider context of mental health services and which challenge the notion that mental health needs limit children's abilities to evaluate services.

This review of literature has highlighted how the reliance on and preponderance of such a clinical language in practice and research contexts tends to categorise children living in alternative care as a "pathologised other" (Holland, 2009, p. 231), and how it has resulted in an underrepresentation of these children's views regarding service received (Stanley, 2007). Davies et al. (2009) attributed this underrepresentation to the sensitive nature of the research focus. Yet this review has indicated that the underrepresentation is also related to how children in alternative care and requiring mental health services are conceptualised. This is in line with research findings by Powell and Smith (2009), who noted that research approaches that describe children as vulnerable whilst considering the research topic as sensitive, limit children's participation rights in research. Moreover, this review indicates that the underrepresentation seems to be recurring and pervasive. Infact despite very recent developments, the research output focusing on children's views of mental health services in alternative care does not in any way match the proliferation of initiatives exploring children's views of care services in general. In fact, Tatlow-Golden and McElvaney (2015) identified the need to engage with children's views of mental health services in alternative care as a research gap.

Conclusion

This chapter sought to present a critical analysis of literature, link the study with previous research and locate it in terms of main concepts and theories within the fields of child psychotherapy, alternative care and childhood studies. It also aspired to communicate how the analytical review of literature informed the development of its conceptual and theoretical frameworks and its research design.

Initially the literature review highlighted the main theoretical issues related to the conceptualisation of child voice within childhood studies whilst critically grounding such conceptualisation within child–adult research relations. The outcomes of this review challenge the concept of child voice as a static and essential entity, suggest the need for a relational and multi-layered conceptualisation of child voice and propose an attention towards the seminal impact of adult–child power relations within the contexts of alternative care, child psychotherapy and child voice research. Whilst the consideration of children's voices as relational processes where meanings emerge and re-emerge in interactions, foregrounds the role of language and social construction, such a consideration risks side-lining children's agency. Thus this review considered the theoretical contributions of DCR which support the consideration of children's voices as related to relational and social contexts, but which also connect with children's embodied experience and intentions.

This literature review also critically examined how child voice and agency have been theorised and researched within the fields of child psychotherapy, child mental health and alternative care and how this related to the theoretical issues identified within childhood studies and DCR. The review of literature focusing on children's views of mental health services examined the link between research and mental health practices and how this may be shaped by adult agendas. In terms of the specific context of child psychotherapy this review critically examined the impact of personal, research and practice contexts on children's views and experiences of psychotherapy and on the nature of research within child psychotherapy. This reviews' outcomes suggest a conceptual framework that can represent the multiplicity of practice, research and personal contexts within child psychotherapy, whilst advancing knowledge of their impact on children's accounts, self-knowledge, understanding, agency, and power. Moreover the reviews' outcomes support the development of a methodological stance which involves and enables children as knowledgeable participants in this study. The reviews' outcomes suggest an extended and collaborative research engagement with child

clients where they are able to express themselves in ways that mirror how they wish to communicate. This is explored further in Chapter 4.

Whilst acknowledging the evergrowing intention within alternative care to develop participative methods through which children can be heard, this literature review critically examined how the intention to listen to children's voices has been translated into research and how such an intention has impacted practice. Reviewed literature highlighted differences in adults' and children's priorities in alternative care. This suggests the need to move beyond a description of these differences towards an understanding of how child-adult dynamics are maintained and how they impact practice.

The review critically notes that when considering the proliferation of initiatives exploring children's views of care services in general, the research output focusing on children's views of mental health services in alternative care, is alarmingly minimal. This review proposed how the preponderance of a clinical language in alternative care practice and research contexts pathologises children, resulting in an underrepresentation of their views. Thus the acts of enabling and trusting children's accounts in this study are perceived as ways in which power traditions of mistrust regarding these children can be overcome.

The next chapter presents the study's theoretical and conceptual frameworks, which relate to the outcomes of this literature review.

Chapter 3: Theoretical and Conceptual Frameworks

This chapter presents the study's theoretical and conceptual frameworks and justifies the application of such frameworks in view of meeting the research aims. The presentation of both frameworks communicates this study's epistemological and ontological assumptions, and how they informed this study's development. Both frameworks informed the formulation of the research questions, the approach to data collection, the conceptualisation of ethics, the data analysis protocol and ultimately the presentation of findings. The last section within this chapter focuses on the relationship between these frameworks and my positioning as the researcher in this study.

Theoretical Framework

A study's theoretical framework acts as an interpretative lens (Merriam, 1998) through which phenomena are studied. It offers a philosophical orientation proposing particular ontological and epistemological assumptions which inform the formulation of the study's conceptual framework.

Theoretically this study is informed by dialectical critical realism (Alderson, 2013), social constructionism (Berger & Luckmann, 1966 / 2011) and by developments within childhood studies in terms of the conceptualisation of child voice, child agency and the need for a critical evaluation of child participation, considered in Chapter 2. This section will discuss why the integration of dialectical critical realism and social constructionism is particularly appropriate for this study. Such an integration supports the consideration of children's views as directly related to their actual experiences. It values and communicates the reality of what children say and experience, whilst at the same time upholding an understanding of the functions and impact of language on children's and adults' perceptions of events and experiences.

The previous chapter reviewed the contribution of dialectical critical realism (Alderson, 2013), in relation to the calls for the reconceptualisation of child voice and agency

within childhood studies. Building upon this, the following consideration of dialectical critical realism (DCR) focuses on its ontological and epistemological assumptions, and how these inform the conceptual framework. Critical realism proposes that there is a reality which exists independently of our beliefs, thoughts and ideas. Braun and Clarke (2013) refer to this as a “pre-social reality” (p. 26) implying “a real and knowable world” (p. 27). Yet this reality can only be partially accessed. Research can produce a partial account of such a reality since, as an act of knowledge production, research is considered to be socially influenced, reflecting the beliefs, histories and social positioning of researchers.

Drawing from critical realism, dialectical critical realism (Alderson, 2013) endorses the notion of a reality which exists independently of our knowing. This is directly related to the three levels of natural necessity endorsed by Alderson (2013) and presented in Table 3.1.

This model proposes a *real level of natural necessity* which encompasses underlying interacting forces, mechanisms, structures, values, beliefs and sets of relationships.

Interactions at this *real level* give rise to events and experiences at the *actual level*.

Interacting forces and mechanisms at the *real level* give rise to such events and experiences by creating possibilities which may or may not be actualised at the actual level of natural necessity.

Table 3.1

Three Levels of Natural Necessity

Empirical: “mechanisms that have been activated and observed” (Gorski, 2013, p. 665)	collected data i.e. children’s and adults’ accounts of psychotherapy
Actual: “all mechanisms that have been activated, even if they have not been observed” (Gorski, 2013, p. 665)	encompasses experiences and practices within child psychotherapy
Real: “mechanisms that exist in the world … of all the various levels and types of entities with their various powers and tendencies” (Gorski, 2013, p. 665)	underlying interacting forces, mechanisms, structures, values and beliefs e.g. organisational mechanisms related to mental health service provision, values and beliefs related to child psychotherapy

Thus, for example, the values and beliefs of psychoanalytic child psychotherapy alongside its structures and language for analysing children and interpreting their behaviours, at the *real level of natural necessity*, create the possibility of objectifying children at the *actual level of natural necessity*. This level encompasses children's experiences and adults' practices within child psychotherapy. Interactions at the *real level* do not always result in actual therapeutic experiences where the child feels analysed and interpreted. Yet the values, beliefs and structures of such a field of psychotherapy create possibilities and tendencies. The fact that such possibilities may or may not be actualised, does not render the structures and beliefs of such a field, including its interpretative gaze and objectifying potential, less real. The actualisation of such possibilities, thus resulting in an objectifying experience, depends on the interactions between a number of forces and mechanisms at the *real level of natural necessity*. These include, amongst others, the relationship between therapist and child, the therapist's values and beliefs, the child's values and beliefs and the mechanisms within the setting where the intervention takes place.

In terms of distinguishing the *actual level* from the *empirical level of natural necessity*, it is important to note that at the *actual level*, mechanisms may be actualised and activated even if they have not yet been observed or communicated at the empirical level, and thus cannot be known. On the other hand the *empirical level of natural necessity* includes all experiences, phenomena and processes which have not only been actualised, but which are also observed and communicated. As described in Table 3.1, in this study it includes children's and adults' accounts of psychotherapy. Referring back to the example of psychoanalytic psychotherapy, it encompasses the child being asked about their experience of psychotherapy and possibly speaking about feeling belittled and ashamed by the manner in which the therapist interacted with them.

By identifying these levels, dialectical critical realism distinguishes between external reality and our knowledge about such a reality. Whilst the pre-existing reality set outside our

knowledge is seen as intransitive, our knowledge of such a reality is considered transitive, thus fallible and subject to change. Thus, within this study, children's, therapists' and carers' accounts are seen as transitive and influenced by cultural, political, social and historical factors. This includes the transitive nature of my own knowledge as a researcher as I seek to understand reality, whilst aware that I am doing so from a very particular standpoint.

The distinction between external reality and our knowledge about such a reality foregrounds the transitive nature of knowledge in this study and the need to consider the role of language in knowledge production. The latter is theoretically supported by references to moderate versions of social constructionism. According to Hacking (1999) moderate versions of social constructionism differentiate between phenomena which depend on how we construct them, and other phenomena which are independent of our constructions. Thus such versions of social constructionism are not ontologically mute (Gergen, 1998), yet recognise the ontological nature of phenomena in the natural and social world. This creates the philosophical juncture for a potential integration with critical realism. The reference to moderate versions of social constructionism (Berger & Luckmann, 1966 / 2011) is necessary in this study because it supports an understanding of the functions and impact of language on how children and childhoods are also socially constructed (Welch & Jones, 2010) and set apart from the fields of adult activity. Specifically it helps understand how language shapes children's and adults' perceptions of events and experiences, and the researcher's understandings of such experiences. This includes an understanding of how languages within alternative care and child psychotherapy influence both children's and adults' experiences and their own accounts of these experiences. Moreover it theoretically supports a consideration for how the contexts of residential care and psychotherapy influence what counts as knowledge, thus foregrounding the functions of language in the relationship between knowledge and power.

In his integration of critical realism and social constructionism as a theoretical framework and philosophy of practice for systemic psychotherapy, Pocock (2014) claims that “critical realism helps to stabilize constructionism in so far as it resolves social constructionism’s problem of extreme relativism” (p. 170). The contribution of dialectical critical realism as a stabilizing response to extreme relativism, has seminal implications for this study which will be further explored in the next section.

Crawford (2019) proposed that a theoretical framework needs to communicate “how the study will contribute to the body of knowledge related to the theory” (p. 40). This study seeks to do so by proposing a conceptualisation of child voice and agency, amplified in the next section, which values and communicates the reality of what children say and experience, whilst concurrently considering how such views and experiences emerge within interactions and are set within practice and research contexts. Indeed this study proposes that research needs to respond to the tendency to mistrust and pathologise children and their accounts by considering the reality of children’s accounts of mental health interventions. This is indeed critical if we intend to create knowledge which proposes different ways of engaging with children’s rights within child psychotherapy. Theoretically this study proposes that this can be accomplished through an integration of dialectical critical realism and social constructionism. Such an integration offers potential in terms of addressing the theoretical challenges related to voice, agency and participation flagged within childhood studies and which are relevant to the practice of psychotherapy in residential alternative care. By endorsing and indeed claiming the reality of children’s experiences within mental health interventions, whilst considering how such experiences are also transitive and set within contexts, this study seeks to produce knowledge which can make a difference within practice. This difference within practice is realised by informing the development of a new paradigm which aims to involve children as active agents, rights holders and knowledgeable participants in the evaluation of therapy.

Conceptual Framework

Savin Baden and Major (2012) describe a conceptual framework as “a model for thinking ... that provides the intellectual underpinning to guide the development of an empirical research study” (p. 138). The idea of a model for thinking concurs with Marshall and Rossman’s (2016) consideration of the conceptual framework as communicating the rationale for a study which is grounded in literature. Yet Crawford (2019) proposes that the purposes of a conceptual framework need to include argumentation, explanation and generation (p. 41). In terms of argumentation, a conceptual framework needs to argue why the research topic is relevant and why the chosen methodology is appropriate. In terms of explanation the conceptual framework seeks to explain the relationship between key constructs in a study, whilst in terms of generation it informs the formulation of research questions and the research design. The presentation of this study’s conceptual framework follows Crawford’s proposal since it supports a structured consideration for the relationship between the study’s purpose, its methodology and design.

Following the presentation of sources informing this study’s conceptual framework, the three purposes outlined by Crawford (2019) will be considered separately. The concluding section considers the epistemological implications of both frameworks, especially in terms of the context of practitioner research.

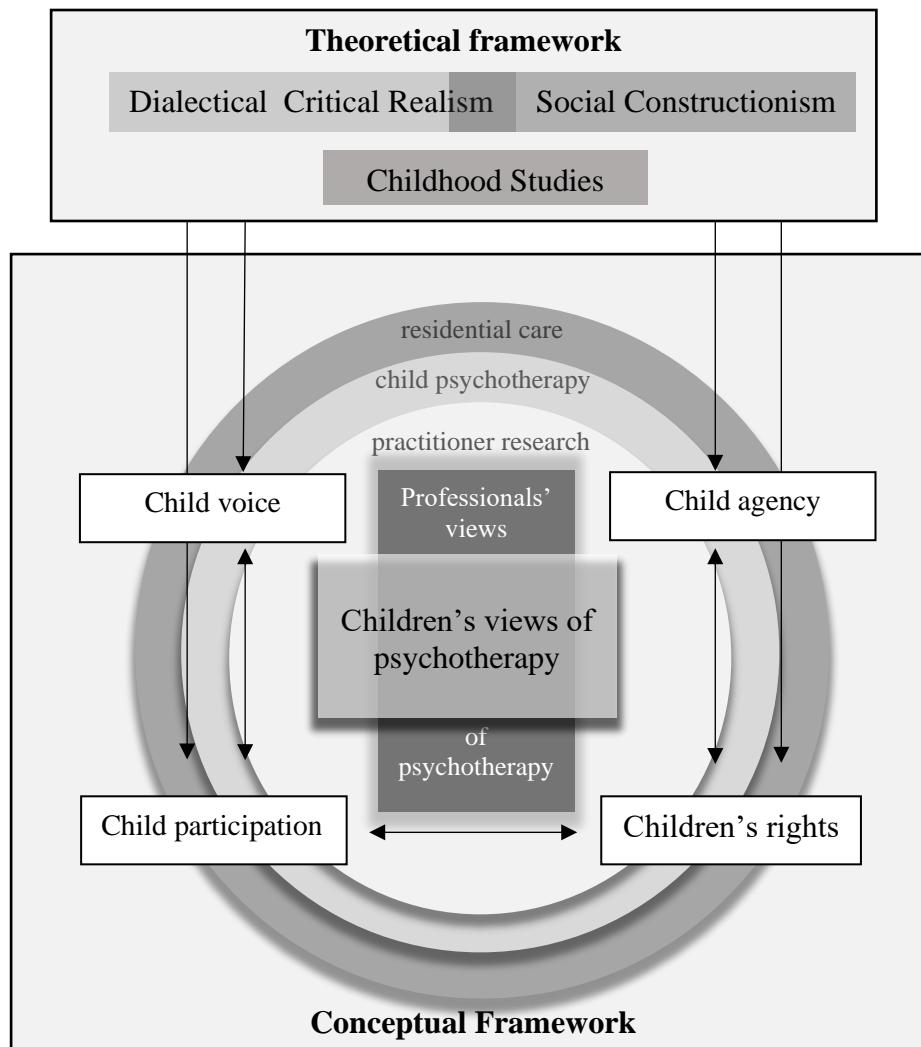
Sources

Figure 3.1 distinguishes between the conceptual and theoretical frameworks. Yet it also communicates how this study’s conceptual framework draws from its theoretical framework. Additionally, as can be seen in Figure 3.1, it links child voice and agency to the concepts of child participation and children’s rights, justifying their application to the study of children’s accounts of psychotherapy. In Figure 3.1 these concepts are set against a background of three overlapping contexts i.e. residential care, child psychotherapy and practitioner research. Moreover they inform the study’s intention to elicit, communicate, and

understand children's accounts of psychotherapy interventions, and to analyse these in the light of therapists' and adult carers' views and in relation to child-adult dynamics within the overlapping contexts.

Figure 3.1

The Relationship between the Theoretical and Conceptual Frameworks



The development of the conceptual framework is the result of my engagement with the theoretical framework presented, my experience as a practitioner-researcher in the field, the review of literature and the response towards the challenges in conceptualising child voice and agency addressed within childhood studies.

Explanatory Purpose

In terms of its explanatory purpose (Crawford, 2019) this study's conceptual framework describes the relationships between a collection of related concepts from literature. As shown in Figure 3.1, important concepts in this study are child voice; child agency; child participation; children's rights; children's views of psychotherapy, yet also adult professionals' views of children's psychotherapy experiences. As illustrated in Figure 3.1, the understanding of the relationships between such concepts is informed by the study's theoretical framework. This section aims to explain the relationship between these concepts.

Within dialectical critical realism, children's accounts of psychotherapy experiences accessed through research at the empirical level (see Table 3.1) are not seen as providing a "full explanation of social reality" (Gorski, 2013, p. 662). This also applies for adult professionals' views of children's psychotherapy experiences. At the same time these views are not considered as mere constructions within the language-based dichotomy of signifier and signified. The signifier is understood as a symbol, for example the phrase "opening up". The signified is the idea or meaning being expressed, for example sharing one's inner state. Children's views in this study are seen as relating to what Alderson (2013) referred to as the third essential referent, defined as the independent, real existence of the child and the child's relationships. In the above example, this refers to the child's felt and embodied sense of release or alternatively shame experienced within "opening up". By acknowledging this essential referent, the conceptual framework recognizes the ontological validity and significance of children's views and endorses children's embodied reality.

It is important to note that accounts of experiences such as psychotherapy, cannot fully represent the essential referent. Yet within this study, the reference to dialectical critical realism allows children's views and agency to be treated as emergent from this essential referent i.e. the independent, real existence of the child, the child's relationships and experiences in psychotherapy. Children's voices and agency are thought of as emerging

within and from child-adult interactions set within practice and research contexts. Thus children's voices and agency are seen as relational processes which relate to their embodied experiences, their independent existence, and their intentions.

This section sought to present the explanatory purpose of this study's conceptual framework. The next section communicates the significance of such a conceptual framework within a specific research context, and argues why such a framework and the manner in which it informs this study's methodology, is particularly appropriate.

Argumentation Purpose

In terms of the purpose of argumentation, a study's conceptual framework needs to justify and argue the relevance of its research focus and its approach to research within a field of study (Crawford, 2019). Within this study the literature review has shown that within the field of child mental health interventions in alternative care, there is a tendency for children's accounts to be absented or mistrusted. Such absence is noted both in terms of a lack of presence within research, and in terms of the lack of impact on practice. As a response to such absence, this study's conceptual framework endorses and draws from the concepts of children's rights, and the participation of children in all matters which impact their life. As concepts they support and inform the validity and significance of children's accounts and justify this study's research focus.

In terms of the appropriateness of the research design, this study's conceptual framework informs a methodological approach which seeks to study children's views in relation to the contexts and relations within which they emerge. This includes researching adults' views of children's experience of psychotherapy and analysing them in relation to children's views. This methodological choice is seen as particularly appropriate since:

- it responds to the theoretical challenges in terms of conceptualising child voice and agency, as reviewed in Chapter 2;

- it considers the differences between children's and adults' views noted within literature; and
- it considers the child-adult power dimension in relation to child voice and agency.

Such an approach is theoretically informed by the model of three levels of natural necessity (see Table 3.1) and the concept of emergence reviewed in Chapter 2. Through the concept of emergence, children's voices and agency are not separated from the structure within which they are located. The practices, beliefs and languages of child psychotherapy and residential alternative care are perceived as structures which impact the way children think, see and also learn to talk about themselves (Lobatto, 2002).

The conceptual framework informing such a methodological approach includes the consideration of such practices, beliefs and languages, and has in turn generated the research questions and informed the research design. This is considered in the next section.

Generation Purpose

Thus, informed by the concepts of children's voice, agency, rights and participation, this conceptual framework informs a research design which seeks to represent children's views and intentions. Concurrently, it considers how languages within practice and research contexts influence children's views (Clarke & Percy Smith, 2006; Mannion, 2007) and how child-adult power differences impact children's participation and agency (Davies & Wright, 2008; Holland, 2009; Polvere, 2014). This generated a data analysis protocol, which, as will be explained in Chapter 4, integrates emic coding representing children's utterances, with other coding strategies intended to account for the impact of contexts and relationships on children's views. Moreover, the reference to child-adult power differences influenced the formulation of research questions in terms of querying and problematising the similarities and differences between children's and adults' accounts, and seeking to explain such similarities and differences.

In terms of the purposes of generation, the consideration of children as rights holders who can meaningfully participate in the evaluation of mental health services seminally informed data collection with children and the formulation of the research questions. As regards data collection, the approach presented in Chapter 4 stems from the intention to respect children's preferences in terms of how they wish to express themselves in research and to engage them also as participative meaning makers. This is accomplished through the setting up of a reference group and children's participation in member checking interviews. In terms of informing the formulation of the research questions, the third research question specifically focuses on children's feedback regarding the methods used in this study to enable their views.

The previous three sections presented this study's conceptual framework in terms of its purposes related to argumentation, explanation and generation (Crawford, 2019, p. 41). The next section considers the epistemological implications of both theoretical and conceptual frameworks, especially in relation to practitioner research.

The Researcher's Positioning

This study's theoretical framework proposes an acknowledgement of the transitive and partial nature of our knowledge, including the researcher's own transitive knowledge. Such knowledge is considered both subject to change and influenced by cultural, political, social and historical factors. Thus, a researcher's endeavours to understand needs to include an awareness that one strives to do so from a particular position, which needs to be taken into account and communicated. Such an epistemological positioning is especially pertinent to the scenario of practitioner research.

Shaw and Lunt (2012) described this scenario as one where the researcher's knowing and the participants' knowing are interdependent and where the researcher's identities as researcher, professional and colleague overlap. This complicates the attempt to sustain orthodox distinctions between *researcher* and *researched*, *practice* and *research*, *colleague*

and *participant*. Informed by dialectical critical realism, this study values the separation of the researcher's knowing from the research participant's independent being and knowing. Yet - and this is particularly relevant to the practitioner-researcher context - this study acknowledges that a full separation between the researcher's and the participants' knowing, or the knowledge of having attained it, is impossible. Yet the fact that it is impossible to achieve a full separation does not render it less desirable. Aspiring for the separation of my own knowing as a researcher, from the research participants' knowing, increasingly meant reflexively acknowledging my positioning within the field. Infact, within the context of practitioner research, Drake and Heath (2011) maintain that:

researchers are in need of methodological tools to help construct a justifiable and authentic defence of a partial and knowing research position, and this means taking a reflexive stance. In other words, placing oneself squarely in the frame of the research . . . (p. 36)

Placing myself squarely in the frame of the research meant remaining critically aware of my beliefs which, whilst informing my perceptions, could also potentially distort them. It also meant considering how my identity as a practitioner could compromise my ability to critically engage with data. Thus throughout the research process, I engaged in particular activities documented within the next chapter, to practice and enhance my "critical reflexivity" (Drake & Heath, 2011, p. 45).

Conclusion

This chapter communicates this study's theoretical and conceptual frameworks. The next chapter will present the research methodology, also in view of these frameworks.

Chapter 4: Methodology

This chapter presents the study's methodology. The methodological choices made will be communicated and explained in the light of the theoretical and conceptual frameworks presented in the previous chapter. They will be related to the epistemological and ontological assumptions in this study, and to the research questions, particularly bearing in mind the research aims. Limitations and strengths of the choices made will be considered within each section, rather than within a separate section. This is meant to reflect and communicate the consideration of potentials and limitations as an integral aspect within the process of developing this study's methodology.

The aims presented in Chapter 1 describe the intention to research children's views of psychotherapy within a practice context where the researcher is also an "insider": working as a dramatherapist in a team of psychotherapists. From a methodological point of view, this presents "the most important ... question of whether 'insiders' can achieve any meaningful degree of critical distance from their workplace or their colleagues" (Drake & Heath, 2011, p. 20). Thus, this chapter also explains how I addressed my positioning in this study.

Qualitative and Quantitative Approaches to Researching Children's Views of Psychotherapy

As reviewed in Chapter 2, child psychotherapy research approaches which focus on children's views of professional practice include both hermeneutically and phenomenologically oriented qualitative research, and research incorporating highly structured and adult-determined child-client feedback tools. Structured feedback tools favour epistemological and ontological assumptions which relate to positivist-oriented research. Assumptions of positivist research include a rather unproblematic belief in an external reality where knowledge is produced through detachment. Positivist approaches assume that this can lead to universal generalisations, where the criteria of validity are replication and the fit between data and theory (Blaikie, 2007). Yet, as has been discussed in Chapter 2, such

structured approaches can be critiqued both in terms of the need to recognise child psychotherapy as a “subjective, interpersonal experience” (Macran et al., 1999, p. 327) and in terms of fitting children’s voices into adult-determined categories.

Alternatively, hermeneutically and phenomenologically oriented qualitative research approaches tend to assume that knowledge is neither discovered nor produced independently of the reality it seeks to study. It is rather seen as the result of social actors, including children, making sense of and giving meaning to their experiences (Blaikie, 2007). Such approaches echo Lincoln and Guba’s understanding of qualitative methods as being “more adaptable to the multiple realities pertaining to the circumstances [under study]” (1985, p. 40).

Yet, both positivist and constructivist approaches within childhood studies have been critiqued (Alderson, 2016) in terms of what critical realists refer to as the “epistemic fallacy” (Hartwig, 2007). Positivist quantitative approaches tend to separate facts and their independent existence from the manner in which they can be known, thus separating *being* from *knowing*. Through the use of highly structured and adult-determined child-client feedback tools in child psychotherapy, children’s complex personal views are subjected to a process of objectification. Accounts are thus considered as stand-alone entities which fit binary or scalar analysis. On the other hand, constructivist research tends to reduce all that is and can be, to a product of knowing and thinking, negating even the possibility of an external reality or being. Thus, as reviewed in Chapter 2, children’s accounts are seen as contingent, socially constructed, and barely related to real and independent facts.

This study’s theoretical and conceptual frameworks actively respond to the above-mentioned methodological challenges. This study tentatively challenges the split between reducing all children’s being into knowing, and overtly separating children’s being from knowing and thinking. As has been highlighted in the previous chapter, it does so by endorsing the ontological premise that there is a reality which exists independently of our

knowing, whilst at the same time aspiring to understand how languages within different contexts construct our knowledge of such a reality. This has important implications in view of informing the methodological choices made in this study.

The next section describes the research phases as well as tracking the progression of this study as a relational endeavour.

Research Phases

This study involved one research site: the service provision by a team of psychotherapists in a residential alternative care setting in Malta. It was planned as three research phases. Each phase presented in Table 4.1 communicates my planning as a researcher. The table distinguishes between the first phase, focusing on gatekeeping, consent, and the reference group; the second phase, involving data collection and analysis; and finally, the tasks of dissemination and presentation within the third phase.

Table 4.1*Research Phases*

Aspect	Objectives	Participants	Data
Phase 1: Gatekeeping, consent, and reference group	Ethical approval	To secure ethical approval from the University of Malta Research Ethics Committee and the Research Ethics Committee of the Institute of Education.	N/A
	Gatekeeping, informed consent, and formation of reference group	To inform employing organisation, psychotherapy team, and Children and Young People Advisory Board, Malta (CYPAB) about the research. To seek informed consent from adults regarding formation of reference group. To inform children with experience of attending psychotherapy and seek their consent to form the reference group.	3–5 children N/A
	Consultation with reference group re: aims, and methods	To welcome children's participation and feedback regarding the research aims and methods proposed. To ensure clarity of the research information pack. To further develop methods for data collection with children based on the reference group's feedback. To pilot some of the data-collection methods proposed.	3–5 children Field notes kept by researcher after meetings. Thematic analysis of field notes.
	Piloting methods proposed	To pilot the semi-structured interview guide with adults.	2 academic colleagues N/A
	Informed consent for recruitment of	To contact and inform children (my own and my colleagues' clients with six months' experience of therapy, even if they had stopped attending sessions) about the research and answer their queries.	18 children, 4 therapists, 3 care workers, Recording informed consent through

research participants	To invite children to participate and ask for their consent. To contact legal guardians/parents, including CYPAB, regarding granting consent for children interested in participating. To contact and inform adults about the research, invite them to participate, and ask for their consent.	3 social workers	signed consent forms
Aspect	Objectives	Participants	Data
One-to-one research interviews with child participants	To propose multiple methods regarding how children want to engage in the interviews. To attend to each child's perspective regarding psychotherapy.	15 children consented to participate	Audio recording. Transcription of all interviews. Thematic analysis.
Member-checking interviews with child participants	To invite each child participant to comment on my own understanding of their initial communication. To invite each child participant to give feedback regarding the methods used to engage them in the research.	14 children (one child left the setting)	Audio recording. Transcription of all interviews. Thematic analysis.
One-to-one research interviews with carers, social workers, and therapists	To conduct semi-structured interviews about children's engagements in the therapeutic services and about their own relationship with the therapeutic services offered.	4 therapists, 3 care workers, 2 social workers consented to participate	Audio recording. Transcription of all interviews.

	Transcribe and analyse data	To transcribe all research interviews and upload them as on NVivo. To analyse data using thematic analysis, which involved two cycles of coding.	N/A	N/A
Aspect	Objectives		Participants	Data
Phase 3: Dissemination	Consultation with reference group	To present and discuss findings from Phase 2.	5 children	N/A
	Consultation with multidisciplinary team	To present and discuss findings from Phase 2.	Therapists	N/A
	Dissemination	Publication in peer-reviewed journals and books. Presenting results at national and international conferences to mental health professionals.	N/A	N/A

Whilst the above linear approach in Table 4.1 communicates the study's intended progress, it does not represent the complexity of the study's progression as a complex, relational endeavour. Neither does a linear approach attest to the study's sensitivity towards the emergence of meaning within practice contexts and relationships. This includes the process of "inhabiting the hyphens" (Drake & Heath, 2011, p. 25) between research-therapy, participant-client, colleague-researcher, and therapist-researcher, amongst others. Figure 4.1 seeks to communicate this progression.

Figure 4.1

Research as a Progressive Relational Endeavour

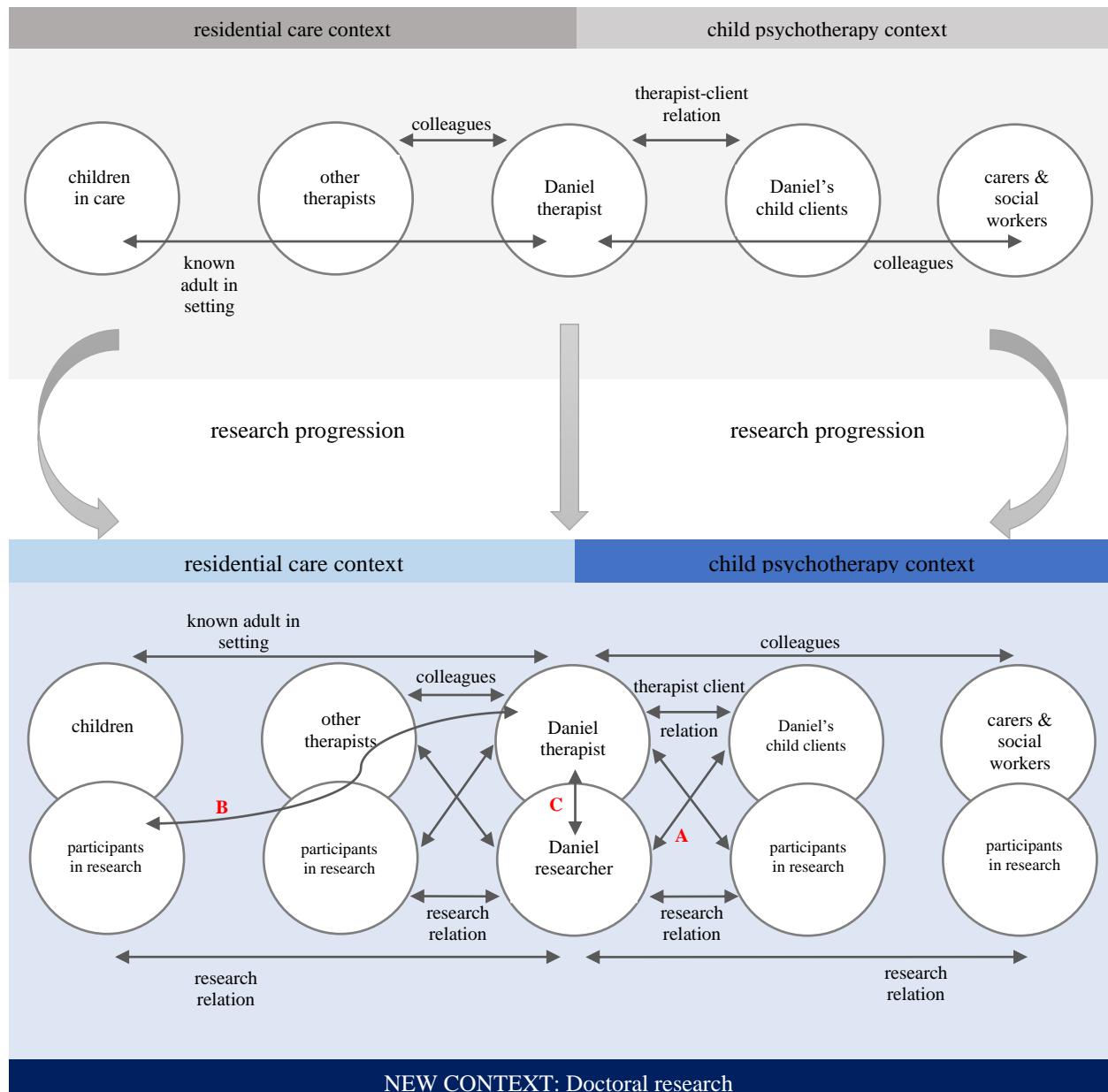


Figure 4.1 illustrates how relationships and interactions between myself, children, and colleagues evolved as the doctoral research context was introduced. Whilst the implied ethical considerations are presented in the next chapter, I wish to highlight the conscious and less-conscious meaning exchanges within new interactions, created through the introduction of the latter context.

Children who had consented to participate in the research had either worked with me in therapy or with my colleagues. The children needed to have been engaged in therapy for at least six months. Some were still attending sessions, whilst others had stopped attending. It is important to note that my own clients were invited to also relate to me as a researcher, and engage with me in a parallel context, as shown in Figure 4.1. There were moments when, as research participants, my clients communicated feedback to me as a researcher which they had not shared with me in therapy. This process is represented by the letter "A" in Figure 4.1. It was at such moments that I experienced the tenuous and uncertain nature of "inhabiting the hyphens" (Drake & Heath, 2011, p. 25). This involved negotiating the significance and meaning of each child's account as a research participant rather than as a client. At times this involved thinking with the child, during the second interview, about their feedback in research in relation to the feedback they had chosen to communicate or not to communicate as a client. This is explored further in the discussion of findings in Chapter 8.

Within this uncertainty and tenuousness, I could anticipate the challenges of some new interactions. This necessitated taking on the role of critical inquirer with fellow psychotherapy team members, in addition to my usual role as colleague. Yet, other interactions were less anticipated – for example, the less-conscious communication initiated by child participants who were not my clients, represented as "B" in Figure 4.1. During research interviews, some of these participants initiated therapeutic conversations with me. Whilst it was clear that during these interviews I was in the role of researcher, child participants also knew that, at the same time, I was still a therapist. This required

sensitive handling in line with the conceptualisation of ethics as an unfolding relational process, discussed in Chapter 5.

The consideration of how meaning emerged within both new and old interactions resulted in an attention towards who we (researcher and participants) were becoming, to and for each other, throughout the research process. This consideration informed the way in which I constructed meaning within my own reflexive activities, represented as "C" in Figure 4.1. Such activities included keeping a research diary and asking a senior academic colleague to support my reflection, through a reflexivity interview (see Appendix B). This interview helped me to express my beliefs around engaging in research with children. It also supported me to explore and account for the assumptions influencing my views. This process critically informed my ethical considerations.

The following sections describe the different elements within the research phases – namely the recruitment of participants and the handling of informed consent; the reference group process; the approaches to data collection; and the data-analysis protocol.

Recruitment of Participants

This phase involved the recruitment of child participants for the reference group, child participants for data collection, and adult participants. It followed authorisation by the director of the residential setting and the coordinator of the psychotherapy service, alongside ethical approval by the University of Malta Research Ethics Committee (UREC) and the Institute of Education Research Ethics Committee (IOE REC).

Writing within the context of realist approaches towards qualitative research, Emmel (2013) contended that "a description of sampling requires an account of these generative mechanisms, the internal and external powers that frame choices" (p. 74). Within this study, these mechanisms include the research intentions, ethical considerations, gatekeeping, my own position and power as a practitioner-researcher, and the language and concepts of academic research. They also include respect

towards Article 12 within the UNCRC in terms of safeguarding children's rights to participation, especially in a context which fits Alderson and Morrow's description of a "seldom heard group" (2011, p. 33).

Decisions around recruitment were guided by a consideration for the interaction between such generative mechanisms. Thus, for example, the recruitment of child participants was guided by a commitment to ensuring a degree of "representativeness of concepts", as proposed by Strauss and Corbin (1990) in terms of the extent to which concepts within the study adequately represent those available in the field. This aspect was especially important in ensuring the inclusion of children who had attended psychotherapy but decided to stop the intervention.

The decision to include my own clients as potential research participants was the result of a complex interaction between generative mechanisms. From an ethical perspective, I thought about how my dual role as researcher and therapist could impact the power of my own clients to consent or dissent to participate in the study. Thus, I considered not asking them to participate. Yet, in the light of a child's right to be consulted, I considered the possibility that my own clients may have felt marginalised and rejected had they not been given the opportunity to voice their opinion. Within the context of alternative care, this could have negatively impacted their psychological well-being. The decision to invite my own clients to participate was eventually supported by the provision of accessible research information material, considered later in this chapter. In providing children with information I was respecting their right to it (UNCRC Articles 13 and 17), enabling them to form their own opinions, and thus also respecting their right to freedom of thought and conscience (Article 14).

Reference Group Recruitment

The reference group information material was made available by the service coordinator to all children living at the residential setting who had accessed a psychotherapy service for at least six

months (see ethical guidelines in Chapter 4) and who had accessed the psychotherapy service but were no longer attending sessions.

The service coordinator presented children with a leaflet inviting them to form part of the reference group, as well as a consent form. Children could express their interest in participating or ask further questions, either by speaking directly to me or by posting the signed consent form to my office. Six young males aged between 12 and 18, consented to form part of the reference group. The reference group process is presented in a later section in this chapter.

Child Participant Recruitment

The reference group informed the design of the research information material used to invite children to participate in the actual research. The material reviewed by the reference group members included two separate research information leaflets: one for children aged 9 to 13 years, and another for children aged 14 to 18. Both leaflets were available in both Maltese and English (see Appendix C). Moreover, since some children faced the challenge of specific learning difficulties, each child received a CD with PowerPoint slides which included audio recordings of the relevant research information text. The research information material was made available by the service coordinator, via the key-worker system, to all children living at the residential setting who had been accessing a psychotherapy service for at least six months, and who had accessed the service but were no longer attending sessions.

Whilst the conceptualisation of informed consent is considered in Chapter 5, in terms of procedure, if children wished to participate, they were invited to sign the consent form (see Appendix D) and post it to my office. They were also offered the possibility of contacting me directly to ask any questions.

When contacted regarding this study, the psychotherapy team was providing interventions to 20 children living in residential care. Eighteen of those children met the six-month inclusion criteria and were invited to participate. Fifteen of these children subsequently consented to participate. Of these,

seven were not in therapy with the researcher, whilst eight were attending or had attended therapy with the researcher. Three children were aged 9 to 12 years; six were aged 13 to 15 years; and six were aged 16 to 18 years.

In line with the Children and Young Persons - Care Orders Act (1980) – which was the applicable Maltese legislation at the time of the application for ethical approval – legal guardians' consent for both reference group and research participation was obtained via the Children and Young Persons Advisory Board for children protected by a care order, and via the head of the residential home for children protected through a court order.

Adult Participant Recruitment

All residential social workers and lead care workers were contacted by the head of the residential home. Therapists were contacted by the team leader. All were informed of the research via a research information leaflet (see Appendix E). They were invited to participate, and to sign a consent form and post it to my office. All three social workers at the service were contacted; two of them consented to participate. All three lead care workers and four therapists were contacted, and all consented to participate.

Reference Group

Within this study, children were consulted on various elements of the research process through a reference group. Diaz et al. (2012) perceived the setting up of reference groups as promoting children's active role in research. Moore et al. (2015) maintained that through the use of reference groups, adult researchers can gain access to children's knowledge about the area of study, potentially rendering a meaningful impact on the research process. Moreover, they perceived reference groups as opportunities to share and explore one's own assumptions as a researcher – an aspect I perceived as seminal, considering the practitioner research context. Further, Moore et al. (2015) highlighted the need to debate how children may participate meaningfully in such activities, rather than assuming their

seemingly omnipresent beneficence (McCarry, 2012). Thus, I sought to evaluate the outcomes of the reference group through a thematic analysis of the reference group field notes. For results of the thematic analysis of the reference group data, refer to Appendix F. This resulted in the identification of potential benefits, and the recognition of intended reference group outcomes related to its aims, alongside other less-intended outcomes (Mercieca & Jones, 2018).

Whilst six children consented to be part of the group, only five participated in all of the four reference group meetings. (One of the children was not available for meetings, even when efforts were made to re-schedule the meetings around his availability.) The reference group met for a total of six hours. The aims of the reference group were to:

- develop a reflective space for both researcher and children to consider the research process, both in terms of its design and its implementation;
- consult children regarding drafts of the research information material; and
- develop research methods by engaging in conversations with children with regard to the questions they would like to be asked, and how they would like to be asked, about their experience of therapy.

The children discussed how these aims could be met, and shared ideas regarding the development of the reference group, including the use of drama to stimulate further discussion.

In terms of intended reference group outcomes, the children identified questions which they thought needed to be asked; acknowledged other children's potential vulnerability during data collection; and discussed the ways in which some questions could be asked during interviews. Reference group members proposed offering child participants a choice in terms of how they might express themselves during research, including through creative means of expression. Steve maintained that "if only spoken words are used, not everyone will be able to say something", whilst Simone explained: "If children have the opportunity to make a choice, there is a higher probability of children

opening up." Besides reviewing all the research information material, children also drew on their own experiences of therapy and suggested "feeling cards" as an adjunct tool during data collection. This resulted in the design of a set of feeling cards during the reference group (see Appendix T). The children also highlighted the seminal importance of the child–researcher relationship, especially in terms of trust. They communicated the significance of specific actions which could foster trust, such as the researcher clearly communicating their intentions to child participants. Children's feedback regarding their engagement in the reference group indicates that they made sense of it as an opportunity to make their own contribution and to help the researcher. As Simone explained: "It is like we are helping you how to make therapy better."

The reference group also resulted in other, less-intended outcomes related to the impact of the practitioner-researcher's positioning. It proved to be seminal in informing my own reflexive process, thus supporting Moore et al.'s (2015) description of reference groups as co-reflexive activities for researcher and child. The reference group experience specifically informed my thinking on the intersection between practice and research spaces, as I recognised my incessant need for clear boundaries between research and practice functions. In line with Drake and Heath's contention (2011), I learnt that "it is through a merging of these functions that the person [researcher] develops their unique and applicable perspective on their research project" (p. 32).

The use of the reference group as a child participation tool is further critically considered in Chapter 8, within the section The Contributions and Limitations of Practitioner Research.

Flexible, Multiple-Method Data-Collection Approach With Children

This study adopted a flexible, multiple-method data-collection approach with children. This meant allowing children to exercise a degree of choice in how they expressed themselves during research interviews. It also meant employing creative methods of data collection, rather than relying exclusively on the spoken word.

The utilisation of this approach towards data collection with children was informed both by the reference group process, where children could influence the development of data-collection methods, and by referring to literature. The approach to data collection reflects the study's conceptual framework in its trust of children's accounts, enabling their participation and engaging them in making sense of their own experiences, rather than pathologising children.

A systematic review undertaken to identify the methods used to research children's perceptions of mental health services in the UK (Worrall-Davies & Marino-Francis, 2008) noted that research projects tended to exclude creative expressive methods which, according to the authors, have the potential to render the studies more child-led. The underutilisation of creative methods of data collection is confirmed by Hanson's (2013) and Woodgate et al.'s (2017) synthesis of international literature researching young people's experiences of living with mental illness.

Within the field of alternative care, Dixon et al. (2019) noted that the increased utilisation of creative approaches within UK-based studies of looked-after children's views was a significant development in terms of rendering the research more in line with a child-participatory agenda. Whilst the potential of creative expressive methods is recognised (Driessnack, 2005), their use has been criticised in terms of the inappropriateness of uncritically perceiving play and creative means as fool-proof, better or more authentic than others (Gallacher & Gallagher, 2008).

Davies et al. (2009) proposed a service-user feedback system for children living in alternative care and accessing mental health services. They specifically advocated the use of a multiple-method data-collection approach that offers children a variety of channels for expressing their views. Within the research context of alternative care and child psychotherapy, offering choice to children also responds to the implied child-adult power inequalities highlighted in the reviewed literature. Within this study offering choice was a means of respecting children's agency, respecting their rights with regard to expression, counteracting the tendency to mistrust or pathologise children, and responding to

their preferences expressed within the research on how they wish to be consulted (Hill, 2006). Hill (2006) reported that children recognised the appropriateness of using a range of data-collection methods and suggested offering choice in order to meet children's differing needs.

Given the sensitivity of the area of interest, data collection with children took place during one-to-one research encounters rather than in a group. When comparing the use of individual and group interviews with children, Punch (2002) reported that some children preferred individual interviews because of issues around confidentiality.

In line with this study's intention to understand children's views regarding the methods used to obtain their views, and to engage them in making sense of aspects of their own accounts, I planned to meet each child twice. During the first interview, children were offered choice in terms of how they wished to communicate their experience of therapy. They were offered both the opportunity to respond to semi-structured questions (see Appendix G), and the play-based techniques listed in Table 4.2. Eight children chose the direct interview, whilst seven children chose play-based methods. For a description of each tool, refer to Appendix H.

Table 4.2

Play-Based, Creative Techniques Offered to Child Participants

Data-collection tools according to child's age	
9 to 11 years	12 to 18 years
The Expert Show	The Expert Show
The Puppet Interview	Attending Therapy Scenario
Cartoon Strip	Cartoon Strip

During the second interview, children were invited to comment on the researcher's understanding of their initial communication (see Appendix I for an example of a member-checking interview guide). In addition, children were asked about the methods used in the research via a series of

questions, as presented in Appendix I. All interviews with children were conducted in the Maltese language, audio-recorded and transcribed.

The adoption of a flexible, multiple-method approach to data collection introduced challenges and limitations. While the approach allowed children choice regarding expression, my beliefs and values as a researcher and a therapist shaped the choices offered. For example, I recognise that offering “The Expert Show” and “The Puppet Interview” fitted my values and training as a dramatherapist. These tools were developed in the context of play therapy (Jäger & Ryan, 2007) and hold assumptions regarding the way in which children project their inner reality onto created metaphors and narratives. The “Attending Therapy Scenario” and the “Cartoon Strip” techniques were developed in the context of children in alternative care accessing mental health services (Davies et al., 2009). Whilst their relevance to this study is due to their origin, they both propose a particular lens through which the therapeutic interventions are viewed as a linear process. Through its structure, the “Cartoon Strip” (see Appendix H) suggests a linear, progressive intervention, whilst the “Attending Therapy Scenario” proposes a narrative with a specific beginning and end. Indeed, the creative data-collection tools offered are by no means a neutral conduit or vehicle (Hunleth, 2011).

In terms of the nature of the data collected, whilst the project’s methods include the use of role play, puppet play, and drawings, I only recorded the audio component within interviews. Although memos were used to record non-verbal input, only the verbal component was transcribed verbatim, thus introducing a logocentric focus within data collection and analysis. Thus, I was not able to fully analyse non-verbal data, nor to pay attention to the non-verbal content – which is especially pertinent in light of the fact that one of the main outcomes from the reference group highlighted the need to pay attention to “not only words”.

Notwithstanding these limitations, a flexible, multiple-method of collecting data within this study enabled some choice and sought to respect the ways in which children wished to express

themselves. Moreover, adopting such a method responds to recommendations from reviewed literature regarding the use of creative techniques within data collection and is directly informed by the study's conceptual framework.

Data Collection with Adults

The development of data-collection methods to research the views of adults involved either as therapists or main carers addresses the research question of how children's and adults' perspectives may be similar and how they differ, whilst seeking to explain such similarities and differences.

In terms of data-collection strategies with adults, one-to-one semi-structured interviews were conducted. Interview schedules were developed and piloted by submission for review by two professionals familiar with the field (see Appendix J for the adult interview schedules; see Appendix K for the results of the piloting process). Interviews were conducted in the Maltese language.

Interviews with adults were carried out after all interviews with children had been conducted. The initial analysis of children's interviews highlighted areas of enquiry which could then be explored with adults. Thus, emergent findings from the analysis of children's interviews informed the formulation of the adult interview schedules. This strategy reflected the research question regarding the similarities and differences in adults' and children's perspectives. For example, the analysis of children's data suggested that the children experienced research as a space where they could evaluate therapy and share feedback which they had not shared with their therapists. This prompted the inclusion of the following question to therapists:

How do children look at the outcome and impact of therapy on their lives? Do children evaluate the intervention with you? If they do, how does this influence the work you carry out? Could you kindly give some examples again without identifying children?

Whilst one interview was conducted with each social worker or care worker, two interviews were conducted with each therapist. The first interview with therapists aimed at a generic exploration of

psychotherapy interventions. The second interview focused on specific processes within psychotherapy engagement and aimed to generate data about the therapist's understanding of key elements of the therapeutic process with children. In order to respect the confidentiality of the therapeutic spaces, the second interview with each therapist was based on an anonymised, self-authored narrative vignette (Jones, 2014). Before the second interview, each participating therapist was invited to write an anonymised vignette, which they thought illustrated their therapeutic practice, and send it to the researcher before the actual interview. All four vignettes received were based on work with an anonymous, unidentifiable client and illustrated key elements of the therapeutic process as perceived by the therapists. The second interview questions were based on these vignettes and aimed at deepening the therapist's reflection. An example of a vignette and an interview schedule can be seen in Appendix L. All interviews with adults were audio-recorded and transcribed.

Collecting data with colleagues meant having access to adults' views from the privileged position of an insider. The process of acquiring this data was "in tension with living with the providers of that data, and their thoughts and feelings about it" (Drake & Heath, 2011, p. 27). The ethical implications of this positioning are explored further in Chapter 5.

Data-Analysis Protocol

This section describes the study's data-analysis protocol and the manner in which it addresses the study's intentions. It considers the theoretical orientation of the data-analysis protocol, especially in the light of the study's conceptual and theoretical frameworks. Additionally, it identifies the main strengths and limitations of the chosen approach.

Whilst embracing a central research intention of enabling and communicating children's views, this study also enquires as to the processes through which these views can be researched and aspires to understand how these views are situated within contexts that are also adult-influenced. An attention to process implies a data-analysis protocol that considers both the intentions and expressions within

children's accounts, and how children's views emerge within the interaction between the child and the researcher. An attention towards understanding how these views are also situated within a practice context foregrounds two domains: adults and children. Thus, the data-analysis protocol supported comparisons and contrasts between such domains. This also mirrors the intention to look for similarities and differences between children's and adults' views. The act of grouping adults and children can be critiqued as reductionist and as not acknowledging the multiple and diverse understandings of multiple and diverse children and adults. Yet it is congruent with the study's theoretical framework.

In responding to the above research intentions, this project's data-analysis protocol integrated inductive and deductive elements. Through inductive thematic analysis, codes and categories were identified from the data, in line with the intention to evoke, represent and understand children's views. Yet the semi-structured nature of the data-collection tools, the literature review, the reference group experience and the foregrounding of the child/adult domains, drew attention to particular areas of enquiry prior to data collection. For example, the reference group experience foregrounded the issue of trust between adults and children as a seminal feature within this practice and research context. Such features formed a broad, pre-existing frame.

Within the next sections I will explain how the use of thematic analysis relates to the study's theoretical and conceptual frameworks, and I will introduce the use of thematic analysis in this study.

Thematic Analysis

Braun and Clarke (2006) highlighted the flexibility of thematic analysis (TA) as an analytic tool. They presented TA as an analytic method which aims at finding "repeated patterns of meaning" (p. 15). They argued that TA is not traditionally linked to any particular epistemological position, and that it fits both constructionist and essentialist paradigms (p. 5). Braun and Clarke (2006) claimed that

TA allows for psychological and social interpretations of data and perceived it as an analytical tool that can foreground similarities and differences within data.

Braun and Clarke (2006) maintained that thematic analysis “can be a method which both works to reflect reality, and to unpick or unravel the surface of ‘reality’” (p. 8). The opportunity to “unravel the surface of reality” presents potential and connects to the view of reality within this study. As presented in Chapter 3, this study assumes a reality which exists independently of our knowing. This reality can be partially accessed through an approach to data analysis which can unravel reality at its real, actual, and empirical levels.

Braun and Clarke (2006) explained that in terms of levels of analysis, thematic analysis tends to focus exclusively on the semantic significance of data (explicit meaning), or alternatively on the latent, beyond-the-surface, interpretative significance. Yet they also maintained that the distinction between latent and semantic levels need not be so demarcated. In line with its theoretical and conceptual frameworks, this study aspires to move analysis beyond description towards understanding. For example, the study seeks to understand how similarities and differences between children’s and adults’ views of psychotherapy arise and are maintained. This necessitates the integration of both semantic and latent significance. Thus, this study attempted to develop Braun and Clarke’s suggestion that the distinction between latent and semantic levels need not be so demarcated. It aspired to analyse the semantic meaning of data whilst also attending to the latent level.

The main perceived strengths of this study’s approach towards data analysis lie in the flexible (Braun & Clarke, 2006) and data-driven nature of thematic analysis (Saldaña, 2015). Guest et al. (2012) argued that thematic analysis is well suited to large data sets. In fact, within this study, thematic analysis supported the analysis of extensive data-sets and allowed for the analysis of different perspectives. The handling of extensive data sets was also enabled by using NVivo 10 – a computer-

assisted qualitative data-analysis software. The use of this particular software was additionally informed by literature linking its use with thematic analysis (Leech & Onwuegbuzie, 2011).

The Process of Thematic Analysis

Braun and Clarke (2006) identified the following steps in conducting TA:

1. Familiarising yourself with your data;
2. Generating initial codes;
3. Searching for themes;
4. Reviewing themes;
5. Defining and naming themes; and
6. Producing the report.

The structured nature of thematic analysis supported the systematic handling of the extensive data sets within this study. This was accomplished through the coding of transcripts in three sets: children, therapists, and carers. Moreover, the structure of TA allowed for movement from one code to the next, from one child to the next, as presented in the below section on coding. This also made sense in terms of themes developing from the data and the subsequent confronting of these “emergent” themes with new data. This is explained further in the next section.

Applying the Data-Analysis Protocol

This section documents how the data-analysis protocol was put into practice. Terms are defined, and analytical procedures proposed.

Data Corpus

Table 4.3 represents the data corpus within this research. It distinguishes between the different data items and four different data sets. In order to protect the identity of individual children especially in the eventuality of this thesis being read by colleagues and co-workers, the data sets do not

distinguish between child clients who were in therapy with the researcher and other children who worked in therapy with other members of the psychotherapy team.

Table 4.3*The Study's Data Corpus*

	Data set 1	Data set 2	Data set 3	Data set 4
	Reference group	Child clients	Therapists	Carers
	Four conversations with reference group	First interviews with 15 children	Four first interviews with four therapists	Interviews with three lead care workers
		Follow-up member-checking interview with 14 children	Four second interviews with four therapists using narrative vignettes	Interview with two residential social workers

From Interviews to Data

All interviews with children were conducted in the Maltese language whilst, in line with the bilingual Maltese context, therapists and other adults were offered the opportunity to choose the language which they preferred to use. Two out of the nine adult participants decided to speak in English during interviews.

Digitally recorded interviews were transcribed into the language used by the participants by an external professional transcriber, who followed a transcription protocol devised by the researcher which included the recording pauses and silences. Transcriptions were verified by the researcher, who listened to each interview whilst relating it back to the transcript. Transcripts were then uploaded as data items within NVivo 10 software and stored as external sources. Data items were stored in folders distinguishing between different groups of participants. Data items were also classified according to

their origin and nature (e.g. date of interview, time of interview, and pseudonym of residential care unit).

Since children's interviews were audio-recorded, in order to convey and comment on mood, gestures, movement, and use of body and space, analytic memos (Saldaña, 2015) were kept by the researcher. Each analytic memo recording the non-verbal aspect of interviews was saved as a NVivo 10 data source and was linked to a data item.

Codes, Categories, and Themes

This section documents the coding procedure and defines the terms used. Table 4.4 provides a definition of each term used in the coding process.

Table 4.4

Defining Codes, Categories, and Themes

Name of concept	Meaning of concept	Example
Code	Important moments in the data: Raw and “uninterpreted”	Emic code: “glad the session is over sometimes”
Category	An aggregation of codes that represents a higher-order meaning, e.g. aggregating the codes “bored, uneasy or uncomfortable talking”, “difficult to understand certain issues”, “getting stuck”, “glad the session is over sometimes”, and “nervous when challenged”	Attending therapy is challenging, sometimes tough
Themes	Level of patterned response or meaning from the data that is related to the research questions: The outcome of coding.	Child data theme: “Therapy as challenging, uncomfortable, normalised space which one may resist”

Within this study, coding proceeded sequentially. Interviews with children, therapists, and carers were coded in three separate sets, yielding three distinct thematic outcomes. Interviews with children were coded first. Each child interview transcript and member-checking interview transcript was subjected to two cycles of coding. Whilst explaining how coding was carried out in this study, the next section also addresses how the approach to coding relates to thematic analysis and the research intentions.

Coding

The coding of transcribed data within this study was informed by Saldaña's (2015) approach towards first- and second-cycle data coding. Saldaña's proposal was adopted because it fits the structure of TA in terms of proposing a cyclical rather than a linear approach to coding. A cyclical approach supports the identification of codes from data, and then the checking of the codes against further data, aggregating various codes into categories and eventually themes. Such an approach supports a movement from data to code to category to theme, and from theme back to data, through the checking of emerging categories against new emergent codes and data (Saldaña, 2015). Moreover, this cyclical element supports and renders possible the move from the descriptive, semantic meaning of data towards the latent and beyond-the-surface meaning within data. A latent level of meaning is implied in the research intention to understand what influences children's and adults' views of psychotherapy interventions and how these views are situated within contexts.

Data coding was carried out in two cycles. First-cycle coding focused on representing participants' views, highlighting their words and their evaluation of psychotherapy. I used the English language to name the codes and translated Maltese words into the English language when a participant's words were used as a code. Second-cycle coding enabled the development of a

categorical, thematic, and theoretical orientation (Saldaña, 2015). All interviews with adults (carers, social workers, and therapists) were also subjected to two cycles of coding.

First-Cycle Eclectic Coding. In view of the vast range of data items and the central intention to represent participants' views, eclectic coding was used as a first-cycle coding method. Alternative coding strategies which were considered and discarded are presented in Appendix M.

Saldaña (2015) described "eclectic" coding as a hybrid coding method which is congruent with TA. It involves the simultaneous application of an array of first-cycle coding methods, integrating "emic", "process", and "evaluation" coding, contributing towards a theming of the data, as explained in Appendix N.

In line with this study's conceptual and theoretical frameworks, emic coding echoes the intention to foreground children's perspectives, and sensitised the researcher to the children's world view rather than relying on a professional language. The inclusion of emotions coding within emic coding tracked the emotional storyline of the codes within children's interviews and supported careful attunement to the participant's emotional language. The use of process coding links to this study's intention to also represent the process through which the children's views were researched. Evaluation coding supports the evaluative tone implied in the third research question. As a first-cycle coding strategy, eclectic coding represented the active, meaning-making role of participants – especially child participants – who actively attributed meaning and generated explanations. Eclectic coding was used to support a "first draft of coding" (Saldaña, 2015, p. 212) and led to the strategic planning of second-cycle coding based on what was learnt during the first cycle.

Children's interviews were coded in sets of five interviews. Emerging codes within the first data set of five children's interviews were clustered together into tentative categories based on similarity, and constantly compared with each other. Thus, categories for the first five interviews were compared and confronted with emerging codes from the second set of interviews. Interviews with

therapists were coded as one set, whilst interviews with residential social workers and care workers were coded as another set. The application of this approach towards first-cycle coding is exemplified in Appendix O.

Each code was defined and described through the “node properties feature” within NVivo, thus developing the study’s code book (Saldaña, 2015). The development of codes, the coding decisions made, and the dilemmas encountered were recorded using the “research memo function” within NVivo. For examples of research memos, see Appendix P. The first-cycle coding informed the second-cycle coding process.

Second-Cycle Coding. Following first-cycle coding of all children’s interviews, five aspects were identified for additional focus within the second cycle of coding. These comprised: The meaning of opening up and talking; the metaphors used by children, including the notion of “opening up”; the emerging patterns of interaction between researcher and child; the non-verbal aspects in a child’s communication; and the child’s presentation of self and agency.

During the second-cycle coding process, interviews were read again, and all first-cycle codes used were reviewed. (The outcomes of this process are described in the following section, on ascertaining quality.) Focused second-cycle coding was used to categorise the data. Saldaña (2015) maintained that “Focused coding enables you to compare newly constructed codes during this [the second] cycle across participants’ data to assess comparability and transferability” (p. 243). Thus, second-cycle coding develops a sense of categorical, thematic, and theoretical orientation in moving from codes to categories to themes, and thus identifying patterns. Similar codes from first-cycle eclectic coding were tentatively clustered together into categories based on similarity and fit. This led to the development of connections and the exploration of patterns, and eventually the identification of themes and connections between themes. For example, the category “shall I, shall I not?” was developed during second-cycle coding. This category represents a grouping of the following codes:

"tentativeness around proceeding", "embarrassed", "fearing a break in confidentiality", "risks associated with disclosure", "fearing or anticipating the therapist's rejection", and "space for sensitive, delicate processes". Analytic memos were used to record the researcher's thinking regarding the connection and categorisation of codes.

The process of second-cycle coding mirrored the outcomes of the third, fourth, and fifth phases within Braun and Clarke's (2006) presentation of thematic analysis. The third phase involves searching for themes, with the reviewing and naming of themes being the fourth and fifth steps.

The data-analysis protocol within this study communicates the strengths of thematic analysis as an analytic method aimed at finding "repeated patterns of meaning" (Braun & Clarke, 2006, p. 15). Yet it also foregrounds the difficulty of representing those views of children which are incongruous, which do not necessarily fit into commonalities and patterns of meaning. Thus, coding can be critiqued as a process which manipulates participants' views in the quest for themes and categories. Moreover, this presents a risk of reducing the complexity of accounts in favour of explanations that fit the "emergent" yet very much researcher-dependent themes. In the light of my awareness of this limitation, throughout the analysis process I sought to remain aware of the fact that the search for patterns may indeed limit my curiosity regarding what doesn't fit, and in terms of thinking about alternative explanations.

Some aspects of these limitations were tentatively addressed through the use of "deviant case analysis" (Silverman & Marvasti, 2008), which redrew my attention to individual participants and outlying codes. Silverman and Marvasti (2008) specifically claim that "the qualitative researcher should not be satisfied by explanations that appear to explain nearly all the variance in their data. Instead ... every piece of data has to be used until it can be accounted for" (p. 265). This is represented in the presentation of findings which purposively communicate data items and extracts that do not fit with the overriding thematic map. Thus, for example, Simone's negative perception of therapy

contrasted with other children's interviews. This deviance is represented in the categories and themes generated and is also accounted for in the presentation of findings.

Ascertaining Quality

In line with the integration of critical realism and social constructionism, this study accepts that there are multiple valid representations and explanations of events and experiences, produced within social contexts and shaped by power dynamics. Yet this need not mean that all research accounts and representations are equally valid (Porter, 2007). Rational grounds have been developed which allow us to choose between different interpretations of research accounts, and which should provide practitioners with sufficient confidence in terms of applying particular research recommendations to practice. The six generic standards developed by Pawson (2003), working within a realist frame, support such an understanding of quality and are thus applicable within this study.

Pawson's (2003) proposed six standards applicable to social care research: transparency, accuracy, purposivity, utility, propriety, and accessibility (TAPUPA). Pawson's framework was developed purposively for the social care community, and it phrases standards in social care research as questions. Thus, the standard of transparency is phrased as: "is the study open to scrutiny?" (p. 67), whilst the standard of utility proposes: "is it fit for use?" (p. 67). The invitation to engage in such a critical and reflexive process in ascertaining quality particularly matched my intention to position myself as the author of this study, own my own judgements, and acknowledge the partiality of my knowing. Yet, at the same time, Pawson's framework provides a reference point for my judgements, supporting me in explaining why and how I appraised this study.

Transparency

In adhering to this standard, this chapter has sought to communicate the study's approach within its various phases. The detailed account is intended to enable readers to understand how the study progressed, thus opening the research up for scrutiny. At the same time, I have sought to

communicate that this study's methodology is the result of the specific choices I made. These choices reflect my values, beliefs, judgements, and positioning in the field. In line with Drake and Heath's (2011) understanding of research within the politics of the workplace, I believe that it is impossible to achieve neutrality. Yet I seek to communicate my partiality as a practitioner-researcher and will argue within the discussion chapter (Chapter 8) that there are particular strengths gained from such a position.

Accuracy

Pawson (2003) maintained that "for knowledge to meet this standard, it should demonstrate that all assertions, conclusions, and recommendations are based on relevant and appropriate information" (p. 38) and that users' accounts are "clearly reported in the data and reflected in the analysis" (p. 38). Within this study, this is understood in terms of the extent to which the research manages to clearly report accounts, and the extent to which it manages to convey children's and adults' meaning-making and intentions within interviews. Given the less-conscious yet inevitable power dynamics within the analysis of children's accounts, accuracy requires an additional focus on the representation of children's meaning-making. The quality of the research is understood as the extent to which it promotes, checks for, and communicates such accuracy.

Lincoln and Guba (1985) proposed the practice of member-checking in order to ascertain the credibility of accounts reproduced within qualitative research. In this study, member-checking with children was used to share the researcher's meaning-making process with them, enabling them to clarify or elaborate on their expressed views in the first interview. The results of the member-checking show that this strategy contributed towards ascertaining accuracy by allowing the researcher to check his interpretation of children's accounts. Moreover, it facilitated a space where children could elaborate on their own meaning-making and correct the researcher's understanding.

The practice of member-checking with children proved to be much more nuanced than is communicated in the clear intention to check accounts. For example, on a few occasions during

member-checking interviews, children provided answers which contradicted their first interview. For example, during his first interview, Steve spoke about mistakes committed by the created fictional character. Steve described them as copies of mistakes made by the character's parents. Yet in the second interview he changed the meaning: "No, that is not what I meant." His correction was respected in the analysis process. At the same time, it was noted that the member-checking interview with Steve occurred at a time when he was being reintegrated back into his biological family. This contributed to a further research reflection about how the child's *here and now* context impacts his engagement in research, alongside an appreciation for multiple layers of meaning within children's voices – thus mirroring the study's conceptual framework.

With adults, member-checking involved sending the transcribed interviews to all participants and asking for their feedback via electronic mail. No feedback was received, beyond confirmation of receipt of the transcripts.

The accuracy of this study was also enhanced through the second-cycle coding strategy described in previous sections. Second-cycle coding of all interviews scrutinised the coding process. Moreover second-cycle coding of children's interviews led to several outcomes which enhanced the quality and rigour of the coding process. An example of the outcomes of this process is presented in Appendix Q. A limitation within coding is seen in the use of the English language to code interviews transcribed in the Maltese language. Thus, whilst the use of emic coding sought to reflect the words used by children, this intention was limited by my own language competencies and the way in which I translated children's words into the English language.

Purposivity

This standard is described by Pawson (2003) as follows: "The approaches and methods used to gain knowledge should be appropriate to the task in hand, or 'fit for purpose'" (p. 39). The data-collection methods used in this study were developed after an extensive literature review and after the

reference group process. Moreover, findings communicating children's views regarding the chosen data-collection methods provide further evidence of the methods' purposivity.

It may be argued that reliance on methods which resulted in a multiplicity of accounts whilst attempting to triangulate data which may even be contradictory, significantly tarnishes this study's claims towards quality. Whilst Silverman and Marvasti (2008) highlighted the analytic limitations of researchers attempting to map together data from different sources, authors such as Pawson and Tilley, (2009) perceived such multi-perspectivism as a key feature in their proposal of a realist-oriented evaluation of healthcare interventions. They argued that validity in this context necessitates the accurate representation of different accounts, whilst appreciating the limitations of any single perspective. In this project, the triangulation of sources (Patton, 1999) is perceived as compatible with the need to move away from a conceptualisation of voice as an isolated concept and towards an understanding of voice as emerging within child-adult interactions, supporting multiple levels of meaning. Yet, following the consideration of triangulation within the literature review, and its potential link with child-adult power differentials, triangulation in this study was not used to verify or validate children's accounts, but as a method through which multiple perspectives could be elicited.

Utility

This standard is understood in terms of ensuring that knowledge generated by the study should be fit for use within a particular practice context and should provide answers which address the research questions. Attention to this criterion guided the structure of the discussion chapter in terms of ensuring that findings are directly considered in response to each research question. Moreover, the practitioner-research context of the study ensures its fitness for use within the boundaries of its practice context, whilst presenting particular potentials in terms of its applicability within broader contexts.

The concept of utility is also related to the study's representativeness. This study does not aspire to be representative of the views of all children living in residential alternative care and attending

psychotherapy. Yet, in line with Strauss and Corbin's (1990) "representativeness of concepts", this study can claim to adequately represent the majority of concepts available in this field of study, within a particular setting. At the same time, it should be noted that this study focuses exclusively on the perspectives of male children and thus carries forth the bias of gender segregation that still permeates service delivery in alternative care in Malta. This is discussed in the concluding chapter.

Propriety

This standard stipulates that knowledge should be managed and communicated ethically. Consideration for ethics was a seminal aspect of this study, to such an extent that it is discussed in a dedicated chapter – hence the limited discussion of this criterion in this chapter. The study's approach to ethics, its approval by two distinct ethics boards, the protracted and complex manner in which participants were informed and their consent ascertained, attest to the study's efforts towards this standard.

Accessibility

This standard relates to the study being rendered accessible to practitioners and participants. Following the data-analysis process, the results of the study were communicated to and discussed with the multidisciplinary team of professionals and the reference group. The presentation of the findings to the team enabled a discussion of what supports children's engagement in research, what is missed in therapists' understandings, and how professionals' language impacts therapists' interpretations of children's views. Therapists considered how they could adopt children's suggestions in order to improve the service, and discussed issues around challenging the orthodox boundaries of child psychotherapy.

The presentation to the reference group members resulted in a similar discussion of the main findings. Reference group members spoke about the similarities and contrasts between their own views and the findings. Members who had been critical about psychotherapy said that, even if findings

communicated the helpful nature of psychotherapy for a number of children, they felt that their critical views were still represented in the presented findings.

Conclusion

This chapter has presented the data-collection and data-analysis protocols. Choices related to both protocols were considered in terms of their strengths and limitations, and in relation to the research intentions and the study's theoretical and conceptual frameworks.

The data-collection protocol was considered in terms of the potential it offered within the study. The proposal of a flexible, multiple-method approach towards data collection was considered in terms of its potential to support child agency and participation, and to adequately respond to the outcomes of the literature review. The chapter detailed specific aspects within the data-collection protocol which highlight the research intentions and the study's conceptual framework.

Also considered were the limitations of such an approach to data collection. The use of creative methods of data collection was problematised in terms of the assumptions and values from which it draws. Moreover, the collection of data with colleagues and active clients presented particular complexities which called for my own reflexivity as a researcher and a heightened attention to ever-present child-adult power-based dynamics in research. By engaging children in making sense of their own accounts, the use of member-checking echoes the intention to attenuate the impact of such dynamics in the interpretation of children's accounts. Yet it does not attempt to eliminate or resolve the partiality of my positioning as an interpreter of meaning. Indeed, the presentation of findings in Chapters 6 and 7 seeks to communicate how accounts emerged within a particular research relationship.

In terms of data analysis, this chapter considered the strengths of thematic analysis as a flexible tool, adept at handling large data sets. It also communicated the aspiration to engage with analysis at both the latent and manifest levels of meanings, in line with the research intentions and the study's

conceptual framework. The chapter also described how data analysis was undertaken. By adopting a step-by-step, detailed approach in reporting how coding was carried out, the chapter sought to demonstrate the study's rigour (Fereday & Muir-Cochrane, 2006). Yet the chapter also sought to communicate an active awareness of limitations related to its data-analysis protocol. It acknowledged the inherent bias within thematic analysis in its search for patterns and explained how this was partially addressed. Whilst owning the partiality of my positioning and my knowing as a researcher, I also sought to clearly explain my methodological choices and critically evaluate the study's quality in the light of Pawson 's (2003) framework. Within the next chapter I will consider the ethical implications of such choices.

Chapter 5: Ethics

In this chapter, ethical principles informing choices and procedures within this study will be considered in the framework of relevant legislation and ethical guidelines, and in the light of the theoretical and conceptual considerations around child voice, agency, rights and participation presented in previous chapters. After identifying sources that inform ethical conduct, the chapter discusses and presents the conceptualisation of ethics in this study and how it has informed the study's procedures in the light of the relationship between research and practice. This is considered in relation to the sensitive nature of such research and the inherent responsibility to protect therapeutic processes and to address any potential distress.

Sources Informing Ethical Principles, Conduct and Approval

In terms of the ethical guidelines that have informed the planning and conduct of this study, in the absence of specialised ethical guidelines in the area of research with children in Malta, I adhered primarily to the British Educational Research Association's (BERA's) Ethical Guidelines for Educational Research (2011). Yet, due to the fact that this study involves the participation of children living with "adverse childhood experiences" (Hughes et al., 2017, p. 356) who have accessed psychotherapy, I also referred to the British Psychological Society's (BPS's) Code of Human Research Ethics (2010). Specifically, I referred to the BPS code in terms of:

- additional safeguards in working with vulnerable populations (p. 31);
- researcher's responsibility in terms of protecting research participants (p. 10);
- debriefing research participants (p. 26); and
- informing participants and piloting information material (p. 18).

This strategy draws on sources that informed ethical conduct within my previous engagement in research within the context of alternative care in Malta (Abela et al., 2012). Ethical conduct within that research was also informed by the BPS code (2010).

In terms of ethical approval, at the time of planning the research, the Data Protection Act (2002) stated that researchers conducting any research project in Malta were required to submit their projects for approval by the University of Malta Research Ethics Committee (UREC). Approval was granted on 10 June 2015. Subsequently, I sought the approval of the Institute of Education Research Ethics Committee (IOE REC), and this was granted on 19 June 2015 (see Appendix A for approval letters).

With respect to my relationship with research participants, I adhered to the guidelines for professional conduct set out by the institution which employed me. Moreover, in line with my professional registration requirements as a practitioner, I adhered to the Health and Care Professions Council's (HCPC's) (UK) Standards of Proficiency for Arts Therapists (2012).

BERA's Ethical Guidelines for Educational Research (2011) frame the consideration of ethical conduct in research with children within the context of children's rights. The guidelines make direct reference to Article 12 of the UNCRC and the idea of children being able to freely express their own views in all matters concerning them. The guidelines also refer to Article 3 of the UNCRC in terms of the best interests of the child being given primary consideration by adults who need to determine these best interests. This immediately introduces the dynamic between protection and participation alongside the need to define vulnerability. The BPS's Code of Human Research Ethics (2010) defines all children aged 16 and under as vulnerable, and considers research involving vulnerable groups as research which involves more than minimal risk. The duality between protection and participation foregrounds Sandbæk's (1999) comment on the risk of reducing the discussion of ethics in childhood research to a tension between the child's right to protection on one hand and the child's right to expression on the other. Thus, it became apparent that a consideration of ethical conduct within this study needed to include the conceptualisation of ethics in research with children.

Conceptualising Ethics

The conceptualisation of the ethics of research with children is a debated area within a number of fields focusing on research and children, and especially in relation to child participation and rights. Alderson and Morrow (2011) discussed three ethical frameworks: the deontological framework (p. 17), focusing on duties; an alternative framework foregrounding participants' rights; and a utilitarian framework which recommends weighing possible benefits and harms. Yet the authors concluded that in the light of these traditional approaches, "new ways of thinking need to be developed in the ethics of research with children" (p. 19). These new ways need to consider evolving ideas in terms of children's participation and rights, and engage with the ways in which harm and benefit are defined, especially within asymmetrical adult-child power relations.

In conceptualising ethics within this research, I endorsed Renold et al.'s (2008) proposal within the context of research with children in alternative care, to consider ethics as an "ongoing dialogue" (p. 427). Such a consideration foregrounds the notion of "ethics-in practice" (Guillemin & Gillam, 2004), which transcends the idea of ethics as a series of one-off choices and proposes a reflexive process of negotiation and decision-making. Thus, ethical conduct within this study is conceptualised as an ongoing, reflexive dialogue with children and with oneself as a practitioner-researcher, which starts off, engages with and learns from uncertainty. It is a process which resulted in the development of ethical practices based on such a conceptualisation, whilst concurrently relating to and drawing from ethical guidelines. In fact, ethical guidelines provided the safety to engage with such uncertainty as I considered ethical choices along the development of the study.

In order to initiate this ongoing reflexive dialogue, I engaged in a reflexive interview (Moustakas, 1994) with a senior colleague and leader in local research in the field.

Reflexivity Interview

The aims and schedule of the semi-structured interview are included in Appendix B. Through the conduct of this interview, in line with my epistemological assumptions, I sought to attempt to distinguish between *my* knowing and the research participants' knowing. Whilst acknowledging the impossibility of fully achieving this, I considered that the attempt at such a distinction had ethical implications in terms of knowing and potentially bracketing the values, beliefs and priorities which stem from my personhood.

The interview was transcribed and thematically analysed. The emergent thematic map is also included in Appendix B. Whilst a discussion of the emergent themes is beyond the scope of this chapter, some findings related to ethical considerations are included in the following sections.

Ethical Concerns in Research with Children Accessing Mental Health Services

Within a qualitative study which sought to research children's evaluation of a service addressing the trauma of child sexual abuse, Hutchfield and Coren (2011) identified the following ethical concerns: "protection of the therapeutic relationship, anonymity, confidentiality, safeguarding (child protection), consideration of the sensitivity of the issue, informed consent, the right to withdraw and storage of data" (p. 173). Hutchfield and Coren's (2011) research relates to this study in terms of its focus on children who had faced adverse experiences and who were engaged in the evaluation of professional services. Despite the sensitivity of such research – echoed within the abovementioned concerns – and the vulnerability of the children's situations, the review of literature within this study has shown that researchers have extensively and sensitively responded to such concerns. For example, in research on the experiences of care leavers (Abela et al., 2012) in which I was engaged, as a team of researchers we went to considerable lengths to ensure that in the eventuality of participants experiencing distress during an interview, they would be offered support.

The following sections will demonstrate how the issues identified by Hutchfield and Coren (2011) were addressed in this current study.

Protection of Therapeutic Processes and Relationships

This section includes a consideration of the potential impact of research on ongoing therapeutic interventions and discusses how this was addressed in the study. This concern emerged as a main theme within the reflexivity interview:

Daniel: ... because my primary ethical consideration of course, is to safeguard the therapeutic relationship. Anything, everything must be centred around safeguarding that relationship. (p. 9)

Within research on children's perceptions of psychodynamic psychotherapy, such a concern led Carlberg et al. (2009) to extend the nature of their inquiry. They asked the child participants' therapists whether, in their view, the pre-therapy research interview had an impact on therapy. Replies to questionnaires showed that no positive or negative effects were noted by therapists. Such findings are useful in terms of thinking about the feasibility of such studies when adequate measures to protect therapeutic relationships are utilised. In reducing potential harm to children, and to relationships meant to be beneficial to children, Liamputtong (2007) stressed the researcher's responsibility to assess children's resilience in order to ensure they can cope with the research process. Researchers tend to approach this through different gatekeeping strategies. In Hutchfield and Coren's (2011) investigation, the children's therapists decided which children should be invited to participate. Nonetheless, this was seen by the authors as limiting the representativeness of their sample. Likewise, when interviewing Maltese fostered children about their contact with their family of origin, Galea-Seychell (2011) consulted the children's social worker as the main gatekeeper. The result was that some children were not asked to participate because their social worker believed they were too vulnerable. This introduces seminal issues around adult practitioners' gatekeeping power (Powell & Smith, 2009), especially in

relation to researchers accepting the assessment of adults who are perceived to *know the child better*.

Notwithstanding an awareness of the complexity of adult gatekeeping, I am fully aware of the ethical principle of the researcher's responsibility (BPS Code of Human Research Ethics, 2010) in terms of protecting research participants. In view of this, I adhered to the following strategies in order to safeguard participating children.

So as to minimise the risk of the research interview negatively impacting the therapeutic relationship, only children who had been in therapy for at least six months were invited to participate. Prior to deciding on this six-month boundary, I consulted the coordinator of the psychotherapy team within the residential setting. Moreover, I considered the long-term nature of the therapy offered by the team, alongside my experience as a practitioner, in terms of how long it takes for a therapeutic relationship to achieve some stability. With regard to researching with children who had been in therapy but had subsequently decided to stop attending the therapy, I agreed with the team and the management of the organisation that these children would be offered support, follow-up and possibly therapy if they decided to restart the therapy following their research participation. One child – John – asked to restart therapy after the research process, and this was addressed in line with the above agreement.

Consideration for Sensitive Topics Within Conversations, and Potential Distress

In line with the BPS code (2010), I provided children with the opportunity to debrief after each interview, in order to address any "interview-engendered distress" (Amaya-Jackson et al., 2000, p. 726). I also planned that in the case of any apparent distress I would stop the intervention and use my therapeutic skills to help the child feel safe again in the immediate circumstances. I would later discuss with the child the possibility of informing their therapist, so that their needs could be addressed during therapy.

In terms of the children inadvertently accessing sensitive material during the interviews, I coded five excerpts from interviews with Jonas, Steve, and Robert. For example, at a point during our second interview, Steve corrected me on an association between therapy and mistakes. In order to explain that he was talking about parents' mistakes rather than the child's mistakes, he created a fictional scenario in which a child emulated his parents' behaviour and "made a mistake": stealing an electronic device. The following conversation illustrates how my identity as a practitioner-researcher supported me in identifying and addressing what I perceived as Steve's distress:

Daniel: How does therapy come in, because he did the same mistake as his parents. How will therapy help him with that?

Steve: So that he learns. [Steve gets up and starts walking in the room.]

Daniel: And do you think he will be able to learn not to do the same mistake?

Steve: [Singing] ... Are we ready?

Daniel: Soon, a bit more.

Steve: [Signals something.]

Daniel: Do you want to stop?

Steve: It continued recording.

Daniel: It continued now. We go on to the next question?

Steve: How much is left?

Daniel: No just two pages.

Steve: Wow [looks at interview schedule], three. I am tired already.

Here I suggested stopping the interview. Though he told me to continue for another five minutes, I drew from my work with Steve as his therapist and observed that his non-verbal communication, such as his pacing in the room, indicated otherwise. I suggested a break, which he accepted. I also cut the interview short and proceeded with the debriefing. The debriefing involved looking back at the

experience of the interview, addressing any questions or comments arising from this reflection, asking the child how he felt in view of ending the interview, and shifting the focus on to what the child would be doing after the interview. Following the interview and debrief, I tried to make sense of Steve's behaviour. I noted how, from the beginning of the second interview, Steve had found the act of reviewing the pages of a typed-out interview rather challenging. Yet I also noted that his difficulties with the task escalated following the reference to the parents' stealing. Since he was using a metaphorical scenario, I was unsure of the extent to which this brought about past memories of adverse experiences. Nonetheless, I decided to err on the side of caution and proceed with the debriefing, as indicated above.

This research extract demonstrates how my decisions as a researcher stem from an ethical concern and foreground my power as an adult. The dynamics of such decision-making highlight the need to consider ethics in research with children accessing mental health services as an ongoing dialogue. This is exemplified by my checking-in conversation with Steve, my inner conversation within the interview, and my post-interview reflection as I connected with the uncertainty of determining the extent of distress, alongside my responsibility to safeguard the child's well-being.

In this section I have communicated an acknowledgement of my responsibility to protect the therapeutic relationship, to consider the sensitivity of the subject matter, and to address safeguarding issues, which Hutchfield and Coren (2011) identified as ethical concerns alongside informed consent, the right to withdraw and storage of data. The latter three elements are considered in later sections within this chapter.

The Relationship Between Research and Practice

This study necessitates a consideration of the ethical implications which emerge from its nature as practitioner research. In terms of safeguarding children, Hutchfield and Caven (2011) emphasised

the need to ensure that every effort is made to distinguish and allow children to distinguish between research and therapeutic interventions. Following the authors' recommendations:

- I informed children that whether or not they participated in research it would in no way impact their therapy;
- I conducted the research encounters in a separate space from the spaces usually used for therapy;
- I did not use the same props and materials which are used in therapy; and
- I did not carry out interviews on the same day as therapy appointments.

Despite the distinction proposed by Hutchfield and Coren (2011), the reference group process – as communicated in the previous chapter – contributed to my awareness regarding my need for clear boundaries, the understanding of this need as a function of my practitioner power, and the liminal boundaries implied within practitioner research. In fact, an emergent theme in the reflexivity interview communicated the dual nature of practitioner research. This dual role impacted my relationships with the child participants and my conduct within both research and practice. For example, whilst my clinical training and 13 years of supervised practice in the field facilitated my conduct within interviews, at times it also influenced how I wore the researcher's hat. Whilst findings within the theme "Us in Research" in Chapter 6 communicate these dilemmas, an example from my interaction with Simone illustrates how, at times, I unconsciously drew on my therapist skills. When Simone spoke about his need to feel acknowledged, I asked him, "Were you always like that, wanting to be seen?" This was not related to my interview schedule: it happened unconsciously.

On the other hand, I remained conscious that putting on my researcher's hat need not mean shedding my therapeutic skills. Indeed, skills such as engaging with children, listening to them, attending to their non-verbal communication, and respecting their choices may be perceived as strengths in a qualitative researcher (Sammut Scerri et al., 2012). My therapeutic skills were very

useful in responding to unexpected disclosures, such as when Abraham started speaking about the death of a family dog. However, I remained aware that such skills could be misused in the context of research, and I approached this as an important aspect in ensuring ethical practice which respected the research aims as communicated to children. I wanted to make sure that my therapist skills were not misused to encourage expression about areas that the child had not consented to speak about (Kvale & Brinkmann, 2009). In terms of lowering such a risk, research information material emphasised that this research project would focus specifically on gaining feedback on a therapeutic service, and that participants were not going to be asked about their own life stories.

Seeking such a distinction between research and therapy implied ongoing critical reflection on my actions with regard to ensuring ethical conduct. The use of a research diary aided this process.

Informed Consent

This section includes a formal, legal-oriented understanding of informed consent, alongside a consideration of children's consent as an ongoing and interactional process.

In terms of formal consent, the consent of all children invited to participate, and that of their legal guardian, was sought in adherence with BPS (2010) and BERA (2011) guidelines. I understood the handling of informed consent also as observing the child's right to freedom of conscience and thought (Article 14, UNCRC), and as minimising the risk of exploitation (Articles 19 & 36, UNCRC). Children's participation in the research project was only possible if the consent of an adult with legal responsibility for them had been granted. This also applied to children invited to form part of the research reference group. Each of the following were contacted, informed of the research, and asked for signed consent:

- the management of the institution which employed me;
- the National Children and Young People's Advisory Board, in the case of care orders;
- the head of the residential home, for children protected through a court order; and

- the children themselves.

None of the children who met the research inclusion criteria were under their parent's legal custody.

Whilst I understood that in legal terms, custodian consent is primary, children's informed consent was always sought and respected. Should a situation have arisen in which a child withdrew their consent during the research, I planned not to use data related to that child that was generated prior to their withdrawal. However, none of the children withdrew their consent during the research.

In terms of *informed* consent, both BERA and BPS guidelines stress the importance of researchers acting in a manner which enables and maximises vulnerable children's capacity to understand and agree/disagree to voluntarily take part in the research. Thus, I developed research information material (see Appendices B and D) which included:

- an invitation to participate;
- information about the project's design and aims;
- information about the rights of participants;
- a consent form (Appendix D);
- clear information regarding confidentiality and use of data; and
- clear information about how I may be contacted.

This research information material was reviewed by the children's reference group. Moreover, in line with the BPS's Code of Human Research Ethics (2010), information material was piloted with a child "having a literacy level at the lower end of the range expected in the planned research sample" (p. 18).

The information material was also made available to each prospective participant as a PowerPoint presentation with a voiceover recording. The information pack also informed children about their right to withdraw from the research without having to give a reason. The child's right to withdraw from the research was also verbally reinforced during each interview. Children were reassured that their decision to withdraw would in no way impact the service they received.

Alongside the above treatment of consent, in the context of participatory research with young people in alternative care, Renold et al. (2008) emphasised the uncertain nature of informed consent and highlighted the ongoing nature of a process of children becoming participants. Moreover, I was aware that my role as a practitioner may have impacted the children's own perception of their power to consent, and especially to dissent (Hill, 2006). This awareness, reflected in the findings within the theme "Us in Research" in Chapter 6, became even more evident to me when children expressed direct awareness of my PhD studies. Thus, whilst recognising the legal and ethical value of one-off formal acts of consent, I adhered to Harker's (2002) idea of consent as an ongoing and relational process. The following encounter illustrates how the process of seeking consent also became an ongoing, interactional one. In it, I ask Giuseppe – Abraham's selected puppet – about what happens in therapy:

Abraham [quickly asserts, as Giuseppe]: On personal stuff, I cannot tell you ... it's like a secret.

Daniel: Giuseppe, can you tell me a bit what "like a secret" means?

Abraham: Like a secret.

Daniel: Eh, what does it mean?

Abraham: I don't know, don't ask.

I respected this and refrained from asking again. Such an interaction highlights the relational aspect of engaging in informed consent as an intrinsic part of the research, rather than a preamble to it. Thus, children were asked to verbally consent prior to the first encounter, during the initial moments of the first encounter, during the initial moments of the second research encounter, and at the end of the second research encounter. Such a strategy echoes the idea of children being presented with a series of opting-out options (Aldgate & McIntosh, 2006).

Confidentiality

Literature in the field of health and welfare (Emond, 2002; Hutchfield & Coren, 2011) emphasises privacy and confidentiality as central concerns that need to be addressed. Alderson and

Morrow described children's right to privacy in terms of the researcher's responsibility in "avoiding undue intrusion into [the child's] personal affairs" (p. 31). This is especially important in the context of alternative care, where children know that their story is shared by a number of adult professionals. Alderson and Morrow (2011) distinguish this respect for privacy from the respect for confidentiality, which is understood in terms of the researcher's responsibility to conceal the children's identities.

In this study, respecting confidentiality meant ensuring that readers of the final report would not be able to identify individual participants. This informed the decision not to include detailed information on the participants (both children and professionals) which could potentially identify them. It also informed the formation of the data sets as communicated in the section "Applying the Data-Analysis Protocol" in Chapter 4. Moreover, the participants' knowledge of my collegial relationship with the team's therapists introduced further complexity around confidentiality. In view of this, I communicated to participants that their accounts would be anonymised and that pseudonyms would be used in every written report and transcript. Information about the confidentiality of participants' responses was included in the research information material and reinforced verbally in the first meeting with each participant. Moreover, data was stored in accordance with the national Data Protection Act (2002). The full set of transcripts is only accessible to the researcher, his supervisor, and examiners.

With regard to my responsibilities surrounding confidentiality, I also referred to a qualitative research project I had been involved in (Abela et al., 2012) on the experiences of care leavers. As a research team, we had addressed extensive ethical dilemmas around the issue of confidentiality and reports of allegations of abuse by ex-service users. Our legal and ethical responsibilities on mandatory reporting drew us to negotiate with participants with a view to informing authorities whilst still protecting their identity. Such an experience also sensitised me to the added complexity of protecting participants' rights to privacy within a densely populated country such as Malta.

Conclusion

BERA guidelines specifically maintain that “research may be considered legitimate if the longer-term gains outweigh the short-term immediate risks to participants” (p. 14). Whilst the findings in the next two chapters attest to this study’s gains, within this chapter I have attempted to extend the legitimation of this research beyond a harm–benefit balancing act, by considering ethics as an ongoing, interactional, relational, and reflexive process. Alongside this, I have also sought to communicate proposed strategies which address identified concerns and risks.

Chapter 6: Child Data Findings

This chapter and the next present the findings from my thematic analysis of interviews conducted with children (Chapter 6) and with therapists, residential social workers, and care workers (Chapter 7). Within both chapters I will be presenting findings by setting out the themes I derived from my analysis. Vaismoradi and Snelgrove (2019) proposed that in the presentation of thematic analysis “it is expected that the researcher will provide a rich and complex nuanced interpretation of the data as the theme” (para. 16). I seek to present such an interpretation of the data by conveying how through each theme I identify, represent, and communicate a patterned meaning across the data sets which relates to the research questions. I will accomplish this by presenting the categories within each theme where each category results from the aggregation of several codes. I will also refer to some of the actual codes used within the analysis and quote coded verbatim excerpts from the transcribed interviews whilst using pseudonyms.

I also seek to own and communicate my authorship and personhood within the process of data analysis. Within the presentation of qualitative data, the use of language which assumes that themes emerge out of the data and exist independently of the researcher’s subjectivity has been extensively critiqued by Varpio et al. (2017). They recommended that researchers need to “embrace their active involvement in the processes of identifying and developing them [themes]” (Varpio et al. , p. 44). In line with this Vaismoradi and Snelgrove (2019) claimed that the presentation of data within thematic analysis is both descriptive and interpretative.

Informed by such theoretical contributions, the development of themes in this chapter and the next is the result of my search for meaning within a vast data set and my interpretation of data for theme development. Within both chapters I seek to set out my interpretations and reflections about the data, communicating my own thoughts about possible meanings whilst acknowledging my own subjectivity. Moreover, my interpretation of what participants say in the light of information they

shared alongside my own experience of the setting, proposes a contextualised understanding and presentation of the data and anticipates a discussion of the data in Chapter 8.

Such an approach towards presentation of data draws attention towards how the developed themes fit the context within which the study was conducted. Both Polit and Beck (2010) and Vaismoradi et al. (2016) regarded such contextualised understanding and presentation as seminal within the transferability of findings to the readers of qualitative research. This echoes and reflects the seminal consideration of context within this study's aims and research questions.

Within both chapters I also seek to represent ambiguous and idiosyncratic responses which are not coherent with the main explanations within themes. Whilst Braun and Clarke (2016) maintained that single instances of data are not evidence of themes, Mays and Pope (2000) contended that attention to responses which do not fit, or may even contradict or offer an alternative to emerging explanations, help refine the analysis by challenging us to explain or account for such variability. The representation of such individual variations within this data set serves to illuminate the complex and multi-layered nature of participants' views, alongside the impact of my researcher's positioning during data collection and analysis.

I consider such an approach to the presentation of data to be congruent with my epistemological positioning. The study acknowledges that there is a reality which exists independently of our thoughts. Yet this study can aspire to produce no more than a partial account of such a reality, reflecting my beliefs, my history, and my social positioning. I acknowledge that as a practitioner-researcher I seek to understand from a particular position. In line with my epistemological positioning, by presenting my own reflections I aspire towards some distinction between my knowing and the participants' knowing, whilst acknowledging that full separation is impossible to achieve.

Presentation of Analysis of Child Data

In presenting the findings from the thematic analysis of child data in this chapter, I will use concept maps, tables, and transcribed interview excerpts to illustrate and exemplify, through codes and categories, the relationship between themes and raw data. I translated the child interview excerpts from the original Maltese transcription into the English language. Vaismoradi et al. (2016) claimed that the use of models, maps, and storylines can support the understanding of the whole picture of findings and can assist readers in judging the researcher's analytical claims. I will thus be using three concept maps in order to summarise the main findings and to communicate the relationship between different categories. I will also be using tables within the presentation of themes where the reader may need support due to the extensive range of categories.

Guest et al. (2012) remarked that "one potential problem in thematic analysis, particularly when dealing with large data sets, is the loss of perspective" (p. 265). They linked this problem with the concept of data salience or prevalence and advised in favour of researchers communicating the pervasiveness of findings within a data set. Yet Pyett (2003) argued that "counting responses misses the point of qualitative research" (p. 174), as frequency does not determine value. In line with this, Braun and Clarke (2016) criticised attempts to integrate such positivist notions within qualitative analysis in terms of potentially distorting "the assumptions and procedures of qualitative research" (p. 739). Moreover, Vaismoradi and Snelgrove (2019) argued that the quantification of data is one of the defining aspects of qualitative content analysis, by contrast with thematic analysis which according to them aims at "a purely qualitative account of data" (para. 16). Thus, I will not be detailing the number of coded references within a category but will at times seek to clarify the origin of coded excerpts by mentioning the names of the participants. This strategy also draws from the study's conceptual framework in terms of validating the child's voice and their individuality. Reference to the number of

participants is made either to avoid long lists of participants' names or to anonymise the responses, given the possibility of co-workers and colleagues reading this study.

The 11 themes (see Table 6.1) presented in this chapter are the result of an inductive thematic analysis of 29 transcribed interviews with children.

Table 6.1

Main Themes from Analysis of Child Data

Theme	Theme Description
Living and being away from home	Children's felt sense of being away from home, which goes beyond the physical experience of living in a residential setting.
This is me	Children speaking about themselves either directly ("this is who I am") or indirectly ("when I was young I felt small and afraid").
Helpful, confidential, expressive space related to self-awareness, family, and personal issues	Children's understandings of psychotherapy as a space with specific helpful attributes related to expression, confidentiality, self-awareness, and personal or family issues.
Relational, unfolding, and tentative process	Children describing psychotherapy as an unfolding, relational process.
Challenging, uncomfortable, normalised space which child may resist	Children's views about psychotherapy as a challenging space with its own limitations and negative aspects.
Cages, unlocked gates, stomachs, opened hearts, and confused brains	Metaphors used by children to describe psychotherapy.
Therapy, change, and time	Apart from the relationship between change and therapy, this theme represents the act of children speaking retrospectively about the process of therapy.
Who is the therapist?	Children's understandings of the therapist's role and tasks.

Use of creativity and play in therapy	Children's understandings regarding the use of play and creativity in therapy.
Improving therapy	Children's suggestions regarding service development, including the identification of helpful and unhelpful aspects.
Us in research	Research as a co-constructed process with a focus on the child–researcher relationship.

Theme: Living and Being Away From Home

This theme relates to the research questions by conveying the context within which children attend psychotherapy and its impact on children's understandings of therapy. I will present this theme under headings derived from its three main categories: "living in a residential home", "the child's family", and "interrelated spaces".

Living in a Residential Home

Within this category I aggregated four main codes, presented in the following sections.

Challenging experience living in a group

I coded excerpts from interviews with Anthony, Didier, Giorgio, Ian, and Jonas as describing life in a residential home as a "challenging experience living in a group". Anthony explained: "upstairs [in the residential units] there is a lot of maddening chaos, here [in the therapy spaces] no ... because for me loud ... noises ... it upsets me." Among other challenges, Anthony and Didier alluded to behaviour patterns within a group where children got to know about each other's vulnerabilities, especially in terms of their families' histories. Didier explained: "There's people who name-call, it is senseless ... and in truth that person would have a worse-off situation than you would." Referring to these vulnerabilities, Ian exclaimed: "because here everyone went through bullshit".

Losses and powerlessness in residential care

I coded excerpts from interviews with Didier, Ian, Jonas, Lawrence, Robert, and Simone as communicating their experiences of loss and powerlessness. Simone, for example, spoke about the negative aspect of being constrained to conform, and alluded to a child feeling powerless in moving from one home to another. In relation to powerlessness, Robert, for example, spoke about feeling small and afraid in the presence of a particular care worker no longer employed at the setting: “In the house everyone used to be afraid of [name of care worker]. Not afraid [pause] no, shit, it was fear! … We used to be afraid.”

Coded excerpts also convey the sense of loss when moving into residential care. For example Didier spoke about losing aspects of the life he was accustomed whilst Lawrence added: “In the beginning I was kind of angry with everyone because I was brought here.” Ian and Jonas recalled the experience of being spoken about by adults and voiced a sense of losing control over one’s communication. Ian spoke about “a web of sedition … words about a child do the rounds very quickly”. Jonas insisted that children should know what is being said about them because “I think, kind of blabbering behind a child’s back, you will not solve any problems”.

Shame and stigma

I considered the way John spoke about shame and stigma as contributing a significant aspect. I wondered why only one child spoke about these aspects, especially since they are well represented within the local literature (Abela et al., 2012). Perhaps my own identity as a professional employed by the residential setting limited the children’s willingness to speak about this.

John explained: “Look, the thing I hate most is describing myself as belonging to the home. No, man, I hate it.” He contributed the following anecdote:

someone sent me a message [on social media] … he was passing through here with his mother and he asked her what is that? Because he is a foreigner, and she told him that’s an orphan

thing. And he was kind of [gasping sound]. And then he came to ask me, "you live there?". And I told him "no, no, no, no" – I could not say yes No, no, I hate it because people stare 'cause I live at [name of residential setting]. Yes man. Oh no man. Then I came up with the story that it is a club I go to [laughs] and then he told me, "eh ok".

Positive aspects about residential care

I coded excerpts from interviews with Anthony, Didier, Giorgio, Jonas, and Simone as indicating a sense of getting used to living in residential care, at times highlighting positive aspects. For example, Giorgio and Jonas talked about feeling comfortable sharing their life with care workers. Simone spoke of having learnt to start trusting others due to his experience in residential care rather than through therapy.

The Child's Family

Within this category I aggregated codes relating to children's experiences of living away from their family, alongside children's communication about adverse experiences which they related to living with their families.

I coded responses from Robert's, Ian's, and Luigi's interviews as communicating the "distress of not being with my family". For example, Luigi explained: "The sadness that I feel is about when will I go home. My sadness is about not knowing when this will happen." Anthony, Luigi, and Robert expressed positive feelings towards family members. Anthony and Giorgio spoke about wanting unity and serenity in the family. I consider findings within this category as reflecting children's diverse relationships with their biological families. From my experience at the setting, I knew that some children regularly met their families, others waited to be reunited with their families, while some had no or very limited contact with them.

I coded excerpts from eight child data sources as communicating adverse experiences related to the family. For example, whilst recalling a time when he was living with his family, Robert explained:

"before, I was in a lot of stress related to home and mess". He alluded to the significant impact of adverse experiences: "13 or 14 [years ago] and it still affects me." Bob and Giorgio spoke indirectly about trauma through the fictional characters they created while using the Attending Therapy Scenario (Davies et al., 2009) data collection tool (see Appendix H). Bob spoke about a sad child "because maybe, he did not find a family which respects him, who love him and help him, and he found people who rejected him". Some of these coded excerpts also communicate the impact of such experiences on children. For example, Ian explained: "if you were brought up in a place hearing shouting and fighting all the time, you will grow up as a bully even if you do not want to", whilst Bob reflected: "maybe the fact that in his life he tried to trust people and they failed him could influence him".

Interrelated Spaces

Aggregated codes within this category communicate children's views regarding the relationship between three spaces: residential care, their families, and psychotherapy. For example, codes within this category communicate children's references to the residential home and their family as related to each other. I coded excerpts from interviews with Giorgio, John, Ian, and Didier as "in the middle between residential home and family". Ian alluded to the way the child creates meaning around living amid different spaces: "Not one family but three different families, understood? ... You have got here, you have got [the foster family] and [the biological family]." At 17 years of age, Ian spoke about himself as being an outsider within his foster family who has the right to be reunited with his biological parents.

Codes within this category also indicate that inhabiting this in-between space can be particularly challenging. For example, Giorgio referred to the potential complexities which may arise as the child inhabits three interrelated spaces: residential home, family, and therapy. During his interview, Giorgio created a fictional child whom he called Kyle. Giorgio spoke about how Kyle would have disclosed his father's problems to his therapist. Kyle's father, who during meetings with the

therapist would have learnt about the child's disclosure, would then say, "when the child comes home, I will take my revenge because he shared all my problems with the therapist". Giorgio's fictional scenario draws into play a child's loyalties and constructs this in-between space as sensitive and potentially challenging.

Jonas spoke about the relationship between therapy and other spaces in the child's life in terms of a bridge: "that bridge, with therapy." Jonas explained that care workers and his therapist communicated with each other and asserted that he would like to be involved in and informed about these conversations. Charles drew on the relationship between therapy and other spaces in the child's life, mentioning the possibility of the therapist being on a par with the child's significant others. He explained: "[The child] can have the love of his mum and dad, like me, or else he can have the love of his mum, his dad, and the therapist, or he can only have the love of the therapist."

I interpret findings within this category as indicating that the children in this study seemed to co-construct psychotherapy within residential care as a set-apart, specialised space, but also as a normalised, additional relationship, on a par with other relationships in the child's life. I will discuss this further in Chapter 8.

Theme: This Is Me

Within this theme I will present seven categories, as set out in Table 6.2.

Table 6.2*Theme: This Is Me*

Categories	The way I view myself changes as I grow	I have rights, can act, and decide	I am resilient	I am or was hurt	I experienced agitation, anger, aggression, sadness, and stress	I have emotional and expressive needs	I am a helpful, respectful, trustworthy person
Codes	I am growing; and my view changes	I am responsible for therapeutic process; I ask for help; I can exercise agency; I could choose in therapy; I have unmet wishes; I need to assert myself; I should be deciding about me; and I have a right to live at home	I am persevering; I am trustworthy – have become; I have achieved; I know how to cope; I learn; I matured – I grew up; I used to not care; I adapt; and I am like a grown up	I am sad at not being with my family; I could not trust or share; I felt small, ashamed, and afraid; I have a long history; I needed to deal with what was evoked by therapy; I never forgive; and tough memories	challenge of self-regulation; I experience labile feelings; I will not be provoked; needing to act out sadness; and I act or acted out sometimes	I am not so clever; I know positive and negative stress; I need cathartic, physical release; I need to fidget; and I rely on myself	I have trustworthy friends; I help and respect others; I save and help my family

The Way I View Myself Changes as I Grow

Within this category I aggregated coded excerpts from interviews with 11 children who spoke about how they viewed themselves differently now and how, when looking back, they perceived themselves as having changed. Ian explained: "Now you start seeing that everything is becoming more serious." Findings within this category relate to the theme *Therapy, change, and time*, especially in terms of how children located their sense of self, their self-knowledge, and their use of psychotherapy, within the boundaries of time and the passage of time.

I Have Rights, Can Act and Decide

Within this category I aggregated codes from interviews with Bob, Charles, Ian, John, Jonas, Robert, and Simone, in which they spoke about themselves as responsible for therapeutic process and progress, and about themselves in relation to rights and self-assertion.

About being responsible for his therapeutic process Jonas explained: "If you are not open, the therapist cannot, kind of it is like you wasted an hour." Ian spoke about the same thing in terms of owning one's decisions: "you are helping me, but I decide what I want to do with my life". In terms of a self-portrayal as a rights holder, Ian, for example, spoke passionately about his right to live with his biological parents.

Interestingly, within the code "I should be deciding about me" I coded as many as 10 references from Simone's interviews. Simone spoke about himself as someone who finds it difficult to ask for help; "I would want control over stuff, not all stuff but regarding my stuff, I want to take the final decisions and no one else." Perhaps this relates to Simone's needs as a 17-year-old seeking independence. Yet within the code "I have unmet wishes" he spoke about telling his therapist that he wished to invite a respite foster carer to a session. He explained why he thought this never happened: "I wanted it but she [the therapist] was not ready." Such findings contribute to an understanding of Simone's perception of the interplay between self and others in exercising his own agency and exemplify how the child's agency needs to be made sense of within the context of child-adult relational dynamics.

On one hand, I interpret references to personal responsibility within this category as representing children's sense of self-efficacy in their construction of themselves as choice-making, agentic individuals. Yet, on the other hand, I wonder how this relates to children's impression management within research, to their construction of themselves as no longer being children, and to the language of psychotherapy – especially in respect of the value attributed to the act of assuming

personal responsibility. Furthermore, these findings need to be understood in the light of others which show that children's engagement in therapy was dependent on aspects that were beyond the child's control. Children whose words were coded as "I am responsible for therapeutic process", also spoke about themselves as set within contexts and relationships that sometimes limited their own sense of agency.

I interpret findings within this category as revealing a complex dynamic between how the child subscribes to a sense of personal responsibility, their view of their own sense of agency, and how this is set and lived out relationally. This invites a complex and nuanced consideration of agency and selfhood, located within time and set within a relational context.

I Am Resilient

Within coded excerpts in this category, children spoke about themselves as resilient. Simone referred to himself as persevering, while Luigi spoke about achieving change as a challenge: "It is not easy ... but if you are brave within yourself, if you have faith in yourself, you can do it." Within this category I also aggregated codes from interviews with eight children in which they referred to themselves as having changed, describing themselves as more mature and better adapted to life than formerly. Luigi spoke about himself as more able to regulate himself, whilst Didier referred to himself as different from the "one who keeps on doing just what his mind told him to do". John spoke about himself as more able now to engage in conversation, whilst Robert considered himself more trustworthy than before. I perceive such talk about maturity and change as revealing, at times, a need to differentiate oneself from being a child. Yet participants also spoke about this sense of growing up as an accomplishment and as proof of their own ability to withstand and deal with life's challenges.

In interpreting these findings, I wondered about the extent to which these children needed to construct themselves as capable and resilient, perhaps wanting to suggest a success story they may have

imagined I wanted to hear. Yet this interpretation is also challenged by the fact that the same children also spoke about their own vulnerabilities and still facing challenges.

Hurting, Vulnerable, and Went Through Challenges

Within the category “I am or was hurt”, I aggregated codes such as “I am sad at not being with my family”, “I felt small, ashamed, and afraid”, and “tough memories” (see Table 6.2). Didier, Luigi, and Lawrence spoke about themselves as not being able to trust or share, whilst 14-year-old Lawrence said of himself, “I have a long history, anyway, like everyone”. Luigi spoke of feeling very sad at not being able to live with his family, whilst Anthony said of himself: “I remember some ugly stuff, kind of the ugly stuff that happened to me. I remember a bit.” Bob, Charles, and Ian also alluded to the challenge of traumatic memories.

Within the category “experienced agitation, anger, aggression, sadness, and stress” I aggregated codes related to the challenges of self-regulation and acting out behaviour. For example, Luigi explained: “I always felt furious, always angry, always whoever speaks to me I curse him, I was aggressive with everyone … I was a devil, it’s scary”. Anthony, Didier, John, Lawrence, and Luigi all spoke about past difficulties related to regulating their impulses. Didier, Anthony, John, and Luigi also explained that self-regulation remained a present challenge in their lives.

Conclusion

I interpret findings within this theme as indicating that children's views of self reflect their present life circumstances yet also relate to the child's sense-making process as evidenced in their reflections about their past, their growth, and their present needs. Views of self are emergent within a research context and relationship, and are also set within professional practices and discourses. The next three themes focus on children's views of psychotherapy.

Theme: Helpful, Confidential, Expressive Space Related to Self-Awareness, Family, and Personal**Issues**

I will be presenting this theme by referring to its eight categories, as set out in Table 6.3.

Table 6.3

Theme: Helpful, Confidential, Expressive Space

Categories	Helpful space related to support, problem solving, and learning	Expressive, relieving space related to emotions and opening up	Personal, meaningful, reflective, set-apart space related to one's family	Safe, nurturing, reparative, confidential space where you are not judged
Codes	found help; trying to change or solve things; suggests ways of coping; an antidote to aggression; and learning space	a labile, mixed feelings space; containing space; dealing with feelings; expressive, relieving space; feeling empowered to speak out; playful space, not only talking; relieved, relaxed, and free; and space related to talking	is like a secret; not embarrassed to talk about it but one may be; not the same for everyone; deal with family and home issues; meaningful space one is upset to leave; space with its own procedures, expectations, and rituals; and reflective space	being understood; nurturing space; reparative space; restorative, set-apart space; importance of confidentiality; and but it is ok to tell family members
Categories	Space where carers or family members are involved	Space related to self-awareness	Space related to the child's mistakes	Space where one feels happy or good
Codes	being spoken about; carers involved; memorable and enjoyable experience; carers' involvement is a sensitive issue and can be challenging; and useful and positive experience	therapy enhances self-confidence and builds you up; and to know your sadness	do not seek help if you mess it up; and correcting mistakes	fun space

Helpful Space Related to Support, Problem Solving, and Learning

Within this category I aggregated codes which indicate different dimensions in the children's identification of psychotherapy as a helpful space. Anthony spoke about psychotherapy being a helpful space because "you fix stuff, you solve troubles. ... Because a lot of children face troubling issues ... fighting in the family". He would describe therapy to a friend as "it can help him [the friend], it does not solve it for him, it helps me to solve it". Robert spoke how he decided to continue attending therapy "because ... I started getting rid of those small problems, that were, kind of, decreasing slowly and the tension, stress, and such rubbish".

A code within this category describes therapy as "a learning space", whilst another code describes it as "an antidote to aggression". Jonas explained that "without therapy you end up being violent ... if you have problems, you smoke, you drink excessively, you do drugs and hit others". I am intrigued by the extent to which 17-year-old Jonas, who had attended psychotherapy since he started living in care as a young child, perceived it as such an essential component within a child's life. In making sense of Jonas's experience, I wondered about the extent to which, within a residential care context, psychotherapy is co-constructed as a normalised practice within which children are socialised.

Expressive, Relieving Space Related to Emotions and Opening Up

Within this category I aggregated codes from interviews with seven children who spoke about psychotherapy as an expressive, relieving space and coded excerpts from interviews with Didier, Giorgio, John, and Luigi in which they described psychotherapy as a space related to "dealing with feelings".

Luigi spoke about therapy as helping to "fight sadness" (adding, "I come out afterwards, relieved"), whilst also grounded in reality: "you cannot say that after therapy all troubles are sorted, they will still be there, but you feel relieved because you talked to someone". John described this sense of relief as "it's like if I have any worry, I let it out on them, with a person I can trust ... what I had to

say, I got rid of it, so I say ok [quick exhale]." Luigi spoke about this relief as "it is like you are holding half and therapy is holding the other half. You shared it." This category also includes coded excerpts in which children spoke about nonverbal expression within psychotherapy. Luigi alluded to sometimes not feeling like talking and thus resorting to nonverbal means of expression: "You have a problem and you play it out ... where are you going to put it, are you going to place it in the dustbin, within you?"

I interpret findings within this category as indicating that children tended to associate expression within psychotherapy with talking. Though nonverbal expression was considered an alternative possibility, it was viewed as relating to situations in which the child does not feel like talking. In all, nine children spoke about a direct association between psychotherapy and talking. The common-sense nature of such an association was emphasised by John: "Therapy [speaks slowly], the-ra-py, he went there, so he should have gone there to talk." This will be elaborated further within the theme *Use of creativity in therapy*.

As well as those identifying therapy as a space for dealing with feelings, within this category I also aggregated codes which describe therapy as evoking mixed feelings for children. Bob's description of a fictional character's process within therapy contributes towards understanding this:

He feels sad and at the same time joy. Sadness because of the suffering and joy because he is trying to better things, trying ... he found help and ... he found someone who loves him and helps him. ... Sadness because maybe, he did not find a family which respects him, who love him and help him and he found, he will feel sadness because you cannot change the past but, at the same time he is changing to joy. He will feel sadness, it is obvious because he will start remembering and so, at the same time [pause] mixed feelings.

The impact of such mixed, sometimes difficult emotions is further considered within the theme *Challenging, uncomfortable, normalised space which child may resist*.

Private, Personal, Meaningful, Reflective, Set-Apart Space Related to One's Family

Within this category I aggregated codes which highlight the secluded, personal, and private nature of psychotherapy. For example, Simone explained: "It is like the only time when you would be like closed up in a room with another person, when it would be the only time where you can open up your heart or the problems you face." He used to dread the enclosed space and looked forward to exiting the room. The private nature of the space is also referred to in descriptions by Didier, Anthony, and Charles of therapy as a space where one can deal with personal, family troubles. Ian, Jonas, and Mick spoke about psychotherapy as a reflective space. For example, Ian recalled how he used to reflect about paintings he produced during sessions.

The set-apart nature of the therapy space is also communicated within extracts coded as "space with its own procedures, expectations, and rituals". Seven children specifically mentioned the fact that confidentiality is a very important boundary within therapy.

Safe, Nurturing, Reparative, Confidential Space Where You Are Not Judged

Within this category I aggregated codes which highlight children's identification of the safe, nurturing, and reparative potential of therapy, alongside its confidential and non-judgemental nature. For example, Ian explained: "no one will judge you, you feel safe because the words said remain between two." Mick and Anthony spoke about the psychotherapy space as a nurturing space. Anthony said that the therapist "coddles me a bit [giggles] but then ... apart from this we talk." Speaking of his fictional character, Bob described psychotherapy as a reparative space that can partially address unmet past needs:

He found people who rejected him and who do not help, then, when he goes to therapy he felt happiness and he found someone to help him and not someone who maybe in the past rejected him ... not everyone is the same, wanting to reject you or so.

Charles also alluded to this reparative potential: "it is like you are receiving love".

Whilst underscoring the set-apart, nurturing, and potentially reparative nature of psychotherapy, I also interpret findings in this category as communicating the intense, emotional investment in psychotherapy which, within the setting, could be co-constructed as compensating for what is perceived as lacking in the child's life.

Space Where Carers or Family Members Are Involved

I coded the way Didier, John, Luigi, and Robert spoke about their parents' involvement in their therapy, as a "useful and positive experience". Didier explained that if his therapist met his family and carers, it would be positive because she "would know how you are doing". Other children's responses indicate that carers' and family members' involvement is a sensitive issue and can be challenging. For example, Lawrence explained:

It has good and bad aspects. The good is that there would be your mother and she can help you more in your life. ... And it does not help if, for example ... you tell her that I am behaving in this way in the residential home, she would start worrying

Mick referred to the uncertainty of not knowing what was being spoken about in meetings between his mother and his therapist: "You would want to know. Because, obviously, they would be speaking about you."

I relate these findings to child-adult dynamics co-created within the context of residential care, where the sensitive nature of such interactions may be accentuated since the child is living away from home. At times, the dynamics apparent within such interactions seem to reflect the imbalance of power between a child and an adult. Robert shared an episode when he met his therapist and care worker together and recounted how he lied in his presence: "when he [care worker] was there in front of me I used to say that it was true ... because I was afraid of him." I interpret such findings as illuminating the impact of a child-adult power imbalance on the child and the therapeutic process, and the possibility of adults using this power as a method of control within residential care.

Space Related to Self-Awareness

Within this category I aggregated the codes “therapy enhances self-confidence and builds you up” and “to know your sadness”. The first code includes excerpts from interviews with Charles, Ian, and Jonas. For example, Ian explained that in psychotherapy you work on “how you are going to build yourself up”. An example of an excerpt from the second code is Luigi’s statement: “during therapy I went into myself … to see my own sadness”.

Space Related to the Child’s Mistakes

Although this category aggregates only two codes, it sheds light on what I consider to be an interesting understanding of psychotherapy as being related to the child’s mistakes. Mick spoke about how the therapist can help a child become aware of their mistakes by pointing them out and suggesting alternative behaviours. Steve also spoke about the importance of the therapist’s advice in correcting mistakes.

Space Where One Feels Happy or Good

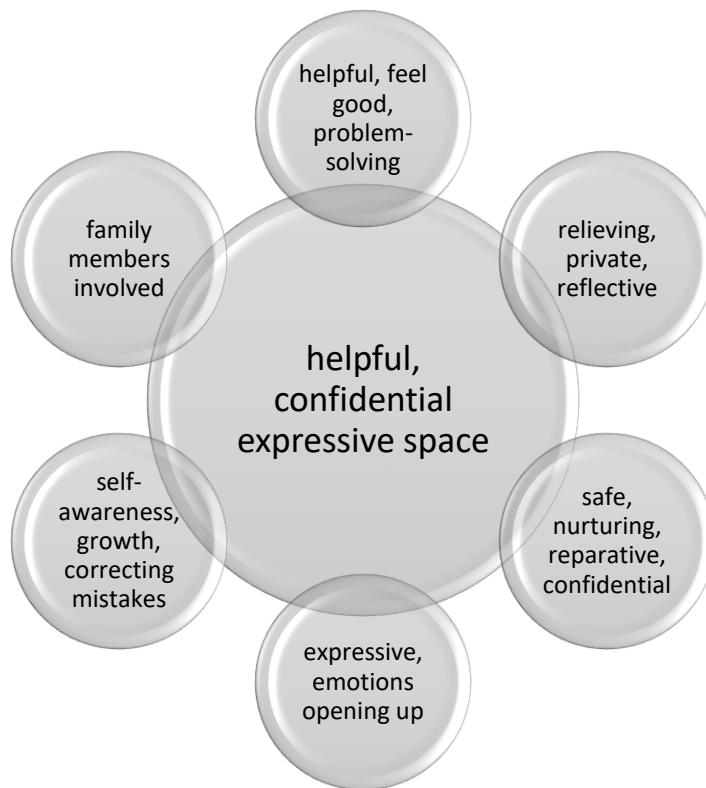
Whilst this is also a rather marginal category, I think it deserves representation in terms of its contrast with the other categories in this theme. Abraham associated attending psychotherapy with “when I am in therapy, I am happy”. Didier spoke about feeling excited during therapy. Giorgio spoke about feeling happy as a desired state. He aspired to go to therapy and tell his therapist that he is feeling happy.

Conclusion

The following thematic map presents the main findings within this theme. It needs to be understood in relation to the other two thematic maps (Figures 6.2. and 6.3) presenting findings within the next two themes.

Figure 6.1

Thematic Map 1: Psychotherapy as a Helpful, Confidential, and Expressive Space



Theme: Relational, Unfolding, and Tentative Process

This theme includes two categories, as presented in Table 6.4.

Table 6.4

Theme: Relational, Unfolding, and Tentative Process

Categories	A developing, active, ongoing, and unfolding process	A relational but also tentative process
Codes	<p>something which builds up and develops over time;</p> <p>a space to reminisce about;</p> <p>feelings change over time;</p> <p>difficult initial feelings;</p> <p>what is it;</p> <p>eager to start;</p> <p>you learn about the process as you go through it;</p> <p>and</p> <p>challenge which develops over time</p>	<p>a tuning-in, noticing process;</p> <p>being with another person helps you understand more;</p> <p>child loves therapist so afraid he may hurt her;</p> <p>relationship depends on who is working with the child;</p> <p>grateful at being able to help my friends;</p> <p>hinting at reciprocity;</p> <p>importance of relational boundaries;</p> <p>shall I, shall I not?;</p> <p>space related to trust development and difficulties;</p> <p>trust seen as an ability;</p> <p>hide and seek; and</p> <p>basis for appraisal of therapy relationship</p>

A Developing, Active, Ongoing, and Unfolding Process

Within this category I aggregated codes which describe children's views and experiences of psychotherapy as an unfolding process that develops over time. Some codes disclose how psychotherapy is described as "something which builds up and develops over time", a process in which "feelings and experiences change over time", and one in which "you learn about the process as you go through it" (see Table 6.4). Anthony's words highlight this sense of a developing process. He explained:

When I was nine, I used to play all the time . . . Then [when] I turned 11 I started talking a bit and then playing. . . . Then at 12, I talk with my mother, that is talk about what happened in the past and then we play a bit again, then when I was 13 the same, at 14 the same but we talk a little more and then when I turned 15, we talk.

Ian linked this sense of development with trust, growing up, and understanding the nature of therapy.

I also aggregated codes which identify an initial stage characterised by “eagerness to start”, yet also “not knowing what it is about”, and “difficult initial feelings”. For example, Robert explained, “at first, I used to feel that it was senseless, but then when I started becoming confident with the therapist, I was alright”. Didier spoke about how “at first I felt bad because I did not know what it means” and used to try to avoid it. Luigi spoke about a progression from “at first, you see it as boring . . . because you do not have the basics of what therapy means” to “I got to know the person, the therapy . . . I do not want to stop, because we are making sense of therapy”. Luigi’s comment introduces a relational element which is represented by the second category within this theme.

A Relational but Also Tentative Process

Within this category I aggregated codes which on one hand foreground the notion of a two-person process such as the code “a tuning-in, noticing process”, and on the other hand communicate a sense of tentativeness within this process, represented by such codes as “shall I, shall I not?” (see Table 6.4). For example, Luigi’s words describe such a two-person, relational process:

When you are alone you say, I am worried about that, it is killing me with worry, but for example if I go to therapy, I have another person in front of me who can help me so that this problem I am facing, this sadness, I would see where it is coming from.

Within this process, John spoke about the therapist’s input: “she knows the child’s character but sometimes even if she does not know him, he gives you [the therapist] a face expression and it’s enough to notice”. Charles, Ian, Jonas, and Luigi demonstrated an awareness of a reciprocal element

within this process. Luigi spoke about how therapist and child are “opening your hearts to each other”. Charles also spoke about intense feelings towards the therapist, “he loves her [the therapist] and he knows that she is helping him”. Abraham, Ian, and Simone spoke about feeling protective towards their therapists, while Giorgio, John, Jonas, Robert, and Simone all talked about how the development of the therapy relationship depends also on the person who is working with the child. In line with the idea of a reciprocal, two-way relational process, John explained: “the therapist needs to get used to you and you get used to him.”

In terms of findings highlighting the element of tentativeness within this process, coded excerpts within this category indicate that children related the tentativeness within the therapy relationship to various aspects. Within excerpts coded as “shall I, shall I not?” Robert, John, Ian, Lawrence, and Didier spoke about risks associated with moments when a child discloses personal issues and starts fearing a break in confidentiality. For example, Ian explained: “But you fear, not fearing that he will do something to me, but you start ruminating, understand? You say, now I told him this, what will he do?” Ian also spoke about fearing the therapist’s retreat or rejection. I also coded excerpts within the interviews of Anthony, Mick, Charles, and Luigi as “feeling embarrassed”. Within excerpts coded as “hide and seek”, John and Charles spoke about needing to hide whilst also experimenting with expression.

I make sense of the dynamic of tentativeness within the therapy relationship as being also linked to the child’s expectations about child-adult relationships. During the second interview with Didier we reflected on the fact that it took him around two years to trust his therapist. He smirked and incredulously told me: “I do not know why I was not trusting, I started thinking of the worst … at first I started thinking that maybe something bad will happen.” This introduces codes from a total of 22 child data sources which aggregate excerpts in which children spoke directly about the development of trust and difficulties related to trusting their therapists.

Within the codes related to trust (see Table 6.4) children spoke about trust both as the child client's inherent trait and as a relational aspect which depends on past experiences but can nevertheless be developed. For example, Bob made sense of a difficulty in trusting as:

[Relationship with therapist] depends on how much the person knows how to trust or not . . .

Maybe, dunno, maybe the fact that in his life he tried to trust people and they failed him could influence him or, depending on what, for instance he trusted someone who revealed everything.

On the subject of developing trust, Didier, Lawrence, Mick, Steve, and John mentioned the importance of knowing that what is shared will be treated as confidential. Luigi described a progression from "I did not even trust my mother and father" to eventually "feeling more [pause] free, without embarrassment to say that I have a problem; not with everyone, to people who are close to me." In line with the idea of progression, Ian linked trust to the notion of change within psychotherapy. "So, you are learning, as you are trusting, you are building a relationship as well . . . you start trusting more . . . and that brings about a change in the character and the self-esteem". John spoke about how for him the experience of trust was related to gender. "I dunno, women, I do not trust them a lot."

I interpret such findings as indicating the children's process of making sense of relational tentativeness in relation to their experiences with their therapists, alongside their thoughts and knowledge about their own and other children's psychosocial context, including exposure to adverse life experiences.

Basis for appraisal of therapy relationship

A code within the category "a relational but also tentative process" aggregates responses in which children appraised the quality of the therapy relationship. This code communicates different aspects within this appraisal. Giorgio, Mick, Charles, and Jonas saw the therapy relationship as two-way process, depending on both therapist and child. The analytic emphasis here is on children speaking about a sense of "us". Giorgio talked about deciding together what goes on in the session, while Mick

said, "we started having fun together". Jonas's explanation adds another dimension to this idea of a two-way flow: "The therapist helped me but then I taught the therapist.... Because the therapist does not have the experience I have. What it means to live a long time away from your parents and move from one house to another." John, Lawrence, Anthony, and Mick also appraised the therapy relationship in terms of being able to express oneself and be understood.

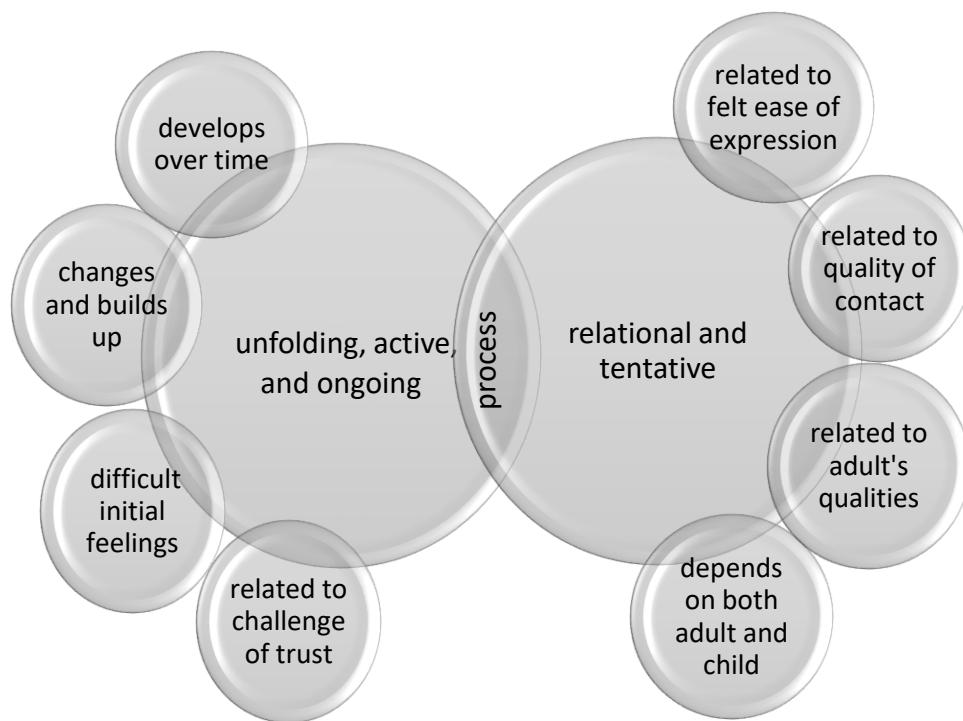
Some children also appraised the relationship in terms of the therapist's professional and personal qualities, including the respect for confidentiality, facilitating the child's comfort, being there, and the felt sense of affinity with the therapist. Robert highlighted personal qualities: "shows you that you can trust them ... He will stay there with you till he helps you." Abraham also related the quality of the contact to personal qualities: "having someone for you, someone who is kind-hearted".

Conclusion

Children's understandings of therapy as a process which is unfolding, active, and ongoing whilst also experienced as relational and tentative, are summarised in Figure 6.2. I interpret such findings in the light of the children's endeavours to unravel, understand, and make sense of their engagements in long-term interventions, where they experienced fluctuating sensations and distinct shifts and developments within their relationships with their therapists. I also make sense of their understandings in terms of retrospective meaning-making, where the idea or construct of a time-bound progression from a meaningless process towards a more meaningful one lends itself to their process of sense-making.

Figure 6.2

Thematic Map 2: Psychotherapy as a Relational, Unfolding, and Tentative Process



Theme: Challenging, Uncomfortable, Normalised Space Which Child May Resist

This theme communicates children's understandings of psychotherapy as a challenging space with its own limitations and negative aspects.

Table 6.5

Theme: Challenging, Uncomfortable, Normalised Space Which Child May Resist

Categories	Challenging, risky, difficult, uncomfortable, at times belittling space	Who sets the agenda?	Space one resists, wants to disengage from	Normal space, no big deal	Space with limitations
Codes	attending therapy is challenging, sometimes tough; bored, afraid, embarrassed, and uncomfortable; challenging behaviour; difficult not ugly; not always agreeing with advice given; not knowing what it is about; worried or upset because of what is evoked; and negative experiences	wanting not to talk; wanting to change subject or get out; not a space for sharing feedback about the process; and space you are sent to or decide to go to	child not telling therapist about own views; child retreating from therapy; not feeling like or wishing to attend therapy; not knowing why; not wanting to comply with expectations; one can play pretend at being engaged; playing along; reluctance to talk; I did not want to open up; and wanted to stop it	casual space for everyday interactions; not worrying if not told who therapist needs to speak to; space to enjoy time away from school; therapy as not malign or harmful; therapy means an additional opening-up space; and a normalised space?	may not result in considerable change or help for child; still sad though I spoke; therapy helps but pain is still pain; and there are alternatives to therapy

Challenging, Risky, Difficult, Uncomfortable, at Times Belittling Space

Within this category I aggregated codes which represent the children's references to psychotherapy as a challenging experience which is at times experienced as difficult or uncomfortable.

Following a general overview of what children meant by challenging and uncomfortable experiences, I will present two codes, one focusing on a specific aspect within children's uncomfortable experiences, the other on their negative experiences within therapy.

Bob, John, and Steve spoke about moments in therapy associated with feeling bored, nervous, or uncomfortable. For example Bob said, "I'm not able to do much [sitting down and talking] because then I get bored." Giorgio explained his unwillingness to open up about problems in therapy: "I think I am afraid to get the truth out". Ian identified opening up about his family as particularly difficult:

Imagine. With all respect eh, I almost, almost do not know you, I do not know you and I start saying my story, the story of my life with you, I do not know what you will be up to, understand?

Luigi echoed this same feeling: "It is difficult because, for example, I am sitting with a person that I do not know at all." Anthony experienced difficulties in terms of feeling embarrassed and distress: "it upset me that I have to speak about my family, especially the persons who passed away." His last point introduces a specific code within this category, presented in the next section.

Worried or Upset Because of What Is Evoked

I used this code to represent children's references to experienced difficulties they perceived as stemming from sensitive matters evoked within the opening-up process. In referring to the fictional character he created, Bob explained:

it's like he was beaten [in the past], he would feel more down and so I think he would say less on that issue rather than on another issue. He would have said some things which would affect him, he would feel bad because he would still be thinking.

Charles also referred to worrying about things he had expressed in a session. Lawrence added that he occasionally felt "angry about what I had said because at times I would have talked about past stuff and sadness, ugly moments ... I would be, kind of a bit sad." Mick and Simone spoke about experiencing

relief when the session was over. Whereas Mick related this to the aftermath of having been challenged by his therapist, Simone associated it with his negative experience of therapy more generally. "Do you know how relieved I used to feel? I used to run out of the room."

Negative Experiences

Within this code I aggregated 23 coded extracts within which six children spoke about ruptures and missed attunement in the therapy relationship, not doing well with and feeling ridiculed by the therapist and feeling treated like a young child.

Simone spoke most frequently about negative experiences. He explained that he felt uncomfortable with different therapists and highlighted some therapists' actions he perceived as serious shortcomings. For example, following a joint meeting with carers when he "did not do well", his therapist told him "listen, I came to the meeting for nothing, and all for your sake. Not for my sake – and she is laughing. So, I feel like that she was ridiculing me." He also recalled being presented with puzzles to solve. "I used to stare at her, kind of are you serious? I used to feel so stupid." Simone described this as:

Babyish ... I told her, "I am not a baby". She told me "that is the puzzle of your life". I told her "the puzzle of my life is a baby's puzzle". Anyway, then I shut my mouth up and I sorted the puzzle in a second and then I stopped and told her "happy now? I did it".

Moreover, he interpreted the therapist's tone as akin to that of an adult addressing a much younger child.

I interpret negative moments described by children within this code as related to a power and control child-adult dynamic, and to what children perceived as the therapist's insensitivity to their needs. For example, Mick described his discomfort when his therapist kept asking him about his challenging behaviour. He explained: "I would be upset because she would be poking into the tender part of me, so I will try to change the subject." Mick's explanation underscores both children's and

adults' power in determining what is processed in therapy. Such aspects are represented in the following category.

Who Sets the Agenda?

Within this category I aggregated codes which communicate children's views regarding setting the agenda within therapy. Some of these codes highlight moments when they felt they could not engage in specific behaviours. Within excerpts coded as "feeling like wanting to change subject or get out" both John and Jonas spoke about the experience of feeling pushed into a particular action. John spoke about a past therapist whom he had worked with when a child:

She upset me. I would be talking about something else and her mind would be focused on mentioning the same thing, on my family and stuff. "How was it with your family, alright?"
Stuff all, I cannot keep on talking about my family. They've got something about the family, can't understand.

Jonas also spoke about the experience of being "pushed to talk":

I would want to express myself with playing, she tells me "no we must talk, we must stop to talk". I would tell her, but today I feel I want to express myself in play, she tells me no, we have to talk. She needs to push to go beyond the line.

I interpret findings within this category as underscoring the need to consider the extent of a child's influence on setting the agenda within therapy, alongside the psychotherapist's reflexive consideration about their own need to explore sensitive areas in the child's life. I also interpret John's and Jonas's excerpts as communicating different layers of meaning. Without minimising the children's emphasis on the impact of an adult-determined agenda, both children were talking about past therapists with whom they had no relationship at the time of the interview. They did this during a conversation with a present therapist with whom they still worked in therapy. Several less conscious issues could have also been enacted within these excerpts.

John also spoke about how children sometimes find ways of imposing their own agenda. He recalled his own behaviour with a past therapist, when:

I did not speak, I used to [laughing] drive her crazy. I would pick up a toy here, then I would pick up another toy [laughing], and then, she used to tell me calm down.... I would make her whole hour misery.

In the second interview John made sense of this in terms of a younger child's acting out. Yet he also acknowledged his intention of checking whether he could get his therapist to give in.

A code within this category, presented in the next section, represents children's views regarding the possibility of influencing the agenda by communicating feedback to therapists.

Not a Space for Sharing Feedback About the Process

In their remarks about children influencing the agenda, Simone, Ian, Giorgio, and Robert highlighted issues which in hindsight they would have wanted to be addressed differently within therapy. During member-checking I asked them why they had not informed the therapist about this. Robert and Giorgio said that it had not occurred to them to share feedback with the therapist. Simone spoke about moments when even if he gave feedback, such as wanting a joint session with his carers, his requests were not accepted:

She tells me for the moment we are not prepared [to meet your carers]. She would not be prepared, not me, but she would claim it in my name. That is something I really do not like, putting something on me without involving me.

Another code within this category, presented in the next section, concerns children's ideas about their own agency within the process of choosing to attend therapy.

Space You Are Sent To or Decide to Go To

Abraham, Anthony, Giorgio, Jonas, and Mick all spoke about wanting and choosing to attend therapy. Lawrence and Simone recalled not wishing to attend therapy at the point of referral. Jonas,

Simone, Didier, and Mick spoke about the possibility of the child being sent against his will. Mick and Jonas perceived “being pushed to attend” as totally negative and said that this will result in resentment. Lawrence did not regret being sent: “No, it was better to be told that it’s compulsory, because otherwise I would have never wanted to attend.” Jonas, Ian, and Robert introduced the idea of inviting rather than pushing the child. Jonas explained how carers approached him: “Jonas you are not well, why? … They did not push me, but I felt that they gave me a spark and then I decided, I said I need help”.

I interpret findings within this code as indicating that dynamics around the decision to attend are indeed complex and nuanced. Simone explained:

Because in my case I started cutting it off as soon as I started, I did not want to, I wanted to outrightly reject it. I would tell my friend to not reject it immediately, to try it out for some time.

During the second interview I shared the above extract with Simone. He described his own words as tough but true:

It's rather challenging for me to figure out that I said those words. I said them even if I did not want therapy. What is good you cannot call it bad, it is true, therapy helped me, and I will not say I went and wasted time. I did waste time, but not completely.

A Space One Resists or Wants to Disengage From

This category aggregates codes (see Table 6.5) within which children referred to active and passive forms of both resistance and disengagement. Ian and Mick recalled moments when they wanted to change the subject because it did “not fit what you want to hear”. Bob spoke about feeling forced to attend and said, “I ran away from my therapist”. Simone alluded to passive resistance when “I will stay playing instead of talking, and then no one would know what happened during therapy.” Lawrence made sense of his initial resistance in terms of a conscious choice in light of a perceived fear related to

the residential context: "I did not want to share my heart. Because I used to think that you all would start to tell on me to the board [Children's Advisory Board] sort of and not just to help me." Robert distinguished between what he saw as a useful engagement in therapy and a less useful one: "I used to run around and play, run and frolic around, then you will take nothing from therapy, except an hour of play."

Simone explained, "I never wanted therapy. [pause] I did not feel like attending, but then they would come for me, insisting on coming up for me, and then I had to attend, then I would spend a whole session not talking." The therapist eventually challenged him about his resistance and "then she gave up on me". He made sense of this as: "She should have continued to support me, bearing with me. [pause] Because then in a way or another I would have gone down [to therapy]. [pause] ... I saw her as she does not want [to continue] as well." Simone's retrospective reflections alongside the sense of ambivalence and complexity within his words exemplify the need for considering multiple layers of meaning within children's views. Infact I interpret findings within this theme as indicating the need for a multi-layered conceptualisation of children's agency and voice, as evidenced through their help-seeking behaviour, children's constructions of their own agency, and children's positioning within a child-adult power dynamic that also relates to the residential context: aspects which I will discuss extensively in Chapter 8.

Space with Limitations

Codes within this category highlight children's views about the limitations of therapy. Simone, Jonas, and Robert thought that although psychotherapy can be helpful, it has limitations. Jonas spoke about the fact that whilst therapy helped him with issues related to his mother, in the case of other desired changes in his life "you need a miracle from God, for it to happen". Robert said that, although "I managed to understand the situation, I have to accept it, I still had to deal with sadness." These

excerpts reflect the nature of adverse experiences in children's lives, alongside children's felt limitations when it comes to achieving changes in their lives which may depend on adults' actions.

Normal Space, No Big Deal

Coded excerpts within this category indicate that within the residential setting, therapy is spoken about between children as a normal space and intervention. In fact, Mick, Jonas, Charles, and Giorgio explained that children within the setting suggest therapy to each other. Luigi emphasised the fact that therapy is normal and sought to distinguish it from a clinical space: "you entered a normal room ... it's like being in the kitchen, like being in the sitting room." Luigi's experience reflects a context in which the child psychotherapy service is nested within the residential context. I make sense of Luigi's comment as communicating an understanding of psychotherapy as normalised and as a very much expected mode of child-adult interaction. His words also seem to reflect the extent to which psychotherapy may compensate for what is lacking in the child's life: "for me, therapy, it's just like another family".

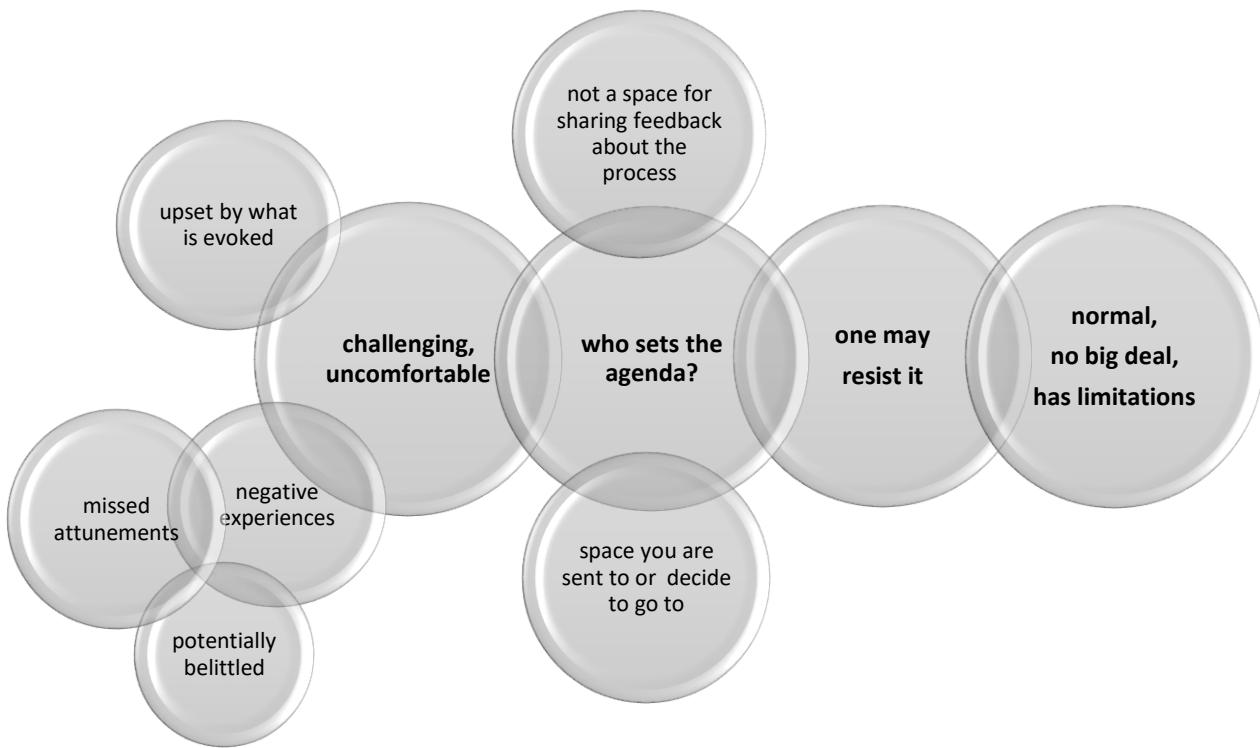
Children also spoke about therapy as being not so much a big deal as an additional, alternative space for opening-up. For example, Mick explained: "It's not only the therapist, you can ask your parents, they help you a lot as well."

I interpret findings in this category as pointing towards the normalised ethos of psychotherapeutic practice within the setting, and the nature of children's long-term engagement with therapists with whom they interact casually at the setting.

Figure 6.3 summarises the main findings within this theme.

Figure 6.3

Thematic Map 3: Psychotherapy as a Challenging, Uncomfortable, Normalised Space Which Child May Resist



Theme: Cages, Unlocked Gates, Stomachs, Opened Hearts, and Confused Brains

Within the presentation of this theme I will use the concept of metaphor to refer to verbal imagery used by children to transfer meaning from external, everyday life or imagined frames of reference, to their experiences of psychotherapy. Hence “we are able to combine two different realms of experience, opening the way for new and different levels of meaning” (Mann, 1996, p. 2). Children’s use of metaphors in research also needs to be understood within the context of the child’s encounter with me as a creative arts therapist who actively supports the use of metaphors in therapy. I will be discussing metaphors in five categories, as presented in Figure 6.4.

Figure 6.4

Metaphors of Psychotherapy



Walking Together (to Go In or Get It Out)

Within this category I coded excerpts which aggregate children’s responses making use of the metaphor of a joint journey or endeavour. For example, in referring to psychotherapy John used the phrase “because we are really walking on together”. Ian highlighted the cooperative aspect: “That’s

teamwork. It's like you [speaking to me as his past therapist] are a player and I am the captain of my own story." Within this joint journey Robert refers to the therapist: "who will get it out of me ... in the beginning I did not, I barely spoke, kind of to talk he [the therapist] needed to pull it out, lift it out of my stomach". Children talked about the process of accessing an inner space as taking on different forms: going in or getting something out. When I invited Luigi to elaborate on his initial description of therapy as "getting into him [the child], into his body ... to see", he explained:

It means getting into my inner space . . . If a person gets into my inner space they will see where my flesh is dead, with stress, with worries, with thoughts – and then you would also see the positive bit.

I interpret this group of metaphors as depicting a sense of inside and outside spaces and how the act of psychotherapy, as a two-person process, relates to these spaces. This anticipates the second category.

Entering the Mind

Coded excerpts within this category communicate children's references to the metaphor of "entering the mind" and relate it to the experiences of distress, confusion, or enabling change. Giorgio, for example, explained that when a therapist asks a fictional child whether he prefers to live with his family or in the residential home, she would be "starting to enter his mind" and then the child would start ruminating about this: "because he would not be able to say when it entered my mind, I want to try and get it out of my mind". Ian used the term "an hour of sadness" to refer to the distressing content of what is being processed, before speaking about the need to mitigate the impact of this process: "you should not let that hour of sadness affect all your day or your whole week."

The inner mind-space was also spoken about in Luigi's first interview, as "confusion in the brain". During member-checking Luigi explained what this confusion meant to him:

I would have a thought in mind, when I speak in therapy it would turn out in another way, or for example the answer in my mind would be wrong, when I go and speak in therapy it turns out another answer. That is why confusion in the brain.

I interpret Luigi's words as indicating that for him, confusion referred to the experience of a change-enabling process and the uncertainty within such a process.

An Unfolding, Building-Up Process

This category echoes the sense of progression presented within the theme *Relational, unfolding, and tentative process* and includes the codes "building a tentative story" and "going up steps one at a time". For example, John described a tall staircase: "you are not going to climb up straight away, because you will never make it because you will fall back and fall ... So, step by step." Lawrence also spoke about the uncertain nature of inhabiting an unfolding process.

From Closed to Open

This category communicates the imagery of a progression from that which is locked and heavy towards opening up, lifting, breaking down, and finally a sense of release. For example, Luigi spoke about the initial phases of his psychotherapy engagement:

Before, I was closed up as if you had a closed gate [pause] which means closed up within myself, meaning I was closed but now with therapy I received a lot of support, meaning this gate was broken, it wasn't just opened, it was broken open.

Luigi also spoke about therapy as lifting a heavy weight from the pit of one's stomach: "You talk it out, you have to take the first step, you need to be the king of the weight." I also note Luigi's association of release with the act of telling someone: "If you do not tell someone it will remain a weight on top of another weight on top of yet another." John contributed the image of an eruption: "I erupt, I release, and I say it to someone else, it is like at least somebody knows it."

Coding these metaphors sensitised me to a central image: the polarity between “holding in” at one end and “opening up” at the other. Children’s frequent references to “opening up” suggested coding it as a further metaphor describing psychotherapy.

Opening Up

This category aggregates codes which communicate references to the metaphor of opening up, which children frequently associated with sharing your heart. For example, Mick associated opening up with saying what you feel: “You go into therapy; you can open up your heart and say what you feel.” Charles explained that opening up means: “To have a really good chat with them, to have a good discussion.” As I coded excerpts, I noted the link between opening up and talking. For example, Ian described opening up as saying the truth about yourself.

Codes within this category, presented below as separate sections, convey both children’s understandings of opening up, and how it becomes a possibility within therapy.

Opening Up Can Be a Positive Experience but Also Challenging

Charles, Luigi, Lawrence, and Robert associated the process of opening up with healing and change. For example, Lawrence explained: “Like I can open up my heart with someone and afterwards I feel better.” Luigi added: “the feeling you feel afterwards is enormous. [pause] Yes, of course you would have loads of trouble, you cannot say that after therapy all this is healed; it will still be there, but you calm down.”

Whilst these findings bear witness to children’s experience of opening up as a relieving experience, children tended to assume a causal relationship between opening up and a sense of release, without much consideration for how opening up contributes to relief. They subscribed to the co-constructed knowledge that the two things must “obviously” be connected and related.

Although 10 children described “opening up” as a difficult process, findings within the next sections contribute to an understanding of children’s views regarding how opening up may happen in therapy.

Talking and Opening Up Related to Trust and Relationship

Excerpts within this code communicate how the children tended to equate opening up with talking and at times used the terms interchangeably. Steve explained: “I did not like talking, I only used to want to play. Then trust sprouted … this trust towards the therapist, and I started talking as well. I started feeling better.” Luigi explained, “You will build a relationship with them [therapists], which means talking with them, opening up your heart with them, feeling free with them.”

Someone Needs to Get It Out of You

Excerpts within this code emphasise the therapist’s action within opening up. For example, John explained: “If you have got something on your mind, do you understand? You need someone to pull it out.”

Depends on Child’s Mood

Excerpts within this code suggest that opening up seems to be also related to the child’s immediate context, including the child’s mood and their abilities. For example, Abraham explained: “Depends on my mood. [pause] If I am angry, I talk and if someone annoys me, I will punch them, if I am happy I will play.”

Talking and Opening Up as Developmental Abilities

Coded excerpts from Anthony’s and John’s interviews communicate their understandings of talking and opening up as abilities which they acquired as they grew up. For example, John explained: “The most important thing now, obviously is to not play all the time. That is the way I was when I was little, but obviously to have time to talk, to reflect a bit.” This developmental consideration might also

reflect the fact that both Anthony and John were adolescents who, within the interviews, talked about themselves as “grown-ups” rather than children.

Related to Gender

Coded excerpts from interviews with Robert and Jonas highlight the relationship between gender and opening up. For example, Jonas explained: “If I need to say stuff that is about man stuff ... stuff that I feel embarrassed to say in front of women, I would not say them, I kept them inside.”

Related to Knowing What Therapy Is

Excerpts within this code describe how the child’s knowledge about therapy is another factor impacting opening up. For example, Robert spoke about how, when he was younger, he did not make good use of therapy as he did not know what it was about.

Conclusion

As I coded excerpts within this theme, I noted a sense of polarity – but also of transition – between the states of “barely speaking” and “saying everything”. This polarity emerges within several metaphors in this theme, as therapy is portrayed as a transition from closed to open, from not saying anything to saying everything, and from heavy to light. Children also spoke about talking, in particular being able to say everything, as a desired behaviour in therapy. In Chapter 8 I will consider the extent to which such expectations are also learnt and co-constructed, both with the therapist and with me during the interviews. Moreover, I will consider the value of these metaphors in terms of communicating somatic sensations which represent the intensity of children’s experiences and convey the *felt sense within psychotherapy*.

Theme: Therapy, Change, and Time

This theme presents the intersection between time and change in psychotherapy. Categories communicate children's voiced expectations regarding psychotherapy, the progression of the therapeutic provision, and the process of children who, within the here and now of research, looked back at past experiences in therapy.

Children's Expectations

Within this category I aggregated codes which represent children's references to specific expectations: to understand, to get help with decision making, to access a nurturing space, to change behaviour, to receive advice, to deal with feelings, and to solve problems. For example, Luigi explained, "what is important to me is one thing, to see who I am", to which Simone added, "my development, so for example feelings, if it is normal to have feelings which are different from the norm." Whilst referring to the fictional character he created, Bob elaborated on the meaning of understanding the past:

The therapist may help him switch certain things he faced when he was young ... so that they will not affect him throughout his life. And he would know how to face them and so even when he thinks about it, it will not affect him. You say the past is past.

Findings within this category include references to goal-oriented expectations, yet also relate to the complexity of changing expectations. For example, when asked about what he wanted from therapy, Ian replied:

So many things occurred, a lot of stuff which I wished for ... one kind of goes against the other ... meaning I spent time telling you that I wanted to go home forever. There was a time when ... I wanted to come live here forever. ... Meaning, always something different.

Ian's response contributes an insightful commentary on the complexity around changing expectations which he reflected upon in retrospect.

This category also includes the code “unmet expectations”. For example, Jonas spoke about the fact that he expected to deal with his feelings related to the death of family members: “but [resolving] the death of family members is difficult … It did not happen.”

Therapy and Change

This category collates codes, presented in the next sections, representing children’s views about the relationship between therapy and changes in their lives.

Changes in Child’s Self-Regulation, Behaviour, and Awareness

Nine children spoke about experiencing changes in their behaviour related to managing anger, calming down, decreasing aggression, being more in control of impulses, becoming more reflective, becoming more aware of others, and expressing oneself. John explained, “Oh God, I calmed down a lot [pause] kind of; before I did not even have the patience to sit down [pause] even if now I still fidget here and there.” Robert explained: “It made me think before I say or do something, and that was really important for me.” Luigi, John, and Ian communicated an awareness which seems to have developed over an extended engagement in therapy. Ian explained:

But therapy affected me … if you tell me I love you before I did not even notice it, now, kind of, I notice. If before I did not use to share stuff, now I try to do my utmost to share. If before I used to bully others, now I hold on to anger and talk it out, I do not let it out on others.

Changes in Child’s Internal World

Steve, Charles, and Robert spoke about the experience of feeling happy after sessions. Yet the children’s accounts of change went beyond the immediate experience of positive feelings by alluding to a process which linked to their inner experiences. I coded responses by Didier, Ian, John, Jonas, Lawrence, and Robert as “overcoming issues and understanding self”. For example, Lawrence spoke about a change in terms of how he understood his life. Didier and Jonas spoke about changes in their attitude towards others, whilst Luigi said, “I got to know who I am, that is, what I am capable of”.

Simone's response testifies to a supportive experience which echoes an internal process of awareness and change:

I understood that you can never solve a problem on your own. You have to have someone with you even if only as a cushion behind your back, kind of then they turned me into a better person because I understood that it is not because people are harsh but because I was harsh with myself.

Ambivalence Around Change

This code communicate a sense of ambivalence around thinking about change as a result of therapy. For example, Giorgio created a fictional child, Kyle, who experienced a high degree of conflict in his family. Giorgio was not sure how therapy could bring about change in this child's life. For Giorgio, problems at home "can be sorted or may not be sorted ... he would still have some problems". Giorgio's response highlights how the limited impact of therapy may also be understood with regard to a lack of actual changes within the family. I interpret this in terms of the need to consider the impact of the child's wider, family context on the child's understandings of change attributed to therapy.

Children's Explanations Regarding What Does or Does Not Bring About Change

This category represents children's views regarding change attributed to children's actions, therapist's actions, relationship with therapist, and the child's development in time. It includes 30 references from 17 child data sources which communicate how children viewed change as related to how the child makes use of therapy. For example, Bob explained: "It [therapy] brings a bit of change for you but then it depends on you ... because for change, you choose if you want change or not ... not the therapist." Jonas explained the difference between the therapist giving the child tools and the child using them; "kind of you gave him tools, depends on the person how he will use the tools then". He

emphatically asserted, "the therapist is not God". Additionally, Robert explained: "therapy made me understand a lot and kind of made me be more patient with everyone".

Whilst the above excerpts highlight the child's pivotal actions, Robert's response, alongside Simone's use of "therapy turned me" in the previous category, adds an additional layer of meaning to the notion of the child spoken about as active, central, and responsible in bringing about change. In interpreting the significance of excerpts highlighting the child's decision-making and agency, I wondered about the extent to which children's explanations are also related to how they chose to construct themselves to me during the interviews. This is considered further in Chapter 8 especially in the light of findings within the theme *Us in research*. Moreover, whilst within this category children spoke about their own agency as a principal factor within their understanding of change, previous themes highlighted how children's presentation of their own agency needs to be understood also in the light of child-adult power dynamics in psychotherapy and how these mediate children's agency. This too will be further discussed in Chapter 8.

In explaining how change takes place, Jonas, Ian, and Luigi also attributed change to the impact of their relationship with their therapist. Anthony, Bob, and Simone spoke directly about the impact of time. For example, Bob explained: "He will sort it out over a number of years. Attending once does not mean he changed everything. A certain amount of time has to pass." Bob spoke about the passing of time as necessary for the child to gain awareness. The impact of time is also evident in the code "looking back I evaluate it differently than when I was in it". Whilst Simone was very critical regarding psychotherapy and referred to the therapist giving up on him, he wished that she had continued to support him:

I think that at that time no but this time I think, at present, yes I think if she had continued to support me and had she been patient with me and had she not given up on me, I think I wished her not to stop.

Yet our reflection on these words prompted the following exchange:

Simone: Really and truly it is only now that I see it in this way.

Daniel: Had I asked you this question three years ago or two years ago, what would you have told me?

Simone: I would have told you to get lost.

Simone's responses here indicate that time mediates children's perception of therapy and of their own needs and expectations. I interpret such findings as suggesting that the research experience can be understood as an endeavour which sets an analytic lens on a child's understanding at a point in time and from a particular vantage point.

Theme: Who Is the Therapist?

This theme communicates children's views of the therapist's role, including professional activities alongside relational and human attributes. I will present it in terms of its nine main categories.

Acts in a Professional Role

This category aggregates codes in which children refer to the therapist's academic preparation and to professional role-related duties such as communicating with carers and respecting confidentiality. Children used such references to differentiate the therapist's role from that of a friend. For example, within the code "a secure friend but not like any friend", I coded Jonas's words as conveying a sense of relational closeness within boundaries: "You will not have that boundary like when you go out with a friend, but you build a relationship with a friend in a different manner. Kind of in a professional manner, somewhat formal."

The code "someone who works on you" includes excerpts from interviews in which Ian, Jonas, and Luigi alluded to the therapist's formal actions, highlighting an impactful, agentic professional acting on a more passively described child. Ian explained, "the therapist would be turning the boy or girl into a man or woman". Such a construction represents the adult therapist's actions related to their

professional role, along with what I interpret as the children's lived vulnerability.

Therapist as Guide

Within this category I aggregated codes which refer to the therapist as someone who "offers guidance, gives advice, shares solutions". Jonas, John, Giorgio, and Robert talked about therapists suggesting ways of coping and offering solutions. Robert, for example, spoke about expecting solutions from his therapist. These responses suggest a very active, guiding therapist's role akin to codes within this category such as "opens the child's eyes" and "shows you mistakes and corrects you". Both Ian and Mick referred to their therapists correcting them. Mick appraised this as helpful; "she corrects you; she would not be doing something bad, kind of she would be doing something good and helpful". The guiding role is also explicitly acknowledged in direct references to the therapist's teaching role by Anthony, Charles, and Jonas.

Human

Codes within this category describe the therapist as "a normal, non-clinical person", "someone who may become angry", "someone who has limitations", and one who "needs a therapist for him". For example, Luigi emphasised that the therapist is different from a doctor and sought to present the therapist as "a normal person".

I interpret responses within this category as children referring to, alluding to, and constructing, the therapist's humanity. For example, Robert spoke about the therapist's vulnerability. "Because obviously the therapist needs a therapist for himself. He would have heard all those problems; his mind would be blasted." Simone said that at times his past therapist used to self-disclose. He saw this as normal and being human. Yet, he did not experience it as helpful. Also, Anthony, Didier, Jonas, and Robert spoke about the therapist's limitations, which I interpret as suggesting the natural fallibility of the therapist's human nature. Moreover, Abraham and Charles alluded to occasions when they felt that they wanted to take care of their therapists.

Relational Attributes Related to Nurture and Care

Within this category I aggregated codes in which children described their therapists as “a person for me, gives me attention”, “encourages me”, “kind-hearted and gives permission”, “takes care of me”, “reassures me and calms me down”, and “understands and is flexible”. For example, Jonathan, Anthony, and Charles recalled moments when their therapists cared for them by calming them down, whilst Mick and Abraham highlighted the element of giving the child space and permission. Steve spoke about the therapist’s role as “she coddles him”. When I asked Steve to explain what this meant to him, he replied: “she does what he [the child] tells her, activities, he does what he enjoys, she does what the child enjoys [pause] she gives him enjoyment.” This portrays an adult acknowledging, respecting, and creating space for the child’s wishes. I interpret this as indicating that nurture and care between a therapist and a child are also constructed in terms of the adults’ sensitivity regarding who gets to influence what happens within the interaction.

Feelings-Oriented Person You Open Up To

Codes within this category highlight the therapist’s role as someone you open up to, on an emotional level. For example, Anthony spoke about his therapist as knowing everything about him because he opened up to her. Giorgio described the therapist as someone who would ask about feelings. Interestingly, Steve, Robert, and Bob spoke of the therapist as someone able to change the way the child feels. Bob talked about moments when the child could be upset about what is processed in therapy and suggested that the therapist needs to do something: “you can make him happy.”

Sensitive and Does Not Push

This category includes the codes “acknowledges child’s wishes and acts on them”, “is sensitive to child’s expression and offers alternatives”, “notices what may not be obvious”, “waits, invites, does not push”, “does not manipulate the talk”, and “trusts the child”. For example, Lawrence referred to the therapist offering alternatives regarding how the child might communicate in therapy: “He tries to help

you in every possible way, because I would repeatedly show that I would want to say something, but I would not speak it out." I interpret this as the therapist being sensitive towards the child's preferred mode of expression, including what Charles referred to as the therapist's ability to notice: "To notice, it's like you see him, it pops up in her [the therapist's] mind, she says he is like that ... and she checks whether he is really [feeling] like that?"

I also make sense of findings within this category as communicating an awareness of who influences the therapeutic process, whilst highlighting the adults' sensitivity towards this "influence". For example, after speaking about the experience of painting during therapy, I asked Ian about what the therapist did whilst he drew. He clarified: "Not much [pause] he used to ask about the painting itself, he did not attempt to turn it around, understood? He did not turn the subject around." Additionally, Ian described the therapist's reaction when he did not answer a question: "He waits [pause] he did not use to probe and bother me." Ian highlighted the need for such sensitivity: "what he [the therapist] does definitely well is when he allows someone to back off if they do not feel like it, kind of you've got to give him his freedom". Whilst I note Ian's appraisal, I am fully aware that he was speaking to me during the interview and I was his therapist.

Control Within the Therapist's Role

This category aggregates responses in which children spoke about controlling and restrictive aspects within the therapist's role as a powerful adult. For example, John explained: "[therapist] used to give me consequences ... five minutes when you cannot enter the [therapy] room. Why?" Giorgio also spoke about the therapist as having the power to send a child to another residential home. Whilst changes in the child's placement require a review process which does not depend solely on the therapist's assessment, it is interesting that Giorgio attributed such power to the therapist. This is akin to Didier's initial notion that his therapist could "take me away from my family". At other times, the adults' control is spoken about in an indirect manner and only in terms of its potential impact. For

example, I coded references to their therapists by Ian, Jonas, and Simone as “a person who may choose a course of action which does not follow the child’s wishes”.

I interpret findings within this category as indicating the need to make sense of psychotherapy in residential care by referring to adult–child relational dynamics set within a context in which the child experiences and develops ideas regarding adults’ power in determining where and how he should be living.

Challenging Role

This category aggregates codes which communicate children’s awareness of the challenging aspects within the therapist’s role. I coded excerpts from the interviews of Giorgio, Mick, John, and Luigi as describing the therapist’s as someone who “may ask embarrassing hard questions”, “may need to share bad news”, or “may ask child to make difficult choices”. Interestingly, Luigi also spoke about the therapist themselves perhaps having to face challenging dilemmas:

If you [the therapist] have a child who confuses you a bit, he will tell you next week I will go and jump off a building, for example … what will I do, how am I going to stop him....

This response communicates the child’s awareness of the therapist’s own internal process. I interpret this both in terms of the child’s construction of a relational dynamic in which the child is also mindful of the adult’s process, and as exemplifying the child’s acculturation and socialisation into the language of child psychotherapy.

May Not Be Helpful

Codes within this category construct the therapist as a person who “may become angry”, “may miss the child”, “may upset the child”, and “says loads of bullshit”. Simone and Anthony spoke about “missing” the child in the sense of the therapist not really knowing what the child likes. Giorgio and Simone spoke about the therapist as someone who may upset the child when asking particular

questions. A comprehensive presentation of unhelpful and challenging aspects is included in the themes *Improving Therapy* and *Challenging, uncomfortable, normalised space which child may resist*.

Conclusion

I interpret findings within this theme in terms of children's constructions and experiences of therapists as sensitive, professional, and human – professionals whose actions are also to be understood in the context of a potential underlying power dynamic. This will be discussed further in Chapter 8.

Theme: Use of Creativity and Play in Therapy

This theme includes eight categories: "use of play is fun"; "play related to outside reality"; "helps opening up"; "contributes to safety and containment"; "helps motivation and relationships"; "play related to the child's age"; and "not seen as conducive to therapy"; and "awareness of diverse modes of expression". Rather than present each category, I will describe how findings within this theme communicate children's understanding of the different functions of creativity and play in psychotherapy, with a focus on the interactions between talk and play, and between play, trust, and the child's age.

Different Functions of Creativity and Play in Therapy

Findings within this theme communicate children's understandings about the functions of creativity and play in psychotherapy in terms of contributing to safety and containment; facilitating communication and relationship with the therapist; enhancing the child's motivation; enabling enjoyment and fun; enabling a connection with a child's inner reality; providing some distance whilst supporting expression; and providing an alternative means of communication when talking becomes uncomfortable.

Within the category "contributes to safety and containment" I aggregated coded excerpts from interviews with Bob, Didier, Giorgio, Ian, John, and Simone. They spoke directly about how play and creative expression contributed to safety, self-regulation, calming down, and containment. Within the

category "helps motivation and relationships" I aggregated coded excerpts from interviews with Charles, John, Jonas, Lawrence, Luigi, Mick, and Steve. For example, Lawrence explained: "as you play a bit you become more friends with the person with whom you are talking." Jonas, Luigi, and Mick spoke about the function of play in terms of enhancing the child's motivation to attend therapy: "It would not be so interesting if you only talk". Yet, Luigi explained that play is more than just fun. He explained that playing with a puppet:

Gives me joy, for example in the session I would open his mouth and laugh, it would be like listening to his voice, the puppet voice in my words ... there is Luigi in the puppet, he does the talking about the problems which I face.

Thus, play for Luigi held a potential space which, whilst providing some distance from the child's story, expressed and reflected his inner world.

The sense of play enabling a connection with a child's inner reality is also represented in the category "helps opening up", which includes codes from interview excerpts with Bob, Charles, Luigi, and Simone. Simone recalled a memory of his play engagement:

I used to build a house and set it up as I wished I used to sit down and start playing with stuff because I used to feel a bit lonely.... So, I used to throw all the stuff, I used to put them there.... When I moved from one flat to another, I did the same ... the house always remained a symbol of myself.

Simone referred to the helpful element in being able to "put" or transfer aspects of his own experience onto a play object. Bob linked the use of creative media with the child's comfort within expression: "Not everyone knows how to speak with words, but either writing or drawing, maybe he does not feel comfortable speaking, so he carries on in another way." Luigi explained his use of role play: "we used to do that, I would forget my problems but through another character; I would say now I am Mr Bean."

Luigi's references to his use of role introduce what I perceive as an important relationship between creative expression as enabling an alternative engagement with inner reality, and creative expression as enabling diversion – "I would forget my problems" – from inner reality. Ian elaborated more on the function play to deflect and divert attention. During our second interview I invited Ian to elaborate on moments when he said that he felt he needed to "free myself" from particular conversations in therapy. He explained: "Imagine [pause] at that point I would not feel like talking about that. I would run away through painting, understood? I free myself with painting [pause] or play football. I escape the conversation, as it would be upsetting me." At another point, Ian added: "Because with drawing and stuff, you start running away from the situation, so you get rid of it."

Play, Trust, and the Child's Age

Within the category "play related to the child's age" I aggregated codes from interviews with Anthony, Charles, Luigi, and Mick. Anthony explained: "I grew up, meaning I am not for playing, kind of [pause] I talk.... Kind of when you were small you would want to play, till you grow up." It is important to note that whilst all participants were between nine and 17 years of age, seven were aged between 13 and 15, whilst six were 16 or older at the time of the interviews. For Mick and Anthony, being able to say that they no longer played like children seemed to communicate their new identity as adolescents.

At other times, children spoke about the ability to talk within therapy as evidence of their competencies and the progression of the therapy relationship. Charles explained: "Because then you start saying I prefer talking. Or else because, for me, the relationship improved, and I got to know more my therapist." Luigi experienced being able to speak directly, rather than through play, as a significant accomplishment. He said that when he started feeling supported enough in therapy, "I found a lot of courage to speak without the puppet". Whilst I think it is important to contextualise this within a consideration of the participants' ages, I interpret these findings as providing an important and nuanced

commentary on the dynamic between play, talking, and the therapy relationship, especially as related to the children's perception of their own development in terms of age and their process within therapy.

Within the category "creativity and play not seen as conducive to therapy" I aggregated codes from interviews with Ian, John, Jonas, and Steve. For example, John recalled his extensive use of play as a younger child. Yet as he grew older:

I realised that, kind of, it's useless, you go there playing and you go to therapy with a person you do not trust, I mean therapy has to be a person that you trust well. And you will not play all the time, understood?

John's comment highlights the significance of trust and how it impacted his use of play. Moreover John elaborated: "Because therapy is not there, you can stay at home to play." He explained:

John: I have to have time for talking, the fact that I stay playing and the like, the more I play, the more I get used to it.... The day after I play again, the day after again ... but without words, the therapy space is not used well.

Daniel: But can't play be therapy as well?

John: What?

Daniel: Play?

John: I did not tell you to get rid of play completely, but you know, not all the time, every day, every week that we have therapy, all the time, understood? Otherwise you will get nothing from therapy.

I noticed how quick I was to respond to John's explanation. This reflects the extent to which I felt challenged by John's critical appraisal of play, which I heard as not fitting with my professional beliefs. My reaction also blinded me from considering how John's comment also pointed towards the kind of play which is most useful at different points within the development of therapy and the child's developing awareness of the functions of play within therapy.

A Talk–Play Continuum

Within the category “awareness of diverse modes of expression” I aggregated codes which refer to instances where the children spoke directly about different modes in which a child could express himself in therapy. For example, Luigi explained: “Someone might talk with puppets, like me, there are others who talk normally … there are those who use the whiteboard, they draw and write.” Jonas related expression to his own personality: “I am not one who only talks and goes on and on and on and on. I draw, play, work with clay. I think the best therapy is not sitting down and talking for a whole hour session.” Giorgio, Abraham, and Mick explained that they used to play and talk concurrently. On the other hand, Steve and Lawrence spoke about play as a separate space from talking. Lawrence explained: “You have a period of enjoyment after you would have talked and shared your heart and you would be able to play a bit … you try to forget and play a bit.” His comment draws a contrast between the enjoyment of play, and talking. I interpret Lawrence’s comment also in the light of his previous references to times when he experienced talking about personal issues as upsetting.

When considering such findings in relation to other categories within this theme, I interpret findings as indicating an interplay between children’s use of verbal communication and play in psychotherapy. The way this interplay is talked about suggests the idea of an expressive continuum, with complete reliance on playing at one end and the exclusive use of verbal communication at the other.

Conclusion

I also interpret findings within this theme as highlighting the need to evaluate and problematise the use of play and creativity rather than merely assume their a priori therapeutic significance. Such a need for evaluating play will be discussed in Chapter 8 also in terms of considering the relationship between the functions of play for a child, the development of trust within the therapy relationship, and the child’s understanding of their own development and use of play.

Theme: Improving Therapy

This theme communicates children's views regarding helpful and unhelpful aspects of therapy, alongside concrete suggestions regarding improving services. The six categories within this theme are presented in the sections that follow.

Relationship with Therapist

Within this category I aggregated codes which communicate helpful and unhelpful aspects identified by children in relation to their relationship with their therapists.

I coded excerpts from the interviews of Anthony, Bob, Charles, Jonas, Luigi, Mick, Robert, Simone, and Steve as "helpful to get to know the therapist and develop contact with them". Robert perceived the felt closeness as particularly helpful, especially in knowing that he could trust the therapist. Luigi concluded that he felt comfortable in therapy "because I got to know the other person" and welcomed a non-clinical approach: "I feel comfortable with a person who is just like me." Some children also spoke about the value of getting to know their therapist outside the boundaries of therapy.

As regards unhelpful aspects, John, Jonas, Luigi, and Bob spoke about the negative impact of working with a female carer or therapist. When speaking about what helps a child feel comfortable in therapy, Bob explained that: "being a woman or a man also makes a difference". John spoke about his personal difficulty in trusting women, while Luigi explained that he felt more comfortable working with a male therapist because "we would have more in common". Jonas spoke about feeling more comfortable with a male therapist because it enabled him to speak about sexual development. Robert also highlighted the issue of speaking about sexual development and explained that it was helpful that he was offered the choice of whether to work with a male or female therapist.

Child's Options and Expression

Among unhelpful aspects related to the child's expression, Anthony spoke about how difficult he found it to talk about sensitive subjects. Simone also talked about what I identify as shame. He

explained: "Then kind of I started [therapy] again, I knew there was something wrong with me, but I said, what else could be wrong?" Lawrence and Ian specifically identified the feelings evoked as a result of expression during therapy, as unhelpful. John spoke about the unhelpful consequence of playing all the time, without any time to reflect and talk.

As regards helpful aspects, Anthony, Bob, John, Lawrence, Mick, and Simone spoke about having access to both play and talk as particularly helpful and related the positive impact of resources which promote creative expression. Mick explained: "I used to experience the session as balanced, it did not use to be a session only talking about your problems or a session only playing." Anthony linked access to creativity with choice: "I [the therapist] would tell him [the child in therapy] if you want you can talk in this way and talk now, but if you do not want to talk, don't talk."

Turning to choice as a helpful aspect, Bob and Steve found it helpful that their therapist gave them the opportunity to do what she knew they would like. Mick spoke about how the session could be split up to reflect the child's choices. Simone also spoke about the importance of being able to make an informed choice about therapy: "One of the reasons I was not at my heart's content [with a particular past therapist] was because I was not the one who took the decision to attend."

I coded excerpts by Giorgio, Ian, Lawrence, and Robert as communicating the "helpful experience of structured exercises". Ian spoke about the helpful nature of structured, closure activities also in relation to containing feelings evoked during sessions. Robert also referred to the use of structured exercises during our early days in therapy: "I got used to, kind of talk through those exercises." During the second interview he explained that without the introduction of structured exercises "I would have continued doing whatever I wanted, we would not have got to this point." When I shared with Robert my beliefs as a therapist regarding the value of a non-directive stance within children's use of play in therapy, he responded by recalling that the choices he made were not conducive to what he perceived as therapeutically valid work. I felt challenged when he questioned the

value of offering choices to children: "But what will children choose? As if they will choose to sit down and talk, when given the option of using toys, running, and fooling around. For example, I would not have expressed my issues." Whilst Robert's input also needs to be understood in the context of a 17-year-old who sought to speak about himself as no longer a child, I interpret such a finding as highlighting the need to think about the extent to which, as professionals, we consider questioning established notions within practice and adapt them to particular children's needs and contexts.

I interpret findings in this category as illuminating the helpful nature of a talk–play continuum on which children are given options and professionals are willing to consider adapting established practice to particular needs.

Child's Overall Experience in Therapy

In terms of the overall experience, I coded excerpts in which children identified aspects related to the physical qualities of the therapy rooms as helpful. Anthony, John, and Didier appraised the overall calm atmosphere whilst Jonas and Lawrence appraised the set-apart nature of the therapy rooms from the residential units. Robert and Luigi valued the fact that the therapy services were located within the same premises. Abraham, Anthony, Bob, and John spoke about food and nurture as helpful aspects. Mick remarked that he experienced going for a walk with his therapist as helpful, whilst Mick, Simone, and Anthony talked about inviting other persons to therapy as being helpful.

In terms of unhelpful aspects related to the child's overall experience, I coded responses by Jonas, John, Jonas, and Ian in which they spoke about having to travel to sessions if these were held at other premises. Charles, Didier, and Abraham referred to damaged toys left within the room as unhelpful. Jonas mentioned the unhelpful nature of infrequent sessions, whilst Simone spoke of not wanting to miss school to attend sessions.

Within this category I also aggregated codes in which children identified unhelpful aspects related to their affective experience in therapy. Jonas spoke about feeling agitated when his parents

attended therapy, a negative aspect which for Lawrence included seeing his parent getting upset.

Lawrence also complained of being talked about in what he perceived to be an unfair manner by a care worker who attended a session. Simone also alluded to a certain therapist's condescending, patronising tone through which a younger child could be manipulated by the adult. I perceive this latter aspect as overlapping with aspects related to the therapist's actions.

Therapist's Actions and Attitudes

Since I have already presented some of this category's salient aspects within the theme *Who is the therapist?*, in this section I will only be presenting this category's codes. In terms of helpful aspects, children identified the following therapist's actions: "containing what is evoked by therapy", "enjoying being with me", "caring for and nurturing child", "introducing some structure", "promising and maintaining confidentiality", "striving to understand child through feedback from carers", and "not giving up on you, being proactive and really wanting to help me". The last code includes an excerpt from the interview with Robert: "Not just telling you ok, kind of only till that point, but staying on till he would have helped you."

In respect of unhelpful aspects related to therapists' actions and attitudes, this category aggregates children's responses coded as "acting without child's consent", "giving advice which child does not agree with", "asking questions which are hard to answer", "breaking confidentiality", "keep asking about the family", "lack of structure or some direction", "not being told reason why an exercise is proposed", "not following child's suggestions", "ridiculing child", "therapist giving up", and "pushing, coercing, or controlling the child". Within the last code John and Simone spoke about the unhelpful nature of feeling as though being pushed to talk with Simone recounting: "she told me listen, either we are going to start talking ... because we are wasting time, or otherwise, we stop now. I told her, so, we stop now."

Suggested Improvements

Table 6.6 presents children's responses which contain direct suggestions regarding improving therapeutic services. Abraham and Steve did not make any direct suggestions. This category includes three sets of codes communicating suggestions related to therapists' actions, to children's expression within therapy, and to the residential context and the therapeutic setting. In presenting these suggestions, in line with the idea of validating the significance of each child's communication, I decided to include every suggestion.

CHILDREN'S VIEWS OF PSYCHOTHERAPY IN RESIDENTIAL CARE IN MALTA 204

	know how the child wants to express himself												
Context and setting	support child's agency in care & facilitate adult feedback to child	✓									✓		
	not always meeting in same room									✓	✓		
	extend therapy into the community										✓		
	better management of student observers										✓		
	more sessions involving parents							✓					
	consider children choosing their own therapist										✓		
	more resources encouraging physical release & emotional regulation												✓
	manage heat in rooms												✓
		Simone	Giorgio	Bob	Robert	Anthony	Lawrence	Ian	Jonas	Luigi	Charles	Didier	John

Extending Orthodox Therapeutic Boundaries

This category is the result of second-cycle coding and includes 42 references from 16 child data sources. Anthony, Mick, John, Jonas, Robert, Giorgio, and Simone spoke about the value of developing contact with their therapists outside the session boundaries. When asked for suggestions, Giorgio explained: "If she [the therapist] goes to visit him every day in the house." Jonas, John, and Simone explained how this helped their relationship with their therapists to develop. John recalled how the therapist used to engage in small talk with him in residential care: "You start trusting the person with small stuff and then you increase, you always increase." Jonas, John, Robert, and Simone explained why such contact could be helpful. Robert explained, "Because I would not see him as a therapist, but for me, he is like a friend." Jonas said: "I think our relationship started before we started therapy [pause] that helped me to express that something which for me is difficult to express with the majority of persons."

Jonas and John also spoke about how they enjoyed using different rooms when meeting their therapists, whilst Didier spoke about the need to develop therapeutic resources which facilitate physical release, resources which would "tire you out, it is like you need to let the thing out, kind of. But you would need the [football] pitch and a punching bag." Charles and Simone referred to the need to consider extending the session time. Charles spoke about this with determination: "I think that time, because usually therapy is an hour long, but they should take as long as is needed ... not necessarily an hour." Simone concurred:

If there is half an hour left talk about the problem not tell you, now see what happens in time, so that she cuts it short. Talk about the situation at that time even if you go beyond the time.

I perceive Simone's words, apart from highlighting the desirability of flexibility around time boundaries, as communicating also his perception of the adult's power in managing time boundaries. Giorgio and Mick also spoke about extending contact beyond the therapy room.

Giorgio wished he could go for a walk with his therapist whilst Mick spoke about how much he enjoyed going for tea with his. As a therapist, I could come up with reasons related to attachment needs, transference, and past relational trauma to account for children wanting to extend the contact with their therapists. Yet, in interpreting these suggestions, I acknowledge the complexity of trusting another adult within a context in which the initial position, as described by John, is that of “you will not trust the person”, and in which the child needs to check whether “this person looks alright”.

I interpret findings in this category as communicating the children’s need for contact not with professionals – “not seeing him as a therapist” – but rather with adults who are not acting in role but who provide consistent – “visit him every day” – care and companionship. In the discussion section I will relate this to the residential care context. Moreover, within the discussion chapter I will elaborate on the potential act of questioning orthodox boundaries in child psychotherapy which I perceive as an opportunity for adults to mindfully and reflexively bring into question the power vested in them by their profession.

Theme: Us in Research

I will be presenting findings within this last theme in two sections. The first includes four categories related to research as a co-constructed process. Comprising three categories, the second section presents findings related to the data-collection methods used, the use of member-checking, and children's suggested improvements to the research process.

Section A: Research as a Co-Constructed Experience

Table 6.7 presents the four main categories and corresponding codes.

Table 6.7

Theme: Us in Research - First Set of Categories

Categories	Children's views of the research process	Children's engagement in research and relationship with researcher	Child-researcher power dynamics	Researcher's position
Codes	satisfying experience; reflective, evaluative experience; expressive opportunity; challenging experience; and factors children thought influenced research process: child's comfort related to interviewer's qualities; knowing the interviewer and their intentions; and treated like a grown up	children's nonverbal responses: laughter and giggling; and hesitations to questions relationship between research and therapy spaces: speaking about the researcher-therapist in third person; wanting to extend the contact; awareness of researcher's PhD; drawing on past relationship with researcher; and parallel process between research and therapy constructing self for researcher; and discussing consent and data handling	child's activity and agency: child asking researcher; child disagreeing with researcher; child initiating choice or suggesting directions during interview; child seeking to influence the process or take the initiative; seeking a sense of equality with researcher; and feeling competent researcher's drawing on his power: “missing” the child; child feeling cornered; researcher asking too much; and researcher influencing child or process	reassuring or affirming the child; researcher seeking or setting boundaries; researcher's giggling; working hard in interviews; and am I transgressing boundaries?

Children's Views of the Research Process

Within this category I aggregated the codes “reflective, evaluative experience”, “expressive opportunity”, “satisfying experience”, and “challenging experience”. These codes communicate children’s responses when asked about their experience of research. For example, the code “satisfying experience” includes excerpts from Charles, Robert, and Luigi who all spoke about feeling they had accomplished something by managing to express themselves. Bob, Luigi, Jonas, and Simone made sense of the research as an “expressive opportunity” which can also help others understand what therapy is. For example, Bob described the interview thus: “It was something different [pause] not only an interview with words and, like I choose, photos, you can explain, you are open.”

Charles, Giorgio, Ian, John, Lawrence, Mick, Robert, and Simone all spoke about the research experience as a “reflective, evaluative experience”. Within the research Giorgio, Ian, Lawrence, and Robert expressed wishes and needs about therapy which they had not shared with their therapists. At the time of our interview, I had not met Ian in therapy for about one-and-a-half years. Within research Ian told me that at times, as his therapist, I had chosen some priorities in therapy that were not his. When, during member-checking, I asked him why he had never given me feedback about this in therapy, he explained what he thought would have happened had he done so:

Because then, without wanting to, you [the therapist] would take a step backwards from that person. Understood? Like [you would say] ... Is he going to start speaking to me like that? [pause] The therapist will take a step back and start being more careful; instead of using one eye he will look at you with seven eyes.

Ian’s fear regarding how I could potentially have retreated from him, highlights the impact of past adverse experiences and how these may have influenced him. Yet in interpreting Ian’s comment I sought to avoid pathologising his view by subscribing only to this level of

meaning. I sought to make sense of Ian's feedback also in terms of the subtleties of children's hindsight and recollection within research. I also made sense of his words as exemplifying children's understanding of the dynamics of research in the light of their past and present relationship with me as the researcher, including their understanding of my expectations. This indicates the need for a nuanced conceptualisation of children's voices supporting multiple layers of meaning, situated within both research and practice contexts, something I discuss further in Chapter 8.

Some participants made sense of the research experience in relation to their engagement in therapy. For example, Anthony and Simone spoke about research as an opening-up experience akin to therapy, whilst Charles spoke about the research experience as "very good because although it is not therapy, I could still express what happens in therapy and what is nice about that". I interpret Simone's reflection regarding how his own words sounded as I read them out, as attesting to the reflective and empowering potential of research, which can benefit the child: "it is heavy, at the same time the words which I said, it is like I really said them ... it is like they were honest, like something which I have been wanting to say for a while." Yet Simone's reflection also conveys the challenging aspect of a potentially heavy experience represented within the code "challenging experience". Seven children found the interview rather long. Mick and Didier spoke about feeling embarrassed to express themselves, whilst there were instances when Bob and Anthony felt flustered at repeatedly being asked to clarify what they said.

Findings within this category (see Table 6.7) also communicate children's identification of factors which they thought influenced their engagement within research. Mick and Didier both linked their own comfort with knowing the interviewer. When asked about what helped him to feel confident, Simone replied: "That I am a mature person and that I am treated as an adult." Interestingly, these factors were also included as helpful aspects

within therapy, as communicated within other themes in this chapter. The next three categories deepen my understanding of the relational element within the co-constructed nature of research.

Children's Engagement in Research and Their Relationship With the Researcher

Within this category (see Table 6.7) I aggregated codes which contribute to an understanding of the "relationship between research and therapy spaces", codes to do with "children's nonverbal responses in research", codes describing how children engaged in "constructing self for researcher", and codes where children discussed consent and data handling.

Within codes communicating nonverbal responses I included "children's hesitations to researcher's questions" and "laughter and giggling" during interviews. Some hesitations indicated a child needing more time to recall, whereas others suggested a potential discomfort related to the personal nature of psychotherapy and the sensitivity of speaking about one's own life. For example, when I asked Giuseppe, Abraham's selected puppet, about what happens in therapy, the puppet hesitated before replying "personal stuff, I cannot tell you." At another point he defined therapy as being "like a secret".

In respect of laughter and giggling as nonverbal expression, some coded excerpts point towards an understanding of laughter as expressing the child's embarrassment during research. Yet, at other times, laughter seemed to reflect several research-related, child-adult dynamics. For example, Bob participated in the interview by speaking about a fictional child who attends therapy.

Daniel: He would not have realised yet [that he has problems].

Bob: He would not have realised yet, or maybe he does not trust [pause whilst smiling].

Daniel: You are smiling.

Bob: Whatever.

I interpret Bob's smiling as related to feeling on the brink of touching on an aspect which lay beyond the metaphor of the fictional character he had created. I had worked with Bob in therapy and he had decided to terminate the intervention. In the interview, his curt "whatever" suggested I needed to move on. My observation of his smile could have triggered a sense of shame. Moreover, my knowledge of him outside the research context influenced me in terms of recognising a particular meaning within his smile, at a moment when both of us nonverbally acknowledged how what he had just said related to his own experience.

Such a sense of a known-about, common context outside the research encounter, was also very much present in other interviews. In fact, I coded excerpts from 14 data sources as "drawing from past relationship with researcher". This occurred both with children I had worked with in therapy and those with whom I had not. Findings indicate that children's engagement and expression in this study are related to their management of the research and practice contexts and the relationship between these. For example, Jonas and Robert referred to me as their therapist in the third person. I was Robert's therapist, yet he still spoke about "the friendship between me and my therapist". I also contributed to this by asking children questions about their therapist rather than about myself or ourselves. In managing the relationship between research and practice, we both sought to co-create an external space distinct from our usual way of being together, whilst also experiencing it as an adjunct and liminal. These factors impacted how we constructed ourselves to each other within the research relationship.

In terms of how the children constructed themselves to – and perhaps for – me, for example, Jonas sought to construct himself as a committed research participant who will "treat this as a commitment [pause] what I start I will finish Dan, I try". Moreover, codes within this category (see Table 6.7) include instances when children related to me as a PhD

student, perhaps telling me things that they thought could be valuable in helping me in my studies.

In the light of findings regarding how we constructed ourselves to each other within the research relationship, I reflected about who I was becoming for the children. For example, Simone noticed how I looked confused after he told me “after you stop everything [the interview], I have something to tell you … something that I am not conscious of but that I wish to understand.” I was confused as I wondered about Simone’s need, perhaps, to extend our contact beyond these research conversations.

During the data-analysis process, as I sought to represent the research relationship, I became increasingly aware of instances which highlighted the power dynamics within the research relationship, represented in the next category.

Child–Researcher Power Dynamics

Codes within this category communicate instances within interviews which attest to “child’s activity and agency”, alongside other instances which portray the “researcher’s drawing on his power”. My powerful position as a researcher is represented in codes such as “researcher missing the child in interview”, “researcher asking too much”, and “researcher influencing the child or the process”.

Whilst within research I sought to support moments when the child took an initiative or suggested an action, I also coded excerpts which attest to my need to remain in control. During our second interview, after commenting about how grown up his own words were sounding, Robert asked me how I perceived his words. Due to my fear that a response would steer the conversation elsewhere, I failed to pick up on Robert’s need for validation. Instead I subtly used my power as a researcher, steering the conversation away from where the child led it.

Other coded excerpts communicate the child's experience of my researcher's stance as powerful and forceful. For example, I asked Bob about the impact of therapy:

Bob: He or she can help you but then you have to see whether to accept it or to change.

Daniel: And how can she help you? When you say a therapist can help you, how can she help to bring this change about?

Bob: [pause] You are cornering me.

I wondered about the extent to which my insistence stemmed also from my regret about not having managed to help Bob enough in therapy. This is an example of how, during my interaction with a child participant, as a researcher I also drew from my professional practice and extended that relationship into the here and now of research. Such interactions also shed light on my own positioning as a researcher.

Researcher's Position

During the interviews I was particularly concerned about the research/practice boundaries and sought to remain aware of the impact of my therapist self. This also transpired during the coding process as I developed the code "am I transgressing boundaries?" At times, my therapist's skills enabled me to respond appropriately by reinforcing the research boundaries, yet as mentioned in previous sections there were other instances when I was much less conscious of the impact of my therapist self, as transpired when considering my nonverbal behaviour. Within excerpts coded as "researcher's giggling", I noticed how my laughter punctuated instances when the child spoke about something that challenged the orthodoxy of my practice. For example, Mick spoke about ending challenging sessions as, "you say, thank goodness, I found my way out of that". In this instance my laughter reflected my positioning as a practitioner holding particular professional expectations regarding engagement in therapy. Laughing and giggling was perhaps also a way in which we signalled

to each other the liminal space of practitioner research, where we could engage in unusual, set-apart conversations about practice, outside the usual professional paradigms.

I interpret findings within these Section A categories within the theme *Us in research* as indicating that children's engagement in practitioner research needs to be made sense of in the context of the research relationship, the lived here and now interaction with the researcher, and the researcher-child shared context outside the research space. This will be discussed further in Chapter 8.

Section B: Data-Collection Methods, Use of Member-Checking, and Suggested Improvements to the Research Process

Findings within this section (see Table 6.8) relate to the third research question investigating how children evaluate the methods used in this research.

Table 6.8

Us in Research: Second Set of Categories

Categories	Member-checking	Data-collection methods	Suggested improvements regarding research
Codes	<p>child disagreeing with researcher;</p> <p>enabling clarification & deeper understanding;</p> <p>limitations of member-checking;</p> <p>making sense together; and</p> <p>children's reactions at witnessing own expression</p>	<p>choice of data-collection methods: depends on mood; drawing on one's own likes, and dislikes; medium does not make a difference; related to ease in expression and child's comfort; and related to perceived competence in chosen activity</p> <p>children's views regarding data collection: allows consideration of scenarios different from one's own; creative media more helpful than words; data collection seen as similar to therapy; facilitating reflection; and medium gives you confidence – the push</p> <p>children's explanations re the use of metaphor within data collection: child's relation to created fictional story</p> <p>limitations of use of creative tools</p>	<p>children being given time and space</p> <p>importance of adults paying attention and being calm</p> <p>importance of quality of adult-child relationship</p> <p>more active methods</p> <p>suggested new questions</p> <p>adult researchers checking themselves</p>

Data-Collection Methods

Aggregated codes within this category (see Table 6.8) contribute to an understanding of children's choices regarding data-collection methods, children's views regarding data collection, and children's explanations regarding the use of metaphor within data collection, as well as pointing to some limitations regarding the use of creative tools in research.

Within excerpts coded as "children's views regarding data collection", Jonas, Steve, and Giorgio explained that they found the creative media used more helpful than words alone, whilst Luigi explained that the use of role play "gave me a push to speak ... energy that I can say the word and not back off". Bob explained:

Bob: It's like you take some of your own stuff and you also put it on him [the created character], he is narrating. [pause] It's like I wanted to tell a story about a boy I do not even know, so in order to create it you take a bit from yourself, the stuff you feel.

Daniel: So you take your stuff and you put them on his story.

Bob: It's like you match them a bit ... because obviously you do not know who this boy is, sort of, so in order to create a story, you kind of ... you take a bit of yours. You make him, kind of, you understand?

Daniel: You create the boy?

Bob: Yes, he kind of becomes Bob, almost. ... It's easier I think.

Daniel: Why easier?

Bob: Because it's like you are not speaking about yourself, you can go ahead and speak about the other; in fact you would be kind of speaking for yourself and the other person [interviewer] would not know because he thinks you are creating a story, got it?

I interpret Bob's explanation as indicating the potential of metaphors and fictional scenarios created by a child participant within research. The use of such metaphors facilitates a sense of

distance between the child's actual circumstances and the metaphorical scenario created by the child. In fact, Charles, Giorgio, and Abraham needed to distance themselves from the fictional story they created within research. For example, Giorgio explained: "My story does not resemble Kyle's [fictional child] ... because I came here because I had problems with different families, with aunties and the like." On the other hand, at other points, Steve, Bob, Charles, and even Giorgio identified with aspects of their fictional character's story. Bob commented: "It's like all the things I said, I think, all were similar to mine. Everything that I said, everything was similar to me."

Within this category I also aggregated a code which communicates a limitation related to the use of creative tools for data collection. Coded excerpts around the use of spontaneous play represent moments when, as a researcher, I at times had to limit this play, thereby exerting control in order to retain the research focus, thus limiting children's more spontaneous expressions.

Within this category I also collated codes which support an understanding of children's choices regarding data-collection methods. When, during second interviews, I asked children to explain why they had chosen a particular medium through which to express themselves during research, Abraham, Anthony, Giorgio, Steve, Mick, and Luigi explained that they had chosen a medium they liked and felt comfortable with. For example, Luigi explained: "No, I have fun in the sense I love to act, so I had fun." For eight children, competence in the chosen media was also a deciding factor. Jonas explained: "when I have to draw or other stuff, I am not capable of knowing how to put stuff, but when I talk, I would know what I need to do, I am more comfortable when I talk." Charles along with Bob, Jonas, Giorgio, and Luigi also alluded to a perceived ease of expression inherent in the use of a particular medium.

Member-Checking

Within this category I aggregated codes (see Table 6.8) which support an understanding of the function of the member-checking interview in terms of generating further data, enabling clarification, promoting a deeper understanding, and enabling a making-sense of data together with the participants. For example, with Jonas, member-checking allowed for clarification of a first interview extract in which he had said: "You trust a person, you start trusting with certain stuff and then you add more, you always add more, add more and more till you cut it off." I was not sure whether this indicated a total withdrawal of trust, so during the second interview I asked and Jonas explained: "You would say, now I can trust him with everything."

Findings within this category also attest to the function of member-checking to develop a deeper understanding between researcher and child. For example, Mick reflected on his phrase "the therapist touches you where it hurts". He explained that this referred to "When she tells you something which is true, no? ... Or you would not be expecting her to tell you that." Mick went on to explain how, when this happened, he would want to deflect and create some space between him and the therapist. Other coded excerpts highlight the potential of the member-checking interview in terms of "making sense together". For example, during our second interview Bob had just listened to me reading an excerpt from the first interview transcripts in which he had come across as a little nervous.

Bob: It's funny how I replied: "I already told you."

Daniel: I felt that I was asking you a lot, I kept on asking. I think that bothered you.

Bob: I think so, you were asking a lot.

Daniel: Kind of? I think that annoyed you.

Within this category I also aggregated excerpts representing how children reacted to listening to their own words being read back to them. Robert could hardly believe that he had managed

to express himself in what he considered to be a meaningful and significant way, whilst Simone seemed to hint at a sense of personal awareness; "I think the words I said before I say them to others, they need to apply to me first." Luigi described the second interview as: "Kind of I had the opportunity to understand what I said, in the sense I would say: did I actually say that? ... Daniel came and told me "This is what you said."

I interpret findings within this category as indicating that the second interview was not only a means to check and verify meaning with participants but created an extended reflective and validating space which enabled a deeper reflection.

In terms of limitations when using this form of member-checking, findings indicate that due to the lapse of time between the first and second interviews, some participants did not remember what they had said. Further improvements to the research process noted by children are presented in the next category.

Improvements to Research

This category aggregates coded excerpts communicating children's suggestions for improving research. Abraham, Giorgio, John, and Simone emphasised the importance of adult researchers really paying attention and being calm. Charles highlighted the significance of the adult-child relationship in the context of facilitating the child feeling comfortable. Ian suggested that researchers should use the member-checking interview model in their work: "You correct yourself and think whether you did well with the child ... because you cannot just confirm things on your own and then, for example, just stick to your guns."

While there were some other proposals, such as Didier's response regarding using more active methods and Charles's recommendation that children be given more time to respond, I note the limited response when compared to suggestions regarding improving therapy. I make sense of this in terms of the children's limited exposure to research, by contrast with their extensive exposure to therapy.

Conclusion

This chapter presented the main findings emerging from the thematic analysis of 29 transcribed interviews with 15 children. Eleven themes were developed which identify, represent, and communicate a patterned meaning across the child data set. Themes relate to the research questions in terms of communicating how children described their experiences of psychotherapy, and in terms of supporting an understanding of how children's views of psychotherapeutic interventions may be conceptualised, elicited, and understood. Findings within the last theme also addressed the third research question focusing on children's views regarding the methods used in this research to obtain their perspectives.

In presenting these themes I also communicated my interpretations of the data in the light of information which participants shared about themselves and the setting, and in the light of my own knowledge and experience of the setting. Whilst acknowledging my own subjectivity, this interpretative stance included my own wonderment about possible meanings within children's views. Such a stance anticipates the discussion of the data in Chapter 8. The next chapter presents the main findings of a thematic analysis of interviews with four therapists, two residential social workers, and four principal care workers.

Chapter 7: Adult Data Findings

This chapter presents the findings from my thematic analysis of interviews conducted with therapists, residential social workers, and care workers. I will present the findings by setting out the themes I derived from my analysis. The approach towards presenting data is outlined in the introduction to Chapter 6. The present introduction clarifies the presentation of adult findings in two distinct sets (Sections A and B).

Therapists facilitate psychotherapeutic interventions and relate to the child primarily through the enactment of their role. On the other hand, care workers' and social workers' roles relate to the broader residential context rather than directly to the psychotherapeutic interventions. Residential social workers refer children to therapy and act as key workers for them, but they are not directly involved in the psychotherapeutic intervention, apart from attending review meetings and perhaps some sessions with the children. Care workers relate to children in the fulfilment of their role as primary care givers within the residential care setting. Though their views of psychotherapy are important in terms of the purpose of this study, I considered the care workers' and social workers' data as supplementary and contextual in relation to the children's and the therapists' views. Based on these considerations I decided to code, analyse, and present findings from the therapists' and the carers'/social workers' interviews separately. This reflects the different relationships therapists and carers have with the psychotherapeutic intervention and with the child within this intervention.

In presenting the two data sets, I decided to foreground salient categories corresponding directly to the second research question. This focuses on how children's, therapists', and carers' perspectives of psychotherapy may be elicited and represented, whilst considering what may influence these perspectives and exploring what might explain the similarities and differences of perspective between the children's and adults' accounts.

Section A: Therapists' Data

Themes in Table 7.1 are the result of the thematic analysis of all interviews with therapists and represent the extensive nature of the data.

Table 7.1

Main Themes from Analysis of Therapists' Data

Theme	Theme Description
An emotionally intense monster with a life of its own	Therapists' understandings of children's experience living in residential care.
Views of children	Theme communicates the manner in which children are talked about and constructed by therapists.
Therapy as empowering, expressive, nurturing, and relational	Psychotherapy seen by therapists as a relational space related to expression, which includes children being empowered and nurtured.
Bearing and staying with challenging process yet working for and expecting change	Theme describes the challenging, sensitive, and tentative aspects of the process for children, but also for therapists who deal with dilemmas related to change and outcome.
Multi-layered process which is not just what it seems	Theme communicates the notion that there is more to therapy, in its various aspects, than one might garner from superficial observation of what goes on.
Improving therapy	Apart from therapists' suggestions regarding improving psychotherapy, theme includes identification of perceived helpful and unhelpful aspects for children.
Interviewer–interviewee relationship	Communicates findings related to the relationship between myself as interviewer and the interviewees.

Theme: An Emotionally Intense Monster With a Life of its Own

I will be presenting this theme through its five categories.

Complex, Powerful, Not Necessarily All-Benevolent System

Within this category I aggregated codes communicating the complexity of the residential care system in terms of the system's long-term nature, the complex relationships within it, and its emotional intensity. Edith referred to the residential care system as a "context which is so complicated" and likened it to a "monster with a life of its own". Susan reflected: "I believe ... there will always be children who cannot stay at home. Here is better for them, in a way, kind of, it's a sad option." Though seeing residential care as sometimes inevitable, Susan asserted: "I always believe that the care system, as good as it is, will never replace a family."

Codes within this category also encapsulate therapists' understandings relating to residential care involving multiple adults who share sensitive information and take important decisions on behalf of children. For example, as Edith said in describing her own experience in relation to sharing information: "Once that information is out, at times you start feeling that you lost control then, of where, and how, and by who it is being used ... And it can be misused." She added, "if I experience it in this way, just think about the children who are kind of dependent on its decisions regarding their future."

I interpret Edith's words as referring to a powerful system construct – "its decisions" – which she made sense of as adding up to an outcome different from any intended by the individuals involved.

Different Voices

Within this category I aggregated codes which communicate therapists' understandings related to the involvement of different adults in the children's lives. Maria spoke of such adults as coming "each with their own agenda". Edith referred to people who "come from different backgrounds and who may not know the boy well" and explained that this can create difficulties: "at times I feel that we do not understand each other enough" and

"kind of we are not always all on board about decisions". She also referred to "a lot of different voices, at times even different power dynamics ... at times you start feeling that you are not being understood and it becomes very stressful".

Control Within Child–Adult Relations

Within this category I aggregated codes which convey therapists' understandings of the relations between multiple adults and children, and how adults claim and exercise control within such relations. For example, Edith explained how adults can potentially use information emerging from therapy and "the contact with home will be decreased". Moreover, whilst referring to decisions taken, she posed the question "in whose interest are they being taken? Whether, kind of, for us as professionals to protect ourselves, so that we do not risk too much, or whether we look at the child's needs." In relation to exercising control, Ana explained: "they [children] have no control over their home. And upstairs [in the residential units] it's a bit regimental ... they don't need to feel like it's like, dunno, we are the police ... going to be reprimanded all the time".

Coded excerpts also reflect therapists' understandings of children's positioning within this context. Edith explained: "the child is often powerless in certain situations and when there are these meetings, they cannot verbalise, they cannot explain their needs". She saw herself as the adult seeking to represent the child's needs, akin to Susan's positioning with a client with very challenging behaviour: "everybody is very quick to judge him ... I didn't want to do the same."

What Children Bring From Home

Within this category I aggregated codes communicating therapists' understandings of children's family contexts. Findings highlight what therapists perceived as a lack of boundaries and an absence of adequate parenting, along with an element of stuckness and adversity related to the family context. For example, during her vignette interview Edith said

of a particular child's experience: "he was forced, kind of, like the family underdog where he was living, almost kind of the family's animal". Therapists highlighted the unpredictable nature of the home context and explained that adversity cannot be located only within the child's past but may loom as a present and future possibility. Yet findings also communicate what Maria, Edith, and Ana experienced as some children's loyalty to their biological family despite their experiences of adversity, which is seen as impacting their ability to trust other adults from outside it.

Therapy Set Within Family and Residential Contexts

Within this category I aggregated codes which convey therapists' understandings regarding how children negotiate meanings within and between two main contexts: family and residential care. For example, Edith recalled a client who continued therapy after he went back to live with his family:

he [the child] reflected that whilst he was in care he was benefitting from the [therapeutic] space ... but he was not using therapy to its maximum potential because he was not trusting enough that what he was saying in here would not work against him to spend more time at home.

Findings within this category also capture therapists' understandings of how the residential care context impacts children's engagement in therapy. For example, Susan explained: "in residential care ... they are kind of in some way meant to go to therapy." I also interpreted therapists' references to carers' expectations about therapy as communicating the impact of the residential context on psychotherapeutic practice. For example, Ana recalled the stress of hearing carers say to her, "Listen, do you [therapist] know what he [child] is doing!" This struck her as tantamount to the carers saying, "What are you doing to him in therapy? He is still the same."

I interpret findings within this theme, especially those within the last two categories, as indicating that for therapists, what children bring from home, coupled with their understanding of residential care, such as their perception of how safe they feel, impacts their engagement in therapy.

Theme: Therapists' Views of Children

Within this theme I will present six categories which communicate how therapists spoke about and constructed child clients.

Needy, Traumatised Victim

Within this category I aggregated codes which convey therapists' construction of the child client as a victim who has not chosen their fate, has been through a lot, and has become needy and afraid as a result. For example, within her clinical vignette Edith presented a traumatised client who, she reported, "wishes to be run over by a truck because he heard from somewhere that when you receive a hit to the head you can lose your memory". The alleged impact of trauma was also drawn upon by Susan, who recalled a moment when her seemingly innocuous question triggered a child whom she described thus: "He is so full of pain and trauma . . ." Coded excerpts also indicate that, within this construction, children were talked about as not having many options. Ana highlighted the neediness – "of course, they are seen as needy, we see them as so needy, sometimes they overwhelm us" – whilst Susan underscored the deprivation: "And then there I say look how deprived, in a way."

Developmental Child

Within this category I aggregated codes which communicate therapists' references to a developmental framework in constructing the child client in therapy. For example, Edith explained: "If we look developmentally then in a way his [child's] behaviour makes sense, and it becomes workable . . . it is his task to challenge us . . . there is a beginning and an end to this developmental task." I interpret Edith's references to a developmental framework as

communicating a possible function related to such a construction. Such a framework supported Edith to make sense of particular behaviour patterns and informed her actions. This urges a consideration of how such constructions influence therapists' actions, possibly rendering a particular action plausible or seemingly coherent.

Not-Yet, Potential Child

Codes within this category imply a view of children as needing still to develop adequate understanding and ability. For example, Susan explained: "A lot of times children who are referred, kind of, they would not have understood why." In terms of assumptions relating to children's lacking ability, Ana explained that: "kind of they try to make sense of their world. And I think, when they are young, they are not able to do so, they are not able to go there and understand what they are doing." Ana added: "I don't think it's appropriate to pull down their defences". Thus, in this case, apart from assuming and referring to a lack of ability, I perceive such a view as stemming from the position of the authoritative knowledge of the professional who recommends appropriate action.

Psychoanalysed Child

Within this category I aggregated the following codes from interview excerpts with Edith, Ana, and Susan: "unconsciously motivated child", "fragmented identity child", "split, struggling to move on child", and "object child who will be interpreted and worked on". The use of psychotherapeutic language is apparent within this vignette: "This particular client's style of coping is that of over-bounding, that is, disengaging from the field by closing his boundaries to contact, rigidly organising his experience of self as invulnerable." I interpret such language as influencing how children tend to be perceived as motivated by unconscious drives which impact their lives in a manner they cannot comprehend.

Codes within this category also convey the image of a child's outer shell defending a vulnerable inner core. This psychoanalytically oriented understanding is evident in Edith's

portrayal of her client: "my impression is that we always touch the tip of the iceberg. And then there would be much more, kind of, brewing underneath." I interpret this as complementing a view of children as defending themselves from adults who want to care for them. For example, Ana explained: "sometimes, it's like, having a lot of love to give and care is not enough for these boys, sometimes they push you away."

Challenging, Difficult, Experimenting Child

Codes within this category communicate therapists' constructions relating to what they experienced as the child's challenging behaviour. For example, Ana differentiated between the cooperative child during therapy and his challenging behaviour in residential care: "they regress into their old, maybe irresponsible, difficult self." Susan referred to feeling inadequate in the face of a client's challenging behaviour: "because he is able to push your buttons very well." Children are also spoken about as potentially manipulative.

Self-Determined and Active Child

Within this category I aggregated codes conveying therapists' constructions of children as self-determined and active. Edith said of her client, "there is part of him which is trying to build, which is even learning certain values". The construction of the child as active and self-determined includes references to the child's expression. For example, within her clinical vignette Ana described the child thus: "he's [the client] got a very good grasp of, erm, very good emotional language, he can express himself really well, so we often talk, and he likes to draw, and we draw, and we talk."

Children's self-determination is also spoken about in terms of resourcefulness and reciprocity within relationships. For example, whilst describing a clinical vignette of a child who suggested a role play enacting a meeting with her in four years' time, Ana explained that "it brought out in him the need to protect me, to look after me ... so it brought out like reverse roles, him caring for me."

Theme: Therapy as an Empowering, Expressive, Nurturing, and Relational Space

I will present this theme in terms of its four categories as shown in Table 7.2.

Table 7.2

Theme: Empowering, Expressive, Nurturing, and Relational space

Categories	Emotional, expressive, facilitative, at times permissive space	Empowering, validating, hopeful, working-out space	Relational, contactful space: about us	Nurturing, reparative, and containing space
Codes	<p>promoting expression and externalisation; dealing with emotions; creative expression and play in therapy; and privileging talk</p>	<p>helps children feel important, heard, and in control; validating children – following their lead; valuable, hopeful space; and working-out, helpful, reflective space</p>	<p>special relationship; an “Us” process; reciprocal; and therapists’ efforts to connect</p>	<p>changing old scripts into new narratives; nurture and containment by therapist; and perhaps, reparative,</p>

Emotional, Expressive, Facilitative, at Times Permissive Space

Within this category I aggregated codes which convey therapists' perception of therapy as a space promoting emotional expression and processing, supporting also a level of permissiveness. For example, Ana described a space in which children are able to share worries, going on to explain that in order to facilitate such a space, “we, in a way, don’t discipline them like the care workers do.”

Coded excerpts also show that therapists were aware of nonverbal forms of expression. As Edith put it, “not all of them can talk about stuff, because they need to play”. Yet findings within this category indicate that therapists privileged verbalisation. In fact, the ability to talk was valued and judged positively by all therapists. For example, Edith explained how she worked with a child’s drawing representing people who the child said

were causing confusion in his head. "I tried to help him verbalise what is the confusion ... instead of staying only with the image." While I coded therapists' responses regarding play as "an important activity for kids" wherein children could "communicate through play" and "explore alternative roles and possibilities", the therapeutic potentials arising from the process of play were overlooked. Moreover, Ana directly expressed doubts about play: "because I wouldn't want to think that we're playing, because they can play anywhere." Similarly, Susan said: "we're playing the game but I'm not really listening to the game, of course. It is like, in the activity, kind of it is a distraction, which decreases a bit from the intensity."

I interpret such findings as indicating that therapists qualitatively discriminated between different forms of children engaging with their emotions. For example, Maria perceived a level of engagement at which the child dealt with "real issues ... meaning deeper". Emotional expression was also spoken about as being necessary for therapy to proceed, however potentially threatening.

Empowering, Validating, Hopeful, Working-Out Space

Within this category I aggregated codes which indicate that therapists made sense of therapy as a space that helped children feel important, heard, and in control. For example, Ana explained, "therapy makes them feel, I think, seen, heard, and important" whilst Edith clarified: "you validate their experience." It is interesting to note how Ana sets this sense of validation against a developmental perception of children: "And even though they are minors that, you know they're valid, what they say is valid even though sometimes it can be seen as babyish or ridiculous."

Other coded excerpts convey therapists' views of therapy as "a valuable, hopeful space which makes a difference" and a "working-out, helpful, reflective space". Therapists implied a sense of active meaning-making, represented in the codes "a place where children

need to work out the value of talking” and “a space to develop a language for thoughts”, “reorganising the self”, and “exploring internal struggles”.

Relational, Contactful Space: About Us

Within this category I aggregated codes encompassing therapists’ understandings of therapy as a relational and special space. For example, Ana spoke of it in terms of “safety, a space where … we build a relationship. Based on trust, on commitment, on, eh, being available.” Maria referred to a “real, solid therapeutic relationship” which “is not the same relationship [they have] with their carer.” She explained that it is a special relationship in which children invest because: “It’s the exception to what they’ve ever experienced … something is being built which is not disappointing, which is constant and stable.” Other coded excerpts also communicate an understanding of therapy as a special relationship which can be threatened. For example, as Edith explained, “if information is used badly, it will have repercussions on the therapeutic relationship … it may dent it.” Within her clinical vignette, Edith made frequent references to “us”, which I represented in the code “an Us process”, implying a sense of joint endeavour and reciprocity.

Within this category I also coded excerpts which communicate therapists’ specific actions and efforts to connect with children and to promote the development of the therapy relationship. Such actions include being there for the child, listening non-judgementally, repairing breaks in the relationship, respecting the child’s pace, and communicating trust. Therapists also valued spending time in children’s everyday living space and speaking their language. Edith’s words echo this sought-after connection: “I realise that I have managed to be in tune when I feel connected … you get a sense that you know how he ticks.”

Nurturing, Reparative, and Containing Space

Within this category I aggregated codes bespeaking therapists’ understanding of therapy as a nurturing and containing space. All therapists mentioned containment, Edith for

example valuing it for “providing the safety and the containing presence; probably it is the most important thing in therapy, more than the techniques you use”. This sense of containment was also spoken about in terms of persevering, holding hope, and waiting.

Other coded excerpts communicate therapists' understandings of therapy as a nurturing space which can offer reparation for past deficits within children's lives. For example, Susan described how children seek nurture: “they come for hugs. And it's ok.” Edith spoke of reparation in terms of “changing old scripts and creating new ones.”

I interpret therapists' recognition of reparation and the value of a therapeutic relationship as mirroring child psychotherapy discourses. It echoes an implied reference to a known deficit in the children's lives and an aspiration to offer children a relational and reparative process.

Theme: Bearing and Staying With a Challenging Process Yet Working For and Expecting Change

I will present this theme in terms of its six categories as presented in Table 7.3.

Table 7.3

Theme: Bearing and Staying with a Challenging Process

Categories	Tentative, cautious, vulnerable, and sensitive process	An evolving accompaniment	Dwindling and tricky engagements	Challenging children, holding boundaries and providing direction	Challenging process for both child and adult, related to control	Where's the change?
Codes	tentative process, like a minefield; child scared, upset, or feeling vulnerable; sensitive understanding; therapists dealing with resistance; and trust as the big challenge	running is the journey rather than getting there; humbling experience for adult; and dealing with the urge to do it for them, rather than accompanying	pulling down a shutter or not progressing further; when therapy becomes stale; tricky engagement; and therapists' limits, self-doubts, and uncertainties	setting, negotiating boundaries, pace and tone; need for clear boundaries; balancing challenge and support; invitation to responsibility and making choices; and taking them to the next step	who has control?; therapists feeling used, stretched, or exhausted; and challenge for therapists to remain therapeutic	adult views towards outcome; dealing with no apparent change; how and when do you evaluate?; facilitating child's meaning-making of therapy; how real is the therapy space; and identified outcome measures

Tentative, Cautious, Vulnerable, and Sensitive Process

Within this category I aggregated codes communicating therapists' understandings of child psychotherapy as a tentative process in which children may feel scared, upset, and

vulnerable. Findings convey how therapists dealt with what they perceived as resistance and dissonance, approaching the process sensitively whilst recognising the challenge of trust. For example, Susan spoke about a child for whom talking about family was a very sensitive and potentially upsetting experience. She alluded to a certain tentativeness within their relationship: "We [child and I] tend to both approach each other with caution, and somewhat warily although respectfully." She described this child in these terms: "I get the image of the scared like ... cat or tiger ... doesn't know whether to approach you or pounce on you."

Other codes communicate therapists' tentativeness in managing a sensitive response, along with their awareness of the possibility of pushing children. For example, Edith remarked that "at times you cannot push them for further awareness", while Maria reflected: "But what am I to do if the dose I use, if he misunderstands that particular word that I use, or if he does not like it, or if he gets it wrong, he can easily not come [to therapy] anymore."

Therapists also spoke about children's ambivalence, or resistance, towards attending sessions as a significant challenge. Moreover, Edith differentiated between children who eventually engage and others who "remain resistant, who maybe do not want to come, you feel kind of that you failed." All therapists spoke about trust as a significant challenge within the therapy relationship and, without identifying clients, referred to children who were afraid, or unable, to trust. They related this to the child's past experiences, the child's loyalty towards their family, and the impact of the residential context.

An Evolving Accompaniment

Within this category I aggregated codes summarising therapists' understandings of psychotherapy as an accompaniment that develops over time and where the process is as important as the outcome. For example, Susan explained: "It is like the journey is the process; running is the journey, kind of, not that you actually get somewhere specific." Whilst all therapists spoke about the long-term nature of such an accompaniment, Ana and

Edith related this to the prolonged nature of the child's processing of past trauma. Ana explained: "it takes them time, I think, to get there and understand, erm, kind of that, other children or that children should not go through those experiences."

Dwindling and Tricky Engagements

This category includes coded excerpts from all therapists' interviews communicating impasses or lack of progression within children's engagements. Edith explained that a child "may reach a plateau and not progress further ... there I question, is it because of the child's, how can I put it, ability, his cognition?" Therapists' descriptions within this category allude to children's conscious and less conscious intentions within these impasses. For example, Ana said of the therapy relationship: "it remains very frail because I think that the way how these children learn how to cope in their life is, they cut lines." A sense of intention is echoed by Maria's description of the progression with her client: "And then, kind of, all of a sudden, we went back into, I will not trust anyone ... he pulled down the shutter."

Whilst exploring the uncertain nature of some of the children's engagements in therapy, Ana expressed doubts regarding the children's motivation to attend therapy: "you get the idea ... they like to come because they are missing out [on school]". Although she thought that for some children missing a session was a significant matter, she questioned their motivation: "Is it a big deal? Or is it because we're available? They've got nothing else to do?" In Chapter 8 I will explore how such a conclusion differs from children's views regarding the importance of therapy to them.

Challenging Children, Holding Boundaries, and Providing Direction

Within this category I aggregated codes which relate to therapists' attempts at sustaining a focus on therapeutic work. Participants spoke about a challenging, direct aspect within the therapist's role, speaking of "taking them [the children] to the next step" and in the

words of one saying: "I think it is my role to undress these coping mechanisms. Even especially if they are unhealthy."

All therapists spoke about the need for setting and negotiating boundaries. For example, Maria spoke about boundaries in the context of the residential setting: "till where can I take it, so that they [the children] understand the boundary at which the role of therapist stops ... you cannot take on the role of carer." Maria also spoke about the boundaries between balancing challenge and support, as did Edith and Ana. Edith explained: "how much will you challenge them, but at the same time without breaking what you would have built."

Challenging Process for Both Child and Adult, Related to Control

Within this category I aggregated codes which communicate the challenging nature of the psychotherapy process in terms of therapists and children feeling out of control or needing to reclaim some control. For example, the code "who has control?" includes an excerpt within which Maria spoke about how therapists do not have control over children's actions and how she felt she had to accept children's free will: "notwithstanding the fact that he is a minor ... if he wants to stop or if he wants to attend and use time in that [non-productive] way, he can do that, I needed to accept that and understand it better." Ana and Maria explained how children make choices and set the pace in therapy: "kind of, he owns therapy."

The code "therapists feeling used, stretched, or exhausted" provides an additional perspective on the dynamic of control. Whilst Ana spoke about dealing with noncompliance, Susan spoke about feeling used by a client: "there were incidents where he actually approached me and, I know, used me". She shared her frustration at feeling helpless and powerless: "and I feel that I am kind of ploughing in water."

Findings within this category also convey therapists' awareness that children and adults may hold different agendas in psychotherapy. For example, Ana explained: "I think

these children learn to, you know, they have strong coping mechanisms that helps them to put their problems away and, erm, in therapy we want to remove those and address what is going on underneath."

Where's the Change?

Codes within this category indicate that therapists experienced thinking about change resulting from their interventions with children as particularly challenging. Therapists spoke about the dispiriting effect of seeing no evidence of change as a result of therapy, Maria for example sharing that "it was so frustrating that nothing was happening". The code "how real is the therapy space?" indicates other change-related dilemmas. Explained Ana:

We make it pleasant for them. They have control. Eh, but, kind of, is it real? Is this what happens upstairs [in residential units], for example? It's not. They, they cannot. They don't have that space. It's like in the room, you manage to connect with them ... how do you transfer that outside the room?

Codes within this category also communicate strategies which therapists employed to construct meaning around such dilemmas. For example, Susan talked about how her experience of lack of progress with a child resulted in a sense of "humility ... in what we can actually change ... an acceptance that we can do our best, but there is also a lot of damage." She rationalised the lack of perceived progress by referring to the wider residential context: "I still feel a bit, bit negative that we intervene a bit too little, too late. ... Because children are born to someone, like. They are not born at [name of residential setting]."

Codes within this category also convey therapists' views regarding outcome. Therapists talked about outcome as based on adult expectations, as depending on the extent of work with the system, and as set within the belief that "this is work in progress" where the smallest change counts. Ana explained that measuring outcome is difficult. Concurrent findings relate to therapists' identified outcome measures, such as the child's ability to

verbalise and the extent to which the child manages to link the therapy experience with the rest of their life.

In terms of evaluating outcome, all therapists spoke about valuing children's feedback. For example, Susan invited evaluation with a child: "He told me: 'Let me tell you one thing'. I told him, 'What?' 'You hastened me a bit ... wanted me to deal with stuff too quickly.'" I interpret therapists' responses regarding facilitating children's feedback as highlighting therapists' need to learn how to evaluate psychotherapy with children. When asked about evaluation, Ana responded:

I would do it towards the end of our work. ... Eh, but they would be a bit dry ...

Maybe I don't probe enough. That's why I'm interested ... in your eh findings. Eh, kind of finding, learning how to do it.

Findings also suggest that the quest for joint adult-child evaluation draws into play adult beliefs. For example, Edith spoke about feedback as very being important in informing her approach, yet explained that she would seek feedback

Only when I see that children would have achieved a position when they can reflect on this space. I think when they are very needy of the space ... I feel that they would still not be in the space where, they would not be able to disentangle themselves from the space to reflect on it. I feel that that happens later ... It is like I get a sense of whether he achieved that level where he can take it ... When he is kind of confluent with this space, I kind of see it [being] difficult for the child to reflect about what he is taking from the space. ... Afterwards, when they would have reached a certain level of integration ... And then they can give you feedback ... But they can take it.

Within this excerpt I perceive Edith's position as one from which she could interpret a child's behaviour and decide when "they can take it". From such a position she was able to assess the child's competence and assess the possibility of the child's contributing towards evaluation. I

interpret this extract as offering an insight into how adult professional knowledge and power connects to facilitating reflective and evaluative processes with children.

Theme: Multi-Layered Process Which Is Not Just What It Seems

This theme communicates therapists' understandings of psychotherapy as a multi-layered process which endorses much more than one might comprehend from a more casual observation. I will present this theme in terms of its eight categories (see Table 7.4).

Table 7.4

Theme: Multi-Layered Process Which Is Not Just What It Seems

Categories	Connection beyond the verbal and the conscious	Behind the scenes: working the in-between	Children do not know, and need to learn about, therapy	What therapy seems to be for children
Codes	space related to the unconscious; being different kind of mummies; and therapeutic presence as a different form of relating	challenges working with care system; managing multiple roles; and working the in-between, including work with families	an unknown space; and children not understanding or not bringing enough material to therapy;	frightening, risky space; a place to play; individual, undivided attention; may not understand it or reflect about it; not a big deal, just normal, makes them feel good; safe haven where child has control; and sought-after and valued space or routine
Categories	Therapists being where the children are not	Therapists involved at a personal process level	Different, context-specific, and long-term process	Therapists observe, reflect, and then act strategically with child
	addressing what is going on underneath; making sense and also interpreting; putting flesh to the bones; and seeing the bigger picture	dealing with intense emotions you carry; intense reactions towards therapist; therapist's blind spots and biases; and you become part of their life	different from therapy in other contexts; and more long term, slow, never-ending	being sensitive and intuitive, sometimes strategic; indirect pushing; informed by attachment, and trauma theory; professional duties; and the language of self-reflexivity

Connection Beyond the Verbal and the Conscious

Within this category I aggregated codes which communicate a reference to psychodynamic notions within child psychotherapy theory. Edith drew most extensively from such psychodynamic notions, reflecting her training background. She explained, for example: “On a level, they [the children] would be communicating unconsciously, a lot of stuff which consciously they would not be able to speak to you about.” The reference to unconscious communication presents a frame of reference unknown to the child but which allows the adult, in this case Edith, to look for hidden meanings and make sense of challenging and seemingly incongruent patterns of engagement. Yet it is interesting how Susan, who had not been trained in a psychodynamic model, also referred to the unconscious phenomenon of “transference” in making sense of intense sensations she felt in dealing with a child who defiantly challenged her, making sense of his defiance as “a taster of what he is experiencing on the inside”. I will explore this further in Chapter 8.

A particular code within this category conveys the notion of “therapeutic presence”, a phrase alluding to its nonverbal intensity. Edith explained it as a “process where you get in tune, kind of, with the children’s wavelength … where you feel connected” and spoke about this as essential: “Without it, I perceive it as intervening in the dark.” Additionally, the code “being different kind of mummies” represents an aspect within this presence and draws from psychodynamic concepts. Edith spoke about how at times: “you are like a surrogate parent … meaning there are those who start seeing in you the mum he did not have; with others you become the temporary mum; for others you become the cruel mum.”

I interpret these findings as suggesting a therapists’ map of a behind-the-scenes process which may remain unknown to the child and which therapists use in order to make sense of intense sensations and challenging engagements.

Therapists Involved at a Personal Process Level

Within this category I aggregated codes capturing therapists' experiences of feeling personally involved with children, in terms both of their actual presence in children's lives and of intense emotions which they experience when they meet children in therapy. For example, Edith explained: "the emotional reactions that they trigger in you, sometimes of sadness, sometimes helplessness, sometimes anger, sometimes despair, kind of it's very different from working with someone who is not in residential care." Susan described how a challenging act from a client "really brought me down for a couple of days. It is not usual for me, to [experience] this feeling of heaviness." The intensity is also spoken about in terms of the lived experience described by Maria as "becoming part of their life ... kind of immersed".

Therapists Being Where the Children Are Not

Codes within this category include "addressing what is going on underneath", "putting flesh to the bones", and "seeing the bigger picture". As Edith explained: "You need to be where they [the children] are not, so you carry them a bit more towards there, kind of, to challenge them a bit more." Susan, Maria, and Edith spoke about having to interpret different sensations. The intention to look for hidden meaning also seems to influence the perception of the child's creative process. Ana described how she intervened with a child who created a role play about them meeting in the future: "Is it coming from anywhere? I mean it's really coming from somewhere but what does the story mean to the child? Trying to find meaning beyond play ... because otherwise it becomes, it's all fantasy."

In describing how she saw her role as a therapist, Ana said, "in Maltese, kind of we say *inlahmu* ['put on flesh'] ... children, kind of, they bring the skeleton ... And I feel like I have to fill in the details." All therapists referred to a not-yet-known meaning within the children's process which they might be able to access through a process of reflection and interpretation.

Therapists Observe, Reflect, and Then Act Strategically with Child

Within this category I aggregated codes representing therapists' descriptions of their interventions, involving a process of observation, interpretation, and reflection resulting in strategic action. For example, Ana explained: "I don't push, to talk about anything in particular. That push directly ... But eh indirectly I would, by you know linking ... maybe, talking to the care workers." Maria contributed: "I hammer you a bit, but I give you space." In reference to goal-orientation within her role, Ana said "get them to understand their, their process", while Edith expressed what she referred to as "the frustration of wanting to go deeper but not being able to". Within such a strategic approach, therapists spoke about being theoretically informed by attachment, trauma theory, neurobiology, and ethical codes of practice whilst engaging extensively in the practice of self-reflexivity. They referred to reflection as a key aspect informing their interventions, one involving an awareness of one's own cultural capital and attending to one's own hunches in order to understand children.

Behind the Scenes: Working the In-Between

This category communicates therapists' references to behind-the-scenes interventions with other persons in their clients' lives. At times children knew about these, whilst at other times therapists spoke about them as an implied aspect within their role of advocacy and their position as intermediaries between adults and children. Such interventions included proactively talking to carers and family members and sharing information with other adults.

Ana spoke about the benefits of having conversations with carers and family members: "it gives you a context. And I think I feel like I understand the child more and the child feels I understand him more ... That is something I feel they like, that I meet their parents." Susan and Ana spoke about proactively asking carers about their clients, whilst Susan alluded to sensitive aspects within this sharing of information. Within her clinical vignette Susan described the complexity of concurrently being the child's therapist and

speaking to carers dealing with the same child's challenging behaviour, whilst also supervising some staff within the same home. Within the context of multiple roles, Susan saw her role as being, unknown to the child, "to facilitate relationships ... make them workable". Findings communicate the complexity of managing such multiple behind-the-scenes roles.

Different, Context-Specific, and Long-Term

Within this category I aggregated codes which convey therapists' understandings of therapy in a residential setting as context-specific, specialised, and different, to an extent that it cannot be fully understood by referring to a generic conceptualisation of child psychotherapy. Therapists spoke about context-specific features such as the lack of supportive parents, such therapy being more multidisciplinary and longer term, and the likelihood of children wanting the therapists to become part of their everyday experiences. The therapeutic process was constructed as slow and longer term yet also more intense, and one in which the therapist carries more responsibility.

Children Do Not Know, and Need to Learn, About Therapy

The code "an unknown space for children" within this category collects therapists' views regarding what children understand about therapy. For example, as Susan explained: "Frequently children are referred, kind of, they would not have really understood why they came ... Because they don't even know what they need or what they want." This was echoed by Ana's "if they don't have any expectations because it's their first experience ... they take what comes. And they are fine."

The code "children not understanding, or not bringing enough material to, therapy" aggregates therapists' references to children not meeting their (therapists') expectations regarding engaging in psychotherapy. At times, children were thought of as not going deep enough, staying at a surface level, and not bringing enough material for processing, either

because they cannot do so, or because "they need to put problems away", or because they find emotions difficult and threatening.

What Therapy Seems to Be for Children

Findings within this category relate to therapists' thoughts about how children view therapy. The main codes suggest that therapists think children perceive therapy as variously "a frightening, risky space", "a place to play", "a place for individual, undivided attention", "not a big deal, just normal, makes them feel good", "safe haven where child has control", and a "sought after and valued space". All therapists thought that children valued the individual, undivided attention they received from therapy. Ana highlighted the aspect of control in this: "you know they have control over that hour. Eh, they can talk and not talk ... because they can play. They might not want to talk about something that's worrying them anyway." Edith, Susan, and Ana alluded to children's perception of therapy as a safe haven. Edith spoke about the safety of a set-apart space resulting from the fact that children would be away from their peers, Susan explaining that "they speak about that space as, kind of, a bit of a nice space away from the, kind of, like a respite away from very difficult realities."

Ana, Edith, and Susan thought that for children therapy is a place that makes them feel good about themselves. Ana explained: "I think they have to feel good. They have to feel that. Not that [therapy] was useful for them ... they underestimate the value of talking. With children they don't have that expectation." She also said, "sometimes I see it that they want to be like everybody else. It's like here everyone goes to therapy. So, it's like if they go to therapy it's like normal." Susan also spoke about this normalised identity: "So, it's like everyone eats, everyone has their own room, and at some point, everyone has, his therapist ... kind of part of the culture." Yet the normalised identity of therapy was not spoken about in terms of a valued experience shared by everyone. In Ana's view, "that's how they describe it,

we go and play and talk. So, they don't understand that play is therapeutic. Or we use certain exercises and activities therapeutically. They see it as play." She added:

I'd like to think that I would be the person that they can talk to, eh, about something that is worrying them ... erm, they understand that by talking about it, it can help. ... But, eh, I don't think they see it that way.

I interpret such findings as presenting an interesting juxtaposition of contrasting understandings of the child's engagement in a multi-layered process which is not quite what it seems. I will explore this juxtaposition, in particular the fact that it stems from an evaluation of children's engagement set within a child psychotherapy language and based on adult-determined values and beliefs, in the discussion chapter (Chapter 8).

Theme: Improving Therapy

Helpful and unhelpful aspects of therapy contribute to a better understanding of therapists' views of psychotherapy. Yet, in this section, I will only present aspects that have not been presented in previous ones. Moreover, therapists' direct suggestions regarding improving therapy are not reported, as they are not directly related to the research questions.

Helpful and Unhelpful Aspects Related to Therapists' Actions

Within this category I aggregated codes which indicate that therapists thought it would be helpful if they respected the children's space and defences and did not act intrusively. For example, Ana spoke about being wary of introducing "heavy" subject matter: "I would still be careful so that they don't expose themselves too much." Maria and Susan referred to the helpful impact of clarity about how therapists share information and manage confidentiality. Maria also spoke about therapists extending their work beyond the therapy room as being a helpful aspect: "it might mean going to the football ground and throwing a few balls around ... I think there needs to be more accessibility."

Asked about unhelpful aspects, Ana referred to therapists missing appointments. Edith spoke about the unhelpful dynamics around “exercising pressure, when it becomes your agenda to go there, kind of, I think it is not helpful in therapy.” In Chapter 8 I will discuss how such findings highlight the adults’ sensitivity towards their power and potential for control within the therapy relationship.

Helpful and Unhelpful Aspects Related to Child’s Expression

Within this category I aggregated codes which communicate therapists’ understandings regarding the helpful impact of a sense of non-judgemental, safe permissiveness. For Edith this meant “that they feel they have permission to express themselves … in whatever way you want.” All therapists perceived the adult’s attitude as key in facilitating the child’s expression. Maria spoke about being attentive to nonverbal expression whilst Ana referred to the need for children to develop “kind of a language to their thoughts.”

Turning to unhelpful aspects, Maria mentioned the notion of children not having the means to express themselves, especially in the initial stages, whilst Edith mentioned the challenge of accessing negative feelings.

Helpful and Unhelpful Aspects Related to Working with the System

Codes within this category highlight therapists’ emphasis on the impact of other adults’ supportive actions, or lack thereof, on children’s engagements in therapy. For example, Susan explained, “when after here [therapy], there is some form of support in the surrounding environment, in a way, I think the results are more long term in terms of stability.” Whilst therapists highlighted the challenge of trying to engage parents, Ana spoke about the positive impact when parents did meet the therapist or come to therapy: “I feel that they [the children] have permission to talk about the family … think that helps a lot … I get, eh, I’m approved [of] by their parents.”

Touching on unhelpful aspects, Susan reiterated the negative impact of other adults not recognising the value of therapy. Susan recognised the limited boundaries of a therapeutic space and the contrast with the child's need for constant support: "they might have needed a session yesterday evening, but I wasn't around."

Theme: Interviewer–Interviewee Relationship

Findings within this theme communicate the multiple relationships which I shared with therapists, being both a fellow team member and their supervisor. For example, the code "drawing each other into a we" communicates instances within interviews where both therapists and myself referred to ourselves either as a team or as two co-workers.

Findings also portray my efforts to put on a researcher's hat and facilitate a set-apart, evaluative, and reflective research space. Yet coded excerpts also indicate that putting on a researcher's hat at times meant highlighting priorities, such as placing emphasis on the child's meaning-making about therapy, which tend to be more peripheral within the language of child psychotherapy. In turn, such priorities influenced my questioning technique.

Within this theme I also coded instances of laughter during interviews, drawing attention to the function of laughter and giggling in the research interactions. This informed my awareness regarding the impact of my positioning on the participating therapists and on our interactions. For example, when Ana shared the challenge of dealing with children's resistances, through my giggling I attempted to construct a shared common ground which I hoped would help her feel less inhibited to talk about such aspects. Findings indicate that sometimes my giggling communicated my empathy towards therapists, whilst at other times I sought to nonverbally communicate being intrigued in order to strategically invite further reflection. Coded excerpts also indicate that, at times, participants' giggling reflected the demanding nature of the conversation, possibly masking their embarrassment or shame. For example, Maria laughed profusely as I read back her own writing to her regarding being

adamant about not losing the client. Eventually she explained: "No, I don't know whether I can make a confession, but I am going to say it just the same, because this is one of my favourite clients."

I interpret findings within this theme as indicating that in facilitating this research process I drew on my insider's identity and the relational closeness I enjoyed with participants outside research. This facilitated what I perceived to be less guarded responses from therapists. Yet it also resulted in a space for therapists to think about their practice in a manner which they had not done before. For example, Ana commented:

I am saying to myself I wish I can do that after every session ... because it's like, it's difficult to process on your own. Erm, and it's like your questions helped me to stay with it and think a bit more. So, I found it very helpful.

Yet, at the same time, the practitioner research context and my insider's identity may have inadvertently contributed to an additional sense of felt vulnerability on the part of adult participants. For example, even though we had known and worked with each other for years, Ana described her engagement in the interview with me as: "Stressful because I didn't have answers ready ... So, I had to really think and process. Ehe, it's quite difficult. I wasn't looking forward to it." Edith described it as "Quite intense ... which reflects a bit, kind of, the intensity of the client, the intensity with the system ... At the same time support."

Conclusion

This section presented salient findings from my thematic analysis of interviews with therapists, which relate to the study's research questions. The next section presents selected findings from my thematic analysis of data collected with care workers and residential social workers.

Section B: Carers' Data

Table 7.5 presents the main themes resulting from my thematic analysis of interviews with three care workers and two residential social workers, collectively referred to as *carers* in this section. These findings are relevant in terms of situating children's experiences and views within an adult-determined practice context. This informs an understanding of how such a context contributes towards an explanation of similarities and differences between children's and adults' accounts. Yet for the scope of this thesis I had to select which data to present in this section. I decided to select data which communicate salient categories corresponding directly to the research questions.

Table 7.5

Themes Resulting from Analysis of Care Workers' and Residential Social Workers'

Interviews

Theme	Theme Description
The residential context	Carers' and social workers' views regarding living in residential care.
What is therapy for carers and social workers?	Carers' and social workers' understandings of child psychotherapy in residential care.
Views of children	Theme communicates the manner in which children are talked about and constructed by care workers and social workers.
Improving the service	Suggestions regarding improving psychotherapy and the identification of helpful and unhelpful aspects.
Workers' challenges	Includes the challenges, dilemmas and needs which carers and social workers experience at work.
Research relationship	Findings focus on the relationship between the researcher and the participants.

Theme: The Residential Context

Within this theme's categories I aggregated codes which convey carers' descriptions of residential care as a highly structured setting with set routines. All carers spoke about the residential context as a challenging space for the child. For example, whilst Christian, a care worker, spoke about the challenge of children bullying others, Rita, a social worker, spoke about not managing effectively to reach out to every child. The categories "split loyalties", "difficulties within the biological family", and "looming reality of being separated from one's family" present carers' understandings of children's challenges in terms of their family context and the manner in which they made sense of their removal from home. For example, Marthese, a social worker, referred to a boy who had recently asked her: "When am I going to see my parents? ... when I go to the beach, I see children on the beach with their parents and aren't I supposed to be with my parents as well?"

Carers also spoke about the challenging nature of residential care from the point of view of the different agendas within it. For example, Rita explained that "children may wish particular things and we tell them otherwise". Carers also described residential care as a rather public space, in terms of the degree of psychological safety and proximity. As Marthese put it, "these children come here, and their life is exposed to a number of workers they have never seen in their lives. It takes a lot on them." Within such a challenging context, all carers spoke about their motivation, desire, and efforts to provide a high standard of care.

Within such a residential context, carers talked of therapy as an available, normal space nested within and related to a residential service. All carers spoke about the relationship between therapy and the residential setting, both in terms of what was perceived to be the effective role of the therapist in the house and how they as carers supported the children's engagement in therapy. Yet concurrently, carers alluded to therapy as offering a

different being and thinking space. For example, Christian referred to it as “a space where the child needs to distance himself from the chaotic routine within the house.”

Carers also spoke about the importance of feedback to and from therapists. Marthese and Rita also highlighted the challenges of such information sharing, Marthese expressing concern over the possibility that “they [the children] might see it as an invasion of their privacy at the same time.”

Theme: What Is Therapy for Carers and Social Workers?

This theme is presented in terms of its seven categories as shown in Table 7.6.

Table 7.6

Theme: What Is Therapy for Carers and Social Workers?

Categories	Their time: set-apart and confidential	Safe, relational space for opening up, possibly cathartic release	A sense making, reflective space related to self-knowledge	A developing, delicate process in flux, potentially unknown to the child
Codes	valued, confidential space sought after by some children; and therapy as one-to-one, quality attention	joint, goal-oriented endeavour; and self-expression through different media	linked to emotional literacy; space which depends on child's investment; and therapy makes you work on yourself	for parents, maybe a ticket to get their child back; and dwindling, at times resistant, engagements
Categories	Challenging, at times painful, upsetting process which child may resist	A professional process: skills and approach are crucial	Change and the impact of therapy	
Codes	the journey towards trust, dealing with the difficulty to open up; makes you feel vulnerable; child may feel embarrassed, upset, or uncomfortable; potentially unknown for child; and child retreating, withdrawing, or resisting therapy	interpretative space?; and professional guidance	what is change or its absence attributed to?; improves child's sense-making; linked to positive behavioural change; positive impact on relationships; some aspects do not change; and therapy helps children hold on	

Their Time: Set-Apart and Confidential

Findings within this category communicate carers' understandings of therapy as a precious, valued, and confidential space for children. For example, care worker Christian explained that "in my house [children] seek out therapy." John, another care worker, explained that some children "give importance to therapy and they are kind of loyal to it." The special, set-apart, and confidential nature of therapy was alluded to by Christian when explaining that at times children invited him to their session. He saw this as an indication of a level of relational closeness: "I will invite you into my most private room and you will meet my therapist and we will talk about what we are going through."

Safe, Relational Space for Opening Up, Possibly Cathartic Release

Within this category I aggregated codes conveying carers' understandings of therapy as a safe, relational space related to opening up. For example, Christian spoke about therapy as a "safe environment where the child can talk openly". John explained that within this space "there is a goal that the therapist and the child are trying to reach together".

Within this category I also aggregated codes which represent carers' views of the therapist as a helper who facilitates the child's expressive process. For example, Christian spoke about therapy as "the space where the child can express himself through different media, through different channels what he would be going through." Both John and Christian spoke about play and creativity as features supporting the child's comfort and expression.

A Sense Making, Reflective Space Related to Self-Knowledge

This category includes coded excerpts from all carers communicating an understanding of psychotherapy as a self-reflective space which can help children make sense of their lives. For example, Eliza spoke about children being "not always aware, I think, of their emotions and, kind of, therapy makes them become, kind of, they can name it." She added: "You have to want therapy in order for therapy to have an effect ... if they go down

because they are forced, it is useless because you cannot work on them." I interpret Eliza's words as communicating an interesting dynamic in terms of the attribution of children's agency within the constructions of therapy. Therapy is constructed as a space where the child is worked upon. Yet it is also spoken about in terms of a joint, relational process, whilst at other times, such as within the code "space which depends on child's investment", therapy is spoken about as totally dependent for its effectiveness on how children make sense of it and on their willingness to engage. For example, Marthese explained:

I make a distinction between those boys ... who value therapy and they look forward to it and you can realise that they are gaining something out of it, and those other boys who see no gain out of it.

I interpret findings within this category as suggesting that carers tend to distinguish between children who do, and those who do not, make good use of therapy. Such distinctions draw on particular understandings of the child's expressive abilities, either in terms of a personality trait (e.g. Marthese's "children who are more reserved") or a coping/defence mechanism.

A Developing, Delicate Process in Flux, Potentially Unknown to the Child

Within this category I aggregated codes which communicate carers' understandings of what Rita described as the "very delicate process" which can develop especially in the initial stages of therapy. For example, the sensitivity of such a process was alluded to in Christian's reference to children asking the question, "Why do I have to go to therapy? Is there something wrong with me?" Rita and Elisa went on to describe different examples of fluctuating engagements and disengagements.

Challenging, at Times Painful, Upsetting Process Which Child May Resist

This category captures carers' references to the development of trust as a central challenging feature within the therapy relation. These are represented, for example, within the code "the journey towards trust, dealing with the difficulty of opening up". For example, Rita

explained: "There I see the big challenge for the therapist to connect with the boy and somehow, in some way or another, he gets the child to start to trust; it could take a long time." Whilst Rita's responses highlight the therapist's responsibility in managing strategic interventions, John's responses focus on the child's process: "the boy really suffers when he opens up, to express himself, and in fact it is very evident with us upstairs [in residential spaces]".

Carers' responses also conveyed different understandings regarding what they perceived to be children's resistance. For example, Rita described this scenario:

He would run here and there, using foul language, you want to send me to therapy against my will, he would have a total melt down, a lot, generally that is kind of when the therapist would be about to touch the wound.

Rita seemed to understand the child's behaviour as a defensive response to the possibility of being asked to access painful memories; a view shared by Eliza. Carers also understood resistance as part of adolescents' need to seek autonomy. For example, Eliza explained, "they start rebelling a bit as well ... around 16, where this sense of they do not need anyone is present." Resistance was also perceived as being linked to the wider residential context, as Rita explained: "The child could be still too closed up and too afraid to open up, for example on what is exactly happening at home, maybe the fear that you would reduce his contact [with home]."

When compared with children's understandings of dwindling engagements in therapy, and therapists' references to the challenging nature of therapy, I interpret such findings as indicating certain interesting similarities and differences which will be discussed in Chapter 8, especially Section A.

A Professional Process: Skills and Approach Are Crucial

This category communicates carers' understandings of psychotherapy as a professional space which provides children with guidance. For example, John and Marthese, spoke about psychotherapists as professionals who are "more equipped than a social worker, than the house leader". The professional nature of the intervention was also alluded to by Rita, who perceived therapy as offering professional guidance for her to understand children.

Change and the Impact of Therapy

Findings in this category indicate that carers perceived psychotherapy as contributing to changes in children's lives and relationships. For example, Rita, Christian, and Eliza mentioned that therapy helped some children to become calmer, while John, Marthese, and Rita explained that they had witnessed improvements in children's reflective abilities.

Findings also communicate carers' explanations regarding what contributes to such changes. For example, Rita, Marthese, and John understood change as depending on the child's personality and beliefs, echoing the previously reported distinction between children who are more open, expressive, and committed to therapy, and those who are less so. Rita's and Eliza's responses indicate that change was also perceived as dependent on the child's understanding of therapy and its goals.

In terms of carers' explanations regarding what contributes to such changes, carers perceived therapists' skills and the therapy relationship as essential elements. For example, John, Marthese, and Rita attributed change to the quality of, and the sense of trust within, the child-therapist relationship. Yet codes aggregated within this category also highlighted the child's individual process and responsibility towards change. For example, Marthese explained: "It's a matter of trust how much the boy who comes here trusts the whole system."

Other findings highlight the impact of the child's context on the change-enabling potential of therapy, examples being Christian's and John's emphasis on the seminal influence of the staff's support towards the child's engagement in therapy.

Theme: Carers' Views of Children

This theme resulted from the process of aggregating categories which communicate how carers tended to view children in residential care. These findings are important in terms of understanding how carers' views of psychotherapy relate to and are supported by particular constructions of children, something I will consider alongside therapists' views of children in Chapter 8. Categories within this theme communicate the following constructions.

Guarded, Relational Strategist

This category communicates carers' perception of children in residential care as very skilled in terms of managing relational closeness, as a result of what is perceived as children's adaptation to adverse life experiences. For example, Christian explained his belief that children know how to strategically push the buttons of adult carers. He also referred to one child's resistance to therapy as an example of a child enforcing his control and choices.

Odds Are Against Them

Within this category I aggregated codes conveying carers' views of children as looked-after children living in the midst of a complex reality, including both the child's family situation and the residential care set-up. This reality was perceived as negatively impacting the child's life chances. For example, Rita described it as "the serious instability in their life ... because the children, at times, live through their own battle, the odds against them achieving stability are so heavy."

I make sense of findings within this category as inviting a critical consideration of views which attribute a sense of individual agency to children and perceive them as

responsible for their own choices and progression. This has been communicated in other categories within this theme and the previous theme.

Disempowered Child

Codes within this category communicate carers' constructions of children as disempowered. This sense of disempowerment is spoken about as being the result of children's past adverse experiences. For example, Eliza explained, "I think they are not always aware ... of their emotions ... because these, they did not even have someone ... who tells them: this is anger." Yet this sense of disempowerment was also spoken about in terms of children in certain cases lacking ability. For example, Christian explained: "There are children with whom it is very difficult to achieve, we have a case, we say does it make sense that he goes to therapy ... Could it be that there is an IQ barrier?"

Open, Expressive, Meaning-Maker

Within this category I aggregated codes which communicate carers' references to children's expressiveness, openness, and capacity for engaging in meaning-making. In relation to one example of this, John said: "these two children are capable of evaluating, observing, they are grateful. Kind of, they reflect on themselves and they have a vision for the future." Moreover, John explained that he thought the emotionally expressive children tended to be the ones most committed within therapy. Marthese also spoke about these children: "They see the value in that [helping] relationship ... they believe that by sharing the things that are upsetting them, the person can help them."

I interpret findings within this category as relating to the previously reported distinction between children who are seen as open and engaged in therapy, and those others who tend to be seen as defended, less expressive, and resistant.

Psychologically Defended, Sometimes Unconsciously

This category includes coded excerpts from Eliza's, John's, Marthese's, and Rita's interviews, in which they spoke about children they perceived to be not verbalising their feelings, and defended. Such views are also sometimes supported by references to the unconscious and how children do not necessarily intend or mean to be defensive. Findings in this category further contribute towards an understanding of how carers and social workers draw the above-mentioned distinction between children who are more and less open.

Rebellious, Autonomy-Seeking Child

Within this category children were spoken about as not understanding and needing to grow up, or as unpredictable, labile, and unknown. For example, Christian spoke about this rebelliousness as giving rise to bullying behaviour within a group context.

Theme: Improving the Service

This theme communicates helpful and unhelpful aspects identified by carers within the process of psychotherapy. Carers' direct suggestions regarding improving therapy are not reported, as they are not directly related to the research questions.

In terms of aspects which support the child's process within psychotherapy, carers identified the importance of a calm, set-apart, safe space which supports the child–therapist relationship within long-term, consistent interventions. They also highlighted the seminal impact of children's positive relationships with therapists and referred to the importance of children meeting their therapists informally. For example, Christian explained: "therapists come up in the house and the children are seeing them, so in an indirect fashion, there is another relationship, not only the relationship inside the room during a session. So, children feel more comfortable." All carers and social workers spoke about the importance of an in-house therapy service which ensures consistency and supports a high degree of quality collaboration between therapists and care professionals.

To turn to less helpful aspects, care workers remarked on the negative impact when consistency in holding sessions was not maintained. Carers also highlighted the negative impact of a lack of communication within the system. In making the further point that the term "therapy", for whatever reason, still carries a stigma, Marthese concluded: "I believe that therapy should change its name."

Coded excerpts also highlighted the sensitive issue of trust and the negative impact potentially caused by a lack of trust. Eliza's comment highlighted the sensitive nature of adults sharing information about children in relation to trust:

we had children who refused therapists ... maybe, because for them, you know too much. Maybe you are too close? The access even for us to speak to you [therapists], is much easier than if they went to therapy outside.

Rita also referred to the sensitive issues relating to trust that can arise from multiple roles: "in situations where the therapist is the child's individual therapist and the parents' therapist ... there is the possibility that they [children] do not open up because the therapist sees their parents." These findings invite a critical consideration of the connection between power and access to information, especially within a complex setting supporting a multitude of relationships and dynamics influencing children's understandings and engagements.

Theme: Workers' Challenges

This theme arose from my analysis and aggregation of categories conveying carers' dilemmas, needs, and challenges related to their work. I will present only those findings which relate directly to the research questions in terms of shedding light on the context within which children access therapy.

Care workers spoke about the intensive and at times chaotic nature of caring for a group of children with different and complex needs, including dealing with children's resistance and occasional feelings of helplessness. Both carers and social workers talked

about dilemmas related to the boundaries of their professional role, included having to hold back in their relationships with children. Care workers spoke about how care work places personal demands on them, challenging them to extend and confront their internal world. For example, Eliza referred to a situation in which she felt blocked with a child: "my supervisor realised that this was not coming from work, but this was coming from something within, and we could work on it."

Care workers shared dilemmas related to not knowing more about the children's personal contexts and expressed their need for assessment and feedback to inform their approach. Moreover, they shared a curiosity regarding how children view therapy and posed such important question as "How do children feel when adults attend their therapy?" and "How healthy is it to have school and care in the same set-up?"

Theme: Research Relationship

Coded excerpts in this category shed light on how participants perceived the research process. For example, Christian, Marthese, and Rita spoke about the interview as an opportunity for reflection. Yet coded excerpts also shed light on the developing relationship between myself as a practitioner-researcher and the participants. For example, the code "believing in therapy, sharing the worldview" includes coded excerpts from all carers' interviews, wherein they constructed what I perceived as a pro-psychotherapy discourse. I interpret this as reflecting the social desirability issues of a practitioner research context. Yet I also make sense of this in terms of communicating a sense of belief in the practice and values of child psychotherapy. Psychotherapy was spoken about not only as being a professional intervention, but in terms of its assumed benevolence and the healing potential one may ascribe to it, echoed within Marthese's phrase, "I believe a lot in therapy and I don't want to sound, like, that it has a magic wand".

Conclusion

Findings presented in this chapter are particularly relevant to this study as their discussion can contribute towards understanding the similarities and differences between children's and adults' accounts of psychotherapeutic interventions. Moreover, these findings inform an understanding of what might explain such similarities and differences, especially in terms of how adults evaluate and construct meaning around children's engagement in psychotherapy. Findings specifically indicate that such evaluations and constructions reflect adult-determined expectations, beliefs, and values. The next chapter will consider and discuss these findings in relation to the children's findings presented in Chapter 6.

Chapter 8: Discussion of Findings

This chapter includes a discussion of findings presented in the previous two chapters.

Within this chapter I consider how this study addresses the research question, offers directions for the development of theory and practices related to child psychotherapy, and responds to the research gaps and directions for research development, identified within the literature review chapter, related to researching children's views of mental health services in alternative care.

As regards the research question, this discussion considers the following questions:

1. How do children describe and evaluate their experiences of the interventions delivered by a team of psychotherapists working within a residential alternative care setting in Malta?
2. How may children's, therapists' and carers' perspectives of psychotherapy interventions be conceptualised, elicited, and understood?
 - a. What influences these perspectives?
 - b. How are these perspectives similar and how are they different?
 - c. What might explain the similarities and differences between children's and adults' accounts of these psychotherapy interventions?
3. How do children evaluate the methods used in this research to obtain their perspectives on psychotherapy interventions?

As regards offering directions for the development of theory and practices related to child psychotherapy, this chapter communicates how, by addressing the above questions, this study contributes towards the development of a new paradigm which involves children as active participants and rights holders in the evaluation of mental health interventions. It aims to do so by critically exploring the outcomes, challenges, and opportunities revealed when children are engaged in the evaluation of therapeutic interventions in the light of existing

literature within child psychotherapy theory and research. This includes discussing findings which communicate children's suggestions related to improving service delivery alongside findings which throw light on the contributions and limitations of practitioner research. The exploration of such outcomes, challenges, and opportunities is informed by considering children's views in relation to therapists' and carers' views of psychotherapy, in order to understand what might contribute to such views.

As regards responding to the research gaps and directions for research development, the literature review (Chapter 2) highlighted differences in adults' and children's priorities in alternative care (Emond, 2014; Holland, 2009) and suggested a need to move beyond a description of these differences towards an understanding of how child–adult dynamics are maintained and how they impact practice. Moreover, the review noted that research on children's views of mental health services in alternative care has been identified as an underrepresented domain within the field of research about children in care, an observation supported by Aslam (2012) and by Tatlow-Golden and McElvaney (2015). Accordingly, this chapter communicates how this study addresses that research gap and contributes towards an understanding of child–adult dynamics within the context of child psychotherapy in residential care. It aims to do so by analysing similarities and differences between children's and adults' views of psychotherapy and how these relate to practice.

This discussion is informed by the study's conceptual and theoretical frameworks, especially in terms of the conceptualisation of child voice and agency. The theoretical and conceptual frameworks support the claims made in this study. Yet they also provide a context within which to suggest further developments in the conceptualisation of child voice and agency within child psychotherapy research and practice.

In the service of accomplishing these aims, this chapter comprises four sections which relate to the three research questions in specific ways. Section A addresses the first and

second research questions. It includes a discussion of the themes presented in Chapter 6, which communicate children's views of psychotherapy, these findings being considered in relation to the adults' views presented in Chapter 7. Section B conveys a specific focus in terms of addressing the second research question, i.e. how children's perspectives of psychotherapy interventions may be conceptualised, elicited, and understood. It elaborates on the need for a multi-layered and interactional conceptualisation of child's voice and agency located within broader child–adult relations. Section C addresses the evaluative tone of the first research question and discusses practices which according to children merit consideration for improvement. Section D addresses the second and third research questions and focuses on the contributions and limitations of practitioner research. It includes a discussion of children's feedback about the research process and the methods used within it.

Section A: Children's Views of Psychotherapy

Section A discusses the main themes emerging from the data analysis of interviews with children presented in Chapter 6, in relation to the views of therapists and adults presented in Chapter 7. It addresses the first research question by analysing findings which convey how children described and evaluated their experiences of psychotherapy. It addresses the second research question by analysing the similarities and differences between children's and adults' perspectives, whilst seeking to understand what influenced such perspectives and what might explain such similarities and differences.

The discussion within Section A includes five main subsections. The first three include a discussion of children's views of psychotherapy as a helpful, safe, and expressive space; as a reparative space set in time and related to change; and as an unfolding process and relational challenge. These views and understandings are discussed in relation to therapists' and adults' views.

The other two subsections seek to convey an understanding of the similarities and differences between children's and adults' views. Within these two subsections children's and adults' views of psychotherapy are related to a residential care context. Such a relationship is explored in terms of psychotherapy being co-constructed as set-apart, necessary, and compensatory whilst also normalised and a joined-up endeavour. Moreover, within these two subsections, children's and adults' views of psychotherapy are also related to the beliefs, values, and theories endorsed within child psychotherapy practice.

Therapy as a Helpful, Safe, and Expressive Process

Findings within the child data themes *Helpful, confidential, expressive space related to self-awareness, family, and personal issues* and *Cages, unlocked gates, stomachs, opened hearts, and confused brains* (Chapter 6, Table 6.1) communicate children's views of psychotherapy as an expressive, relieving, safe process related to emotions and opening up. Findings within the themes *Therapy as empowering, expressive, nurturing, and relational* (Chapter 7, Table 7.1) from the analysis of therapists' data and *What is therapy for carers and social workers?* (Chapter 7, Table 7.6) indicate that therapists and carers also perceived therapy as a process enabling emotional expression. Within such an understanding, therapists and carers privileged verbalisation as a mode of expression within therapy. Child data findings also indicate an assumed and commonsense association between talking and self-expression, reported within findings related to the use of the metaphor "opening up". I interpret such an association as reflecting both children's embodied experiences of relief as a result of talking and opening up, and their learnt expectations about desirable behaviours within psychotherapy. I relate it also to a research context in which adolescents sought to portray themselves as adults engaged in conversations rather than children playing with toys. Yet, despite some adolescents' evident wish to distance themselves from play, their views contribute towards a complex and nuanced consideration of play as an alternative expressive

mode in child psychotherapy, as communicated within the child data theme *Use of creativity and play in therapy*.

Whilst therapists showed awareness of nonverbal forms of expression (see Table 7.2 category "emotional, expressive, facilitative, at times permissive space") findings communicated within the same category indicate that they did not consider play in terms of its therapeutic functions and potentials. Whilst such findings reflect their training, specialisations, and professional identities, their views regarding how play can pave the way for a psychotherapeutic intervention echoed what Levy (2008) described as the use of play to "grease the wheels" (p. 281) until children are able to verbalise. Care workers also demonstrated an awareness of the use of creative means within therapy but spoke about them in line with the therapists' views (see Table 7.6 category "safe, relational space for opening up, possibly cathartic release"). Therapists constructed the use of verbal expression both as a more desirable form of engagement with one's emotional experience and as evidence of the child's progression within the psychotherapy process. Unwillingness to engage verbally was understood in terms of children needing to limit their engagement in therapy. This seems to support Levy's contention (2008) that within psychotherapists' thinking and work, "play may tend to be subordinated to talking as a means of therapeutic communication" (p. 281).

On the other hand, the manner in which children talked about the interplay between verbal communication and play, especially within the theme *Use of creativity in therapy*, suggests the idea of an expressive continuum with complete reliance on playing at one end and the exclusive use of verbal communication at the other. By contrast with therapists' views, some children within this study identified functions of play which transcend the use of play merely to support engagement or enhance the child's motivation. They spoke about play as facilitating expression by enabling a connection with the child's inner world, whilst also providing some distance from memories and sensations associated with this inner world.

Moreover, child data findings indicate that play provides an alternative means of communication for the child when talking becomes uncomfortable. Child findings indicate that access to a play–talk continuum promotes emotional containment in therapy by helping the child manage the emotional intensity likely to surface when difficult and painful memories or emotions are accessed. This relates to findings within the pilot study of Day et al. (2006) regarding children's evaluation of mental health interventions, which showed how the use of creative modes of expression “regulated the intensity and intimacy of therapeutic interaction to suit the stage of the child–clinician relationship from the child's perspective” (p. 153).

The child psychotherapy literature has extensively considered the therapeutic potentials of play in child psychotherapy (Levy, 2011; Menassa, 2009; Oaklander, 2007). Within that context, the present study, in line with Day et al.'s research, highlights a relational aspect within the understanding of the therapeutic potential of play within child psychotherapy. Such research draws attention to the interaction between children's use of play in therapy, their experience of a developing therapy relationship, and their need to emotionally manage intense moments within therapy. In fact, child findings in this study (see the section “Play, trust, and the child's age” within the theme *Use of creativity in therapy* presentation in Chapter 6) indicate a relationship between the use of play in therapy, the development of trust, and the child's perceived age-appropriateness regarding play.

I contend that such findings indicate parallels but also seminal differences between children's and adults' views relating to therapy as a helpful, safe, and expressive process. In terms of expression within therapy, findings indicate important differences between therapists' and children's views regarding their use of play as an expressive medium within therapy. This can inform both the psychotherapists' understandings and facilitation of creative expression, and the development of the psychotherapy service within the setting.

This is especially important when considering that therapists' views regarding play and expression seem to reflect theoretical and professional values and beliefs which relate to their training, with none of the practitioners having been trained, for example, in play therapy.

In relation to therapy as an expressive process, I interpret children's views around the use of such terms as "opening up", along with the assumed connection between such opening up and well-being, as exemplifying how child participants may have been socialised into the language of child psychotherapy. This relates to the theoretical concept of "socialization to the treatment model" (Daniels & Wearden, 2011, p. 221). Within the context of cognitive therapy, Beck and Beck (2011) refer to the idea of socialising clients into a model of psychotherapy as a desirable intervention which ensures clients' engagement and maintains the structure of therapy. Yet findings within the present study indicate that within research on children's views of psychotherapy, the theoretical concept of socialisation to a model can also be applied to support and develop a nuanced understanding of children's views. This can be achieved by applying the concept of socialisation to considering how a child is introduced to and acculturated into the values, beliefs, language, and procedures of child psychotherapy. Such consideration includes how values, beliefs, language, and procedures can construe and at times limit children's voices and agency. Such a proposal, supported by the theoretical concept of socialisation to a treatment model, adds to Gibson and Cartwright's (2013) identification of internal and external constraints on child clients' agency within mental health interventions, reviewed in Chapter 2. Moreover, a consideration of how children may be socialised into models of therapy suggests a need to acknowledge and critically consider socialised terms and notions within a paradigm which seeks to accommodate children's evaluations of therapeutic interventions, engaging them as active participants and rights holders. This can be accomplished by for example, inviting children to reflect on and construct meaning around their own expressed views. Within this study, such an approach

was attempted through the use of member-checking, a subject explored further in the third and fourth sections of this chapter.

This section analysed children's and adults' views of therapy as a helpful and expressive process. Findings discussed in this section indicate parallels yet also seminal differences between children's and adults' views, as well as foregrounding differences between therapists' and children's views regarding their use of play within therapy. Children's evaluations of mental health interventions in this study highlight a relational aspect within the understanding of the therapeutic potential of play within child psychotherapy. Moreover, their evaluations suggest the idea of an expressive continuum, with complete reliance on playing at one end and the exclusive use of verbal communication at the other. Another important area of difference between such views reveals children's use of metaphors within research which convey their understandings of psychotherapy as an embodied experience (see the theme *Cages, unlocked gates, stomachs, opened hearts, and confused brains* in Chapter 6). This is discussed in the next section.

Therapy as Embodied Experience

This section discusses children's use of metaphorical images within research interviews. It considers how the use of such images draws attention to the significance of children's communications about their embodied self in therapy, especially in terms of their experiences of change.

Within this study children used metaphors to communicate the felt sense of "walking together" in therapy yet also the confusion, uncertainty, and distress entailed by accessing painful memories within the process of "entering the mind" (see categories within the theme *Cages, unlocked gates, stomachs, opened hearts, and confused brains*). Metaphors communicate the experience of psychotherapy as an expressive process, conveying the imagery of a progression from that which is locked and heavy towards opening up, lifting,

breaking down, and finally a sense of release. Moreover, child data findings indicate that embodied experiences in psychotherapy impact children's interactions with therapists, as evidenced in children's accounts regarding what supports and hinders opening up (see category "opening up" within theme *Cages, unlocked gates, stomachs, opened hearts, and confused brains*). Whilst therapists' and carers' findings also convey what supports and hinders opening up in therapy, the analysis of child data foregrounds children's somatic sensations and embodied experiences. Attention has been paid to the role of embodiment within a number of fields of psychotherapy theory and practice. Within the field of existential and person-centred psychotherapy, Krycka (2014) elaborated on Rogers' (1951) reference to the therapists' felt referent and how this can act as an empathic guide to their clients' processes. Within the arts therapies, Jennings (1990) referred to the concept of embodiment to describe the child's first developmental stage ritualised through specific play patterns, which can be explored within dramatherapy. Yet, whilst such theoretical contributions highlight the significance of somatic sensations and embodied experiences within therapeutic interventions, they are authored from the point of view of the adult therapist. This study proposes paying similar attention to the significance of embodied experiences within psychotherapy, while shifting the focus to children's own accounts of the felt intensity of their embodied experiences. This is conveyed within the use of such metaphors as "lifting a heavy weight from the pit of your stomach" (see category "from closed to open" within theme *Cages, unlocked gates, stomachs, opened hearts, and confused brains*). Whilst therapists referred to the intense and complex nature of psychotherapy, as communicated within the theme *Multi-layered process, which is not just what it seems*, therapists' findings miss the felt intensity related to embodied experiences. On the other hand, child findings communicate instances when children spoke about changes as embodied experiences and sensations, within their engagements in psychotherapy. For example, the perception of a felt

sense of change is communicated by the polarity between "holding in" and "opening up", between "not saying anything" and "saying everything" (see categories within theme *Cages, unlocked gates, stomachs, opened hearts, and confused brains*). This relates to Krycka's attention towards how embodiment may "play a part in treatment implicitly and explicitly through how clients process their experience in-session" (p. 3). Yet findings in this study suggest extending such attention towards how child clients make sense of change in child psychotherapy. Findings suggest that for children change is also experienced and made sense of in terms of a sensed and embodied process. Thus, child data findings propose an additional focus on change in child psychotherapy as a new sensing within the child's body. This suggests the application of Glanzer's understandings of change in adult psychotherapy, within the field of child psychotherapy. In conceptualising change within adult psychotherapy Glanzer (2014) referred to how a "consciously accessible embodying process creates an emergent sense of me" (p. 47). Moreover, Glanzer suggested that change in psychotherapy is experienced and manifests itself "not only as insight, but also as a new alive presence in/of the body" (p. 47). Such an understanding of change suggested by child findings extends, challenges, and elaborates on therapists' and carers' understanding, within this study, of change as a process related to children's sense-making and development of insight.

I contend that findings in this study reveal the significance and value of children's communications around embodied sensations within child psychotherapy which are absent within adults' accounts. Moreover, findings convey the potential of metaphor in communicating such embodied sensations. Findings show that through their use of metaphorical images within research interviews, children transferred meaning from real or imagined frames of reference, to their experiences of psychotherapy. The use of such images draws attention to children's embodied self in therapy. Moreover, it proposes its potential

representation within child psychotherapy theory, especially in terms of how children experience change in psychotherapy as a new sensing within their bodies.

Yet this study also proposes the understanding of such communications through metaphors in terms of the relationship between such communication on the one hand, and practice discourses and research contexts on the other. This is possible through a conceptual framework which draws from dialectical critical realism and social constructionism. A reference to dialectical critical realism supports an understanding of children's embodied sensations, in terms of the ontological significance of children being within spaces and relations. This is indicated, for example, in the portrayal of opening up leading to "an hour of sadness" as one accesses painful memories (see category "entering the mind" within theme *Cages, unlocked gates, stomachs, opened hearts, and confused brains*). A reference to Berger and Luckmann's (1966 / 2011) version of social constructionism supports a consideration of embodied sensations within children's accounts, as situated within and relating to the professional languages, values, and beliefs associated with psychotherapy practice. Thus metaphors used by children can also be seen as linguistic phenomena which mediate and construct the expression of felt and embodied sensations. The use of metaphors exemplifies the process of children drawing from available discourses, for example around "opening up". When understood as linguistic phenomena, references to opening up can, for example, also be made sense of in terms of the theoretical concept of "socialization to the treatment model" (Daniels & Wearden, 2011), as discussed in the previous section. Moreover, the use of metaphors also needs to be understood in the context of the child's encounter with me as a creative arts therapist who actively supports the use of metaphors in therapy. Thus a reference to Berger and Luckmann's (1966 / 2011) version of social constructionism also supports such an understanding of children's motivation to use metaphors as a socially desirable response. Such a response was even more pronounced in situations where I was the child's therapist.

This section analysed how children's use of metaphorical images in this study draws attention to children's embodied self in child psychotherapy. It urges a potential representation of children's communications of their embodied self within child psychotherapy theory. This is especially pertinent to understanding children's experiences of change in psychotherapy, discussed further in the next section. Moreover, such attention conveys the potential of metaphor in communicating such embodied sensations. Such a reference to therapy as an embodied experience is absent from both carers' and therapists' understandings. This exemplifies how enabling children's participation in the evaluation of therapy can communicate areas of interest which are absent within adults' understandings, thereby challenging the foci proposed by adult established practices.

Therapy as a Process Set in Time and Related to Change

This section considers similarities and differences between children's, carers', and therapists' understandings of therapy as a reparative process set in time and related to change.

In terms of similarities, children's and therapists' findings convey a sense of ambivalence when thinking about the outcomes of psychotherapy and change. For example, Edith, a therapist, wondered whether her expectations regarding the pace at which she thought change needed to be accomplished in a child's life matched the child's preferred rhythm in therapy. Such ambivalence when thinking about the possibility of change was noted especially when child and adult participants considered the child's wider social reality. For example, Giorgio spoke about the limited impact of therapy on the child's life in relation to his understanding of the impossibility of actual changes within his family.

Turning to differences, therapists' findings communicate a heightened awareness of the complex nature of change for children (see category "where's the change?" within theme *Bearing and staying with a challenging process*). Therapists constructed change as an unknowable or partially knowable aspect within psychotherapy, and experienced thinking

about the outcomes of their interventions with children as particularly challenging. This is represented in change-related dilemmas such as therapists' preoccupation with the extent to which children connect between what happens within therapy and in their life outside the sessions. Interestingly, children in this study spoke earnestly about how therapy yielded tangible changes in their lives (see category "therapy and change" within child findings theme *Therapy, change, and time*). Findings indicate that children's experiences of change, and their views about the impact of therapy on their lives, at times remained unknown to their therapists or were not represented within therapists' understandings.

The following three subsections discuss such findings by looking at how children's and adults' views about change relate to the attribution of agency, to a trauma-focused discourse, and to the impact of time.

Change and the Attribution of Agency

The analysis of findings indicates that therapists, carers, and children in this study tended to position themselves differently in relation to their understandings of change and their attribution of agency in therapy.

Therapists tended to foreground the impact of the child's social context (see theme *Bearing and staying with a challenging process*) and the impact of children's past adverse experiences (see therapists' categories "needy, traumatised victim" and "what children bring from home"). I would argue that this may have contributed towards the therapists' tendency to question or minimise children's change-related experiences in areas where children claimed to be in control (see category "where's the change?" within theme *Bearing and staying with a challenging process*). Carers, on the other hand, highlighted the individual child's responsibility and agency to accomplish and work for such changes (see category "change and the impact of therapy" in Table 7.6). Children tended to highlight their own responsibility and agency in bringing about change (see findings within themes *This is me*

and *Therapy, change, and time*, especially category “children’s explanations regarding what does or does not bring about change”).

Gibson and Cartwright’s (2013) theoretical contributions in terms of thinking about children’s agency within mental health services partially supports my understanding of findings which communicate children’s resolve to portray themselves as agentic and capable of achieving changes. Gibson and Cartwright’s research indicates that children’s constructions of agency may also be understood in relation to their “relative powerlessness” (p. 340) within mental health services and wider contexts. In fact when analysing children’s accounts highlighting their agency to bring about change alongside other findings which convey children’s perceptions of their own powerlessness (see child findings categories “I am or was hurt” and “losses and powerlessness in residential care”), I wonder about the extent to which findings reflect children’s need to be acknowledged by therapists and carers, and also by the researcher, as agentic and capable of being in control of their lives. Children’s emphasis on their own agency can thus be understood both in terms of attesting to their power in achieving change, and as their response to a research context which some children perceived as an opportunity to engage with the power of their own voice (see theme *Us in research*).

Paying attention to carers’ findings brings an additional dimension to such contextual analysis and the attribution of child agency within a system of care. Findings (see carers’ findings category “change and the impact of therapy”) show that carers tended to appraise children in terms of how open, expressive, responsible, and committed they were towards therapy. I contend that such a view is representative of a model of care which holds particular expectations related to children and which tends to emphasise the child’s individual responsibility to bring about changes. Thus children’s emphasis on their own agency can also be understood in terms of how children were socialised within such a model of care. This

extends the application of Daniels and Wearden's aforementioned concept of "socialization to the treatment model". The emphasis on the child's individual responsibility to bring about changes impacts how children are thought about and what is expected from them. In fact Gibson and Cartwright (2013) argue that such an emphasis on individual responsibility, reflected within children's self-portrayals, "may result in them experiencing greater accountability *without* [my emphasis] a corresponding access to power." (p. 340).

I argue that the contextual understanding of child agency, the impact of a model of care on the attribution of agency, and children's emphasis on their own agency in achieving change, together highlight the need for an interactional, relational, and multi-layered conceptualisation of child agency. Within such a conceptualisation, agency also needs to be related to both practice and research contexts. Other findings within the next two subsections reinforce this claim.

Change, Multiple Adverse Childhood Experiences, and a Trauma-Focused Discourse

Child findings within the themes *Helpful, confidential, expressive space* and *Relational, unfolding, and tentative process*, therapists' findings within the theme *Empowering, expressive, nurturing, and relational space*, and carers' findings within the theme *What is therapy for carers and social workers?*, indicate that adults and children spoke about change as a result of psychotherapy, in the context of children's exposure to multiple adverse childhood experiences (Hughes et al., 2017) and of the impact of such experiences on children. Findings communicate a shared attention towards children's multiple adverse experiences, including exposure to trauma and not living with their families. Children specifically spoke about how they thought exposure to adverse experiences impacted their behaviour and relationships. Moreover, child findings within the theme *Therapy, change, and time* and therapists' findings within the theme *Multi-layered process which is not just what it seems*, show that past exposure to adversity may be thought about as impacting children's

engagement with therapy and consequently the possibility of therapy leading to changes in children's lives. For example, Bob and Ian both spoke about the impact of betrayed trust on children's engagement in therapy, whilst Susan recounted how her interventions triggered past traumatic memories: "the minute you prod him in one way, in some way he will react". As well as conveying the consequences of adverse experiences, the above-mentioned findings also allude to an understanding of change in psychotherapy in terms of its reparative potential to mitigate the impact of such adverse experiences.

Such findings echo outcomes within international studies (Armsden et al., 2000; Baker et al., 2007; Richardson, 2003), alongside research conducted in Malta (Abela et al., 2012) reviewed in Chapter 2, which highlighted looked-after children's exposure to multiple adverse childhood experiences and the high incidence of mental health challenges faced. A meta-analysis conducted by Hughes et al. (2017) indicated that such exposure poses a major risk factor for many health conditions for children, including mental illness and substance use. Yet, whilst such literature foregrounds the mental health challenges which children in alternative care face, the literature review in Chapter 2 also revealed how such an emphasis on trauma has resulted in particular pathologised constructions of children in alternative care which further contribute to a sense of stigma and shame. This is crucial also in view of findings within this study which show that children and therapists spoke about living in care as an additional adverse experience related to stigma and shame. This throws light on the double stigma of living in alternative care and experiencing mental health difficulties, a concept referred to by Tatlow-Golden and McElvaney (2015) within their qualitative research with young adults with experience of mental health challenges in the care system in Ireland.

Thus, I contend that findings in this study revealing children's and adults' understandings of change in relation to multiple adverse experiences, need to be analysed in the context of what I perceive to be a dominant, trauma-focused discourse within the

alternative residential care context in Malta and within child psychotherapy theory and practice. Findings in this study reveal how within their responses therapists, carers, and social workers drew on a trauma-focused discourse etched within residential care literature and practice (see category “needy, traumatised victim” within theme *Therapists' views of children*; category “therapist observes, reflects, and then acts strategically with child” within theme *Bearing and staying with a challenging process*, and category “challenging, at times painful, upsetting process child may resist” within theme *What is therapy for carers and social workers?*). Such findings communicate how the language adults use to think about children in residential care can contribute to and co-construct such a trauma-focused discourse. Such a discourse highlights the extensive and long lasting bio-psycho-social impact of trauma (Cairns & Cairns, 2016; Van der Kolk, 1994) and the need for stabilisation, verbalisation, and meaning-making within recovery from trauma (Greenwood, 2005).

Findings show that such a discourse strongly impacted both therapists' and carers' understandings of change, or lack thereof, within psychotherapy for children in alternative care. Carers and therapists frequently referred to what they perceived as the seminal role of psychotherapy in recovering from trauma. This is communicated, for example, within the therapists' data category “nurturing, reparative, and containing space”, within which therapists recognised the reparative potential of therapy to change old scripts into new narratives. Therapists spoke about the need to develop the ability to verbalise and referred to the extent to which children manage to link the therapy experience with the rest of their lives and their traumatic experiences not least. Carers perceived therapy as enabling change in terms of its potential to allow children to make sense of trauma. Children's responses within this study can also be understood as situated within such a trauma-focused discourse, one which influenced their views. For example, they viewed therapy as a reparative space which

does not replicate past traumatic experiences, and which can support their recovery of the capacity to trust and ability to self-regulate.

Apart from impacting both therapists' and carers' understandings of change, findings also show that such a trauma-focused discourse significantly affected how adults talked about children in residential care. Therapists talked about children as needy, afraid, and traumatised victims who have not chosen their fate and who have been through a lot, who present outer shells and hide inner cores, who can be understood developmentally, and who present a not-yet flourishing potential (see theme *Therapists' views of children*). Carers constructed children as relational strategists influenced by their identity as looked-after children, who have been through a lot, who have the odds against them, and who are psychologically defended and rebellious whilst seeking autonomy and engaging in expression and meaning-making (see theme *Carers' views of children*).

Yet I argue that, though children in this study referred to the impact of trauma, such constructions do not accord with the manner in which children spoke about themselves. For example, within the theme *This is me*, children portrayed themselves as resilient and agentic, wishing to emphasise their ability to make important decisions, rather than their limitations. Findings within this theme communicated children's desire to be seen as capable of achieving change, rather than as victims of unseen but overpowering unconscious forces. Moreover, they stressed that therapy contributed to tangible changes in their life, changes which were not highlighted by adults and which remained unknown to their therapists.

Findings show that trauma-informed constructions of children and their processes within psychotherapy do not necessarily mirror or communicate how children wish to be thought about by the adults caring for them. Practices which enable children to voice their experiences of change and their evaluations of mental health interventions can allow children to define themselves and their experiences in ways which can potentially challenge such

pathologised notions. This is very relevant especially within a Maltese context. Research on young people's experiences of leaving residential care in Malta (Abela et al., 2012) highlighted the impact of shame and stigma associated with living in residential care and suggested that "most participants in this research felt inferior to peers" (p. 95). This study exemplifies how practices which enable children's evaluations create opportunities for children to define themselves in ways which may be missed by adult professionals and under-represented within trauma-informed discourses.

Change and Time

The previous two subsections explored children's, carers', and therapists' views regarding the relationship between therapy and change and analysed them in relation to the attribution of agency, the consideration for multiple adverse experiences, and references to a trauma-dominant discourse. This subsection focuses on the impact of time as a specific aspect which emerged from the analysis of children's findings, one that contributes to an understanding of the relationship between children's views of psychotherapy and change.

Findings within the theme *Relational, unfolding, and tentative process* communicate children's views of psychotherapy as a progression from a senseless process towards a more meaningful one. Moreover, codes such as "looking back I evaluate it differently than when I was in it" indicate that an understanding of children's views about change and psychotherapy needs to take into consideration where the child is in relation to the process of therapy. Whilst Simone did not want to engage in therapy, in retrospect he reflected that he should have given it a chance. When he looked back, he realised that even though he had resisted therapy, it had helped him. Whilst the analysis of the multiple layers of meanings within Simone's views are discussed in Section B in this chapter, his views support an understanding of how time mediates children's perceptions of change in psychotherapy. Such findings suggest that the research experience can be understood as an endeavour which sets an analytic lens on

children's views about change, at a particular point in time and from a particular vantage point. Taking the passage of time into consideration adds another layer to the conceptualisation of children's voices and agency within this study, discussed in Section B within this chapter.

Conclusion

This section discussed findings which communicate children's and adults' views regarding the understanding of therapy as a reparative process set in time and related to change. The discussion presented parallel yet also divergent foci within the views of therapists, carers, and children. In terms of parallel foci, for example, therapists', carers', and children's views convey a sense of uncertainty and ambivalence around change and a common concern with children's exposure to adverse experiences. As for points of difference, children spoke about how therapy contributed to changes in their lives in ways which were not represented or acknowledged within therapists' or carers' views, attesting to children's different constructions of their own agency. I argued that paying attention to differences between children's and adults' thinking about change and therapy highlights the need for child-centred evaluation practices within the psychotherapy service. Such participatory practices would enable therapists' and children's ongoing reflections on their experiences of therapy, thus aiding their collaborative reflection and thinking about change and change-enabling features. Moreover, such practices would offer opportunities for children to define themselves in ways which may be less represented within trauma-focused discourses prevalent within the languages and practices of residential care. Additionally, such child participative practices can address the therapists' own expressed learning needs in terms of evaluating psychotherapy outcomes communicated within the theme *Bearing and staying with a challenging process* (see Table 7.3). Such practices can be related to what Jones et al. (2020) describe as a new paradigm that incorporates a "body of theory, research and

professional practices that question traditional ways of thinking, undertaking enquiry and conducting therapeutic practice with children" (p. 199). Such a paradigm could support such child participative practices by proposing an alternative orientation towards respecting children's rights in therapy, including them as "active agents' and 'experts' in therapy, drawing on their insider knowledge" (p. 199).

Therapy as an Unfolding Process and Relational Challenge

This section discusses findings which communicate children's, therapists', and to some extent carers' views of psychotherapy as a challenging, relational process. It includes a discussion of similarities and differences within such views which are considered in relation to a child-adult power and control dynamic.

Findings in this study indicate an understanding, shared especially among therapists and children, of child psychotherapy as an unfolding, relational process and challenge. Children's understanding of the relational nature of psychotherapy is evident within the themes *Relational, unfolding, and tentative process* and *Challenging, uncomfortable, normalised space which child may resist*. Findings within these themes communicate the importance which children ascribed to the quality of their relationships with their therapists and highlight the tentativeness of the unfolding psychotherapy process. In fact findings communicate children's experience of difficulties alongside positive shifts in the development of their trust towards their therapists (see categories within Table 6.4). The way in which children in this study spoke about these difficulties can also be related to findings from creative workshops facilitated by YoungMinds (2012) and involving children in alternative care. Within these workshops children spoke about difficulties related to the development of trust in their engagement with mental health services. Children in the present study spoke about fears related to breaches of confidentiality and alluded to a tentative process which at times took place over years of therapeutic engagement (see category

"challenging, risky, difficult, uncomfortable, at times belittling space" in Table 6.5). They highlighted the risks around opening up, along with the negative sensations they were left with when they felt relationally missed by therapists or when dealing with painful memories of past adverse experiences triggered by the processing within therapy.

Therapists spoke about experiencing dwindling and tricky engagements with children amidst a tentative, cautious, vulnerable, and sensitive process for the child (see findings in Table 7.3). Moreover, within these findings they highlighted loyalty and the impact of the child's family and the residential care context as challenges in the development of trust.

Such findings echo and relate to the outcomes found in international literature (Beiza et al., 2015; Robinson et al., 2017; Shirk et al., 2011; YoungMinds, 2012). The results of a meta-analysis of therapy alliance–outcome associations in individual child psychotherapy (Shirk et al., 2011) highlight the importance children attribute to the quality of their relationships with their therapists. Yet the results of a survey researching UK psychotherapists' views regarding psychotherapy with children in alternative care highlight considerable relational challenges (Robinson et al., 2017). In this survey children's relational engagement was described as "testing the limits of the therapists' resilience and ability to form a workable therapeutic relationship with them" (p. 265). In terms of relational challenges, within this study some children spoke about oscillating between engaging in a relationship and needing to keep a distance from their therapist. Findings (see categories within Table 6.4) also portray children's experience of definite shifts in trust within their relationships with their therapist. Such findings echo the results of a narrative study by Beiza et al. (2015) of children living in institutional care and their experiences of psychotherapy and healing from sexual abuse. This highlighted the nature of child psychotherapy as a healing process occurring in several stages. It communicated shifts in trust experienced by children as important turning points and reported that for children "the creation of a

therapeutic bond or alliance ... is seen as a turning point in the process of healing" (Beiza et al., 2015, p. 68).

Whilst findings within this study echo the above-mentioned research outcomes, especially in terms of children and adults alike highlighting trust as a major challenge, they propose an additional focus. Findings which communicate how children made sense of the development of trust and the therapy relationship (see findings within theme *Challenging, uncomfortable, normalised space which child may resist*) propose an additional, seminal focus on a dynamic of power and control between adults and children, especially in terms of how it is experienced by children. Such findings reveal the seminal impact of such a dynamic on the development of trust and on the child's process within the therapy relationship.

A Dynamic of Power and Control

Findings in this study indicate that for children the role of the therapist is also experienced as including an underlying power and control dynamic. In fact, whilst reporting negative moments in psychotherapy (see category "challenging, risky, difficult, uncomfortable, at times belittling space", Table 6.5) children spoke about what they experienced as the therapist's insensitivity to their needs, stemming from their adult power to direct the development of therapy. In terms of the impact of such a power and control dynamic, this study's findings echo the outcomes of research which focuses on children's experiences of psychotherapy. For example, findings by Bury et al. (2007) highlight the impact of power differentials on the development of the therapy relationship for youths within psychoanalytic psychotherapy. A phenomenological study by Sagen et al. (2013) of "adolescent patients' experiences of the relational qualities that enable them to express themselves freely" (p. 53), also refers to the impact of child-adult power differences on children's opening up in therapy

Yet child data in this study reveal an additional focus on a specific aspect related to the impact of such an underlying power and control dynamic, i.e. the process of setting the therapeutic agenda (see findings within category “who sets the agenda?”, Table 6.5). Children in this study criticised moments when, for example, they felt pushed to talk about the family or to engage in activities which they did not choose. Additionally, this study highlights the significance, for the children, of the adults’ sensitivity towards their agenda and process. Child findings (see findings within theme *Who is the therapist?*) indicate that children evaluated the extent to which therapists considered the child’s agenda, responded in an age-appropriate manner, and provided spaces for the negotiation of a joint agenda.

The relevance of the therapist’s sensitivity towards the children’s agenda is represented in the literature, a case in point being Henriksen’s (2014) findings regarding the importance adolescents attributed to a sense of convergence between the adolescent’s agenda and what therapists decide to focus on. Yet findings in this study additionally contribute towards an understanding of how an adolescent decides that a therapist is actually sensitive to their agenda and needs (see findings within themes *Who is the therapist?* and *Improving therapy*). Findings indicate that children evaluate the extent to which their therapists are sensitive both to the adolescent’s need to step back, and how the adolescent is being emotionally impacted by what is being processed. Concurrently, they positively appraised therapists who did not push and who gave them options. This supported their engagement despite an inevitable dynamic of power and control. This supports findings by Donnellan et al. (2013), who maintained that child–adult power differences need not determine the course of therapy, as this depends on how mental health professionals engage with these differences and promote a collaborative stance. Yet in order to do so, mental health professionals need to be able to understand how children are evaluating their interventions.

I contend that by communicating findings which contribute to such an understanding, this study actively responds to Freake's (2007) invitation regarding the need for qualitative data within child psychotherapy to link children's views of therapy with their use of services and their thinking process in evaluating the adult professional.

Interestingly, within this study therapists themselves acknowledged that children and adults may hold different agendas in psychotherapy (see findings within category "challenging process for both child and adult, related to control"). Findings from therapists' data convey uncertainty and tentativeness in terms of how therapists could have managed a sensitive response in sessions when they felt they did not share a common focus with the child. On the one hand they conveyed an awareness of their own power and a wish to be sensitive towards the child's tentative process. Yet, by the same token, they felt the weight of a perceived responsibility for facilitating change by also being where they thought children were not (see findings within theme *Multi-layered process which is not just what it seems*, Table 7.4). At times this resulted in uncertainty regarding the extent to which therapists felt the need to follow the child's lead and proceed non-directively, or alternatively to provide direction whilst asserting boundaries related to how the child needs to engage with therapy.

I contend that child-centred evaluation practices within the psychotherapy service could support therapists in addressing the uncertainty revealed by this study's findings. Such practices hold the potential of enabling therapists' and children's cumulative and ongoing reflections at moments when they struggle to find a shared focus.

Conclusion

This section considered findings communicating children's and adults' understandings of an unfolding, relational, and tentative process. Apart from highlighting trust as a major challenge, findings analysed in this section propose an additional focus on a dynamic of power and control between adults and children. Findings specifically reveal how

such a dynamic is experienced by children, especially in terms of setting the therapeutic agenda. Moreover, findings in this study reveal how children within a specific setting appraised their therapists and emphasise the importance of the therapists' sensitivity towards children's expressive process, their agenda, and emerging needs. This is especially important in view of findings conveying the therapists' challenges at moments when they were aware they did not share a common focus with the child. The juxtaposition of such findings foregrounds once again the potential opportunities revealed by enabling children's evaluation of psychotherapy interventions, especially in terms of supporting a joint child-adult negotiation of meanings and agendas.

I propose that the impact of the power and control dynamic considered in this section needs to be analysed in the light of both the residential care and the child psychotherapy contexts, due to be discussed in the following two sections. Both contexts present child-adult discourses and power imbalances that invariably influence both children's and adults' experiences, agenda setting, and views.

Therapy Related to a Residential Care Context

This section discusses findings which communicate the beliefs, structures, and mechanisms within a residential care context. It also explores the relationship between such findings and children's and adults' understandings of therapy.

Carers' data findings (see theme *The residential context* Table 7.5) indicate that residential care tends to be perceived by carers as a rather public (as opposed to private and personal) space favouring structures and routines where adults and children may hold different agendas, and which can be very challenging for the child. Child data findings (see category "losses and powerlessness in residential care" within theme *Living in a residential home*) convey a context-specific power imbalance resulting, for example, in the possibility of adults using their power as a method of control over children. Findings from therapists' data

(see theme *An Emotionally Intense Monster With a Life of its Own*) also suggest a powerful, adult-determined residential care context which may give rise to situations in which children feel powerless and which significantly impact children's actions and perceptions. Therapists were very much aware that the safety of the therapy relationship could be impacted by the residential context, including carers' views regarding therapy, decisions taken about the child's future, loyalties, family members' reactions, and the processing of sensitive information within residential care.

Such findings substantiate the outcomes of research in Malta such as Azzopardi's (2014) research with children in residential care and DeBono and Muscat Azzopardi's (2016) research of foster care in Malta. Such research drew attention to a system which some children felt was "difficult to navigate and did not sufficiently empower their participation in decision making" (DeBono & Muscat Azzopardi, 2016, p. 14). Yet whilst substantiating such outcomes, this study's reference to the three levels of natural necessity (see Table 1 in Chapter 3) proposed by dialectical critical realism supports an additional, critical understanding of the implications of such findings.

Findings communicate how beliefs, structures, and mechanisms at the real level of natural necessity in residential care generate effects and causes which are experienced as relational dynamics within actual psychotherapy sessions. For example, therapists' findings indicate that beliefs around the therapists' role in residential care, in terms of addressing a child's challenging behaviour, impact therapist-child dynamics within sessions, especially when therapists would have been made aware of a child's challenging behaviour within the residential context (see theme *Bearing and staying with a challenging process*). Moreover, findings show that negative experiences for children in therapy mirror adult-child power and control dynamics etched in the structures and mechanisms of residential care. Yet, as discussed in the previous section, children's findings also reveal moments when children

experienced therapists acting in empowering and enabling ways, such as when they were sensitive to the children's process and their need to retreat. The impact of a residential context on the therapeutic process can thus be understood in terms of a set of beliefs, structures, and mechanisms which give rise to tendencies and possibilities within child-adult interactions during therapy. Such tendencies and possibilities may or may not be actualised at the micro level of psychotherapy interactions, yet they present the potential for therapists and children to recreate similar, complementary, or alternatively, contrasting dynamics.

Findings further indicate that beliefs, structures, and mechanisms at the real level of natural necessity in residential care also impact children's, therapists', and carers' accounts at the empirical level of natural necessity, i.e. the collected data. This is revealed and exemplified by considering findings which communicate how within their accounts, children, therapists, and carers co-constructed understandings of psychotherapy practice which relate to the beliefs, structures, and mechanisms of residential care. For example, carers, children, and therapists all spoke about therapy as a set-apart, confidential space, alluding to a special, different relationship with a caring adult. Yet concurrently, carers, children, and therapists also spoke about therapy as a joined-up space to the residential setting. Thus the beliefs, structures, and mechanisms at the real level of natural necessity in residential care impact children's, therapists', and carers' accounts at the empirical level of natural necessity, either in terms of co-constructing psychotherapy as a process which draws from such beliefs, languages, and practices, or as one which contrasts such beliefs and mechanisms.

The next three subsections discuss such multi-layered understandings and constructions of psychotherapy in relation to a residential care context. Within these subsections I refer to Berger and Luckmann's (1966 / 2011) version of social constructionism. I propose an understanding of the impact of language on how children and adults understand child psychotherapy within this residential care context. Such a proposal

specifically considers how language shapes children's and adults' perceptions of their experiences within psychotherapy, and also my own understandings, as a researcher, of such experiences.

Therapy as a Set-Apart, Special Space

This subsection discusses findings which indicate a joint construction and understanding of psychotherapy amongst children, therapists, and carers as a partially set-apart space within which therapist and children engage in highly valued, long-term, intense therapy relationships.

Children spoke about intense feelings towards their therapists and attributed a set-apart quality to their psychotherapy space (see categories within theme *Helpful, confidential, expressive space* (Table 6.3) and category "interrelated spaces" within theme *Living and being away from home*). For example, Anthony, Didier, Jonas, and Lawrence specifically spoke about this space as a welcome contrast to the residential care context. Therapists also spoke about experiencing a personal and intense level of engagement with children, within long-term therapeutic engagements, whilst perceiving some children as wanting their therapists to become part of their everyday experiences (see categories within theme *Multi-layered process which is not just what it seems*, Table 7.4). Findings from carers' data also communicate children's intense and emotional investment in psychotherapy and contribute towards such co-construction (see categories within theme *What is therapy for carers and social workers?*, Table 7.6).

The joint construction of psychotherapy as a set-apart, special space which supports highly valued, long-term relationships, echoes children's expectations regarding mental health practitioners reported within Tatlow-Golden and McElvaney's (2015) research in the context of residential care. Children "wished for a form of care [from mental health practitioners] that might be summarised as parent-like, wanting one person who knew them

'inside and out' and suggesting that adults should treat children in care as they would treat their own child" (p. 6). Yet, within the present study, the long-term nature of such relationships is perceived, by children and adults alike, as inevitable and necessary, especially given therapy's aspiration to repair the impact of multiple past adverse experiences. This finding is supported by the results of a survey conducted with UK child psychotherapists working with children in alternative care (Robinson, Luyten, & Midgley, 2017). Child psychotherapists stressed the need for long-term psychotherapy work for these children.

I argue that the juxtaposition of such findings highlights the extent to which the practice of psychotherapy in residential care, though constructed as set-apart, is context specific and informed by specific beliefs related to the residential context. I contend that this contributes to and reinforces a specific construction of the child in alternative care as *in need of therapy*. By the same token, it absents and negates a more critical consideration of the consequences of such practices. For example, as regards the length of intervention, the child psychotherapy literature communicates a preoccupation with the risk of children becoming dependent on therapy (Midgley et al., 2017). Yet within this study none of the participants expressed any worries or doubts about this. Indeed, they constructed a long-term engagement in psychotherapy as inevitable, compensatory, and necessary.

Therapy as Necessary and Compensatory

This subsection discusses findings which indicate a collective construction of psychotherapy by children and adults in this study as a necessary, compensatory intervention.

Within the theme *Helpful, confidential, expressive space* (see category "safe, nurturing, reparative, confidential space where you are not judged", Table 6.3) children spoke about their experience and understanding of therapy as a necessary, compensatory space for counteracting the negative impact of past adverse experiences. Within the theme *Empowering, expressive, nurturing, and relational space* (see Table 7.2) therapists spoke

about therapy as an adequate response to the lack of stability children would have experienced prior to their admission into alternative care, one holding the potential to redress past relational deficits. This is also echoed in the first three categories from carers' and social workers' findings within the theme *What is therapy for carers and social workers?* (see Table 7.6)

I contend that the co-construction of psychotherapy as a preferred reparative response reflects adults' drawing from a trauma-focused discourse, discussed in previous sections. It also reflects children's socialisation within alternative care practices. Yet, I also critically make sense of this finding in the light of quantitative research (Abela et al., 2012) which found that children in residential care in Malta attend significantly more psychotherapy interventions than children in foster care. I argue that, when considered alongside findings discussed in the previous subsection, psychotherapy in a residential setting may be co-constructed as a professional response which, potentially, can also mitigate the perceived shortcomings of residential care, reported by adults and children alike in this study and in former studies (Abela et al., 2012).

However, I argue that such reliance, or overreliance, on child psychotherapy is by no means neutral. Such constructions of psychotherapy give rise to and are dependent on languages which adults and children use to construct meaning around the potential of psychotherapy to address unmet needs and heal past trauma. For example, carers did not just speak about psychotherapy as a professional intervention. The manner in which they spoke about therapy implied a sense of belief in the psychotherapy model and communicated a sense of loyalty towards a corresponding knowledge base. I contend on the basis of findings that through their use of language, carers, like therapists and children, reinforce, co-construct and draw from a pro-psychotherapy discourse in the residential care context.

Therapy as a Normalised Space

This subsection discusses adults' and children's findings communicating the co-construction of psychotherapy as a normalised space within residential care.

Children's findings (see category "interrelated spaces" within theme *Living and being away from home* and "normal space, no big deal" within theme *Challenging, uncomfortable, normalised space child which may resist*) communicate an understanding of psychotherapy as a normalised, additional relationship in the child's life. 17-year-old Jonas, who had attended psychotherapy since he started living in care as a young child, perceived psychotherapy as an essential, normal component within a child's life. Within the theme *Who is the therapist?* children spoke about therapists as professional friends deeply involved in children's lives. They spoke about psychotherapy as a relationship comparable to other relationships in the child's life, to an extent that may not be present in other children's lived contexts, such as schools. For example, Pattison et al. (2009) reported that within the context of an evaluation of school counselling in Wales, children spoke about the importance of a space where they had the possibility of their attendance not being known to others. By contrast, child participants in the present study shared their attendance of therapy with others. Therapists also (see category "what therapy seems to be for children", Table 7.4) communicated an awareness of the construction of psychotherapy in this setting as a normalised space, akin to other living spaces.

I contend that such a co-construction of therapy contributes towards children's socialisation into the languages and practices of psychotherapy. I also contend that such a co-construction contributes to, and is also influenced by, adults' understandings of children in this setting as traumatised and in need of professional intervention (see category "needy, traumatised victim" within theme *Therapists' views of children* and the theme *Carers' Views of children*.

Therapy as a Joined-Up Space

Children's and adults' findings in this study communicate a systemic way of working within which therapists intervene with the different persons within a child's system of care in which adults can exchange information. This is perceived by therapists as a seminal aspect of service provision (see category "behind the scenes; working the in-between", Table 7.4). It is talked about among children as a known practice (see category "interrelated spaces" within theme *Living and being away from home*). Moreover, it is appreciated by care workers and social workers who spoke about the need to constantly exchange ideas and information with therapists.

The joined-up nature of psychotherapy in residential care communicated by such findings is represented within the international literature (e.g. Robinson, 2017). Moreover, child psychotherapy literature has suggested modifications to practice within a residential care context. In developing a more integrated psychotherapy service within residential care, Cant (2002, p. 267) proposed the notion of "joined-up psychotherapy" and suggested thinking about modifications to child psychotherapy boundaries, especially in relation to confidentiality. Yet whilst the aforementioned studies privileged adults' views, by enabling children's views about such joined-up interventions, findings within this study highlight the sensitive nature of involving family members and carers within the psychotherapy process. Children in this study cherished the confidentiality of the psychotherapy space and considered the manner in which adults approached such joined-up interventions to be of utmost importance, urging caution, sensitivity, and critical reflection. This call for caution is reinforced by adult data findings which flagged the need to consider the impact of how information about children is shared between adults within the residential setting (see therapists' findings within theme *Care: an emotionally intense monster with a life of its own*, and carers' findings within themes *The residential context* and *Improving therapy*).

I argue that the way children flagged the need for such sensitivity, caution, and critical reflection further exemplifies the value of enabling children's views within service evaluation. This is especially relevant within a context where psychotherapy is considered an essential practice, in which adults expressed a preference for a nested-in and joined-up psychotherapeutic provision.

Findings discussed within the last three subsections communicate a co-construction of psychotherapy amongst children and adults as a normalised, essential, compensatory service which is also considered set apart from, yet at the same time joined up with the residential service. I argue that such a co-construction impacts children's perceptions of mental health services and the development of therapeutic services in the setting.

In terms of children's perceptions of mental health services, I contend that the joined-up and nested-in nature of the psychotherapy service, which allows children to be in daily contact with therapists, may help mitigate the stigma associated with mental health services. In fact, in terms of children's perceptions of mental health services, it is important to note that findings within this study contrast with the negative perception of mental health services reported by the consultation conducted by YoungMinds (*Improving the mental health of looked after young people*, 2012).

In terms of how such a co-construction impacts the development of services within this setting, the long-term therapy engagements found within therapists' and children's accounts can be understood as contributing to a degree of continuity and stability. This is important especially in view of international literature highlighting the negative impact of lack of continuity and stability on children's well-being in alternative care settings (Tatlow-Golden & McElvaney, 2015; UK House of Commons Education Committee Report, 2016). Yet, despite such a positive impact, I argue that findings in this study point towards the co-construction of a pro-psychotherapy discourse which unequivocally heralds the essential,

change-enabling potential of therapy. This may inadvertently have prevented alternative types of provision being afforded to the children in this study. Paradoxically, it was one of the therapists who argued that children's relational needs evident within therapy should be met in an alternative manner within a more consistent everyday provision, perhaps outside the context of residential care.

Conclusion

Findings communicate a context-specific and context-informed form of psychotherapy practice within the residential care setting which is understood by children and adults alike as being characterised by:

- intense, long-term relationships with therapists;
- extensive collaboration between the therapist and the child's system;
- a co-constructed normalisation of psychotherapy perceived as an essential, compensatory practice; and
- power and control child–adult dynamics.

Such characteristics can be considered as emerging from the underlying interacting forces, mechanisms, structures, values, and beliefs of residential care. Similarities and differences between children's and adults' views may be thought about as arising from how children and adults relate to and are differently positioned vis-à-vis these characteristics, and from how they draw from and are positioned within dominant languages and discourses in the residential care context.

The next section discusses the impact of beliefs, values, and theories related to child psychotherapy. It considers how such beliefs, values, and theories influence the dominant paradigms of childhood (Jones et al., 2020) within the setting, and how they are drawn upon and made sense of by children and adults within both therapy interactions and research.

Therapy Related to Child Psychotherapy Beliefs, Values, and Theories

This section explores how beliefs, values, and theories of child psychotherapy influenced therapists', and to a lesser extent carers', understanding of processes, roles, and interactions within psychotherapy interventions. Whilst the impact of beliefs, values, and theories related to child psychotherapy on children's views of therapy has been already been considered in this discussion, this section includes an additional focus on the relationship between such beliefs, values, and theories, and how children spoke about themselves.

Findings (see categories within theme *Multi-layered process which is not just what it seems*, Table 7.4) communicate therapists' references to a behind-the-scenes process which may remain unknown to the child but which therapists draw from in order to interpret the child's process. Therapists spoke about themselves as being where the children are not, whilst needing to address what is going on underneath, put flesh to the bones, and see the bigger picture. Psycho-dynamically trained therapists extensively referred to the concept of the unconscious in constructing, for example, therapeutic presence as a different form of relating (see findings within category "connection beyond the verbal and the conscious", Table 7.4). Their references echoed concepts established in psychodynamic child psychotherapy literature, such as the transference relationship (Clarkson, 1990). Yet, interestingly, notions related to an unconscious also permeated the understandings of other therapists who were not trained in psycho-dynamically informed modalities. The analysis of findings reveals that this occurred especially when therapists made sense of particularly challenging processes during their interactions with children. I argue that concepts within psychodynamic models, such as transference and countertransference, held an attractive, sophisticated allure especially when professionals felt limited, challenged or helpless in making sense of a child's engagement or behaviour.

Such theories endorse values and beliefs, and propose mechanisms and structures related to practice, which support and propose a particular paradigm of childhood within child psychotherapy practice. A paradigm can be understood as a particular lens (Jones & Welch, 2011) through which children are viewed, thus supporting and proposing particular understandings of children and of the adult therapist's role. For example, child psychotherapy theories and trauma-focused literature propose understandings of children in terms of differentiating between securely and insecurely attached children. As Van Der Kolk explains (1994, p. 113): "Securely attached children learn what makes them feel good; they discover what makes them (and others) feel bad, and they acquire a sense of agency. ... They learn that they can play an active role when faced with difficult situations." On the other hand, children who live with trauma "learn that their terror, pleading, and crying do not register with their caregiver. Nothing they can do or say stops the beating or brings attention and help. In effect they're being conditioned to give up when they face challenges later in life." (Van Der Kolk, 1994, p. 113). Such theories propose demarcated distinctions between, for example, children who "acquire a sense of agency" and others who are "conditioned to give up".

Findings indicate that therapists in this study tended to draw from such understandings when constructing the "psychoanalysed child" and the "traumatised victim" (see theme *Therapists' views of children*) and in proposing their role as knowledgeable interpreters of children's engagements (see categories "therapists being where the children are not" and "therapists observe, reflect, and then acts strategically with child", Table 7.4). The analysis of findings from interviews with carers also reveals that these adults tended to draw from notions within child psychotherapy, especially in terms of understanding the impact of adverse childhood experiences on, for example, children's engagements in therapy. This resulted in specific understandings of children as relational strategists who have the odds

against them, represented within the theme *Carers' views of children* (see categories "psychologically defended, sometimes unconsciously" and "disempowered child").

Yet as I have argued in the section communicating the impact of a trauma-focused discourse, such adult-centric understandings tend to miss the nuanced, complex, and differentiated ways in which children in this study spoke about themselves and their own agency (see categories within theme *This is me*, Table 6.2). Despite perceiving themselves as hurting, vulnerable, and having gone through challenges, children also communicated complex views regarding personal responsibility and agency and spoke about resilient and adapted selves set within a time context. Thus, I contend that findings show that children think about themselves, and wish themselves to be thought of, in ways which are not represented within the paradigms of childhood supported by child psychotherapy theories.

In fact, findings in this study communicate how children were spoken about by therapists as not knowing, and needing to learn, about therapy (see categories "children do not know, and need to learn, about therapy" and "what therapy seems to be for children", Table 7.4). Therapists thought that children valued individual, undivided attention and saw therapy as a safe haven where they have control. Therapists talked about children as not having an understanding of therapy, and not bringing enough material to therapy. Yet, whilst children themselves spoke about how they needed to learn what psychotherapy meant at the time of their referral, a consideration of the main themes communicating children's views of psychotherapy shows that children conveyed a nuanced and informed understanding of psychotherapy which went beyond their valuing of a safe, special relationship. Therapists' views regarding what children thought about therapy (see Table 7.4) do not reflect this. Nor do they reflect or acknowledge children's potential for developing complex understandings of psychotherapy.

This is an important finding, especially in light of research by Shirk et al. (2011) on the therapeutic alliance in child psychotherapy. Their findings suggest that therapists need to achieve a balance between providing adolescents with enough information regarding the boundaries, roles, and tasks within therapy, whilst at the same time actively listening to the child's understanding of the process. When therapists fail to acknowledge the child's potential for developing such an understanding, as findings in this study suggest can be the case, Shirk et al. maintain that then therapists may tend to overemphasise the role of information-giving and adherence to a predetermined structure within sessions. Such an emphasis misses an alternative focus on enabling participative agenda setting and meaning-making. In fact, the research of Shirk et al. specifically communicates that such over-emphasis tends to interfere with the development of a useful therapeutic alliance with adolescents.

I contend that a specific focus on the dominant paradigms of children within child psychotherapy theory and how therapists and children are positioned in relation to such paradigms, can also help us partially explain and understand the similarities and differences between children's and therapists' accounts in this study. Such a focus highlights what is emphasised and what is absented within such accounts. Thus, for example, the understanding of children as unwitting, traumatised victims at the mercy of unconscious processes, absents the possibility of viewing children as agentic meaning-makers and rights holders. I argue that this results in practices which fail to prioritise children's participation within the evaluation and development of psychotherapy.

Conclusion

The discussion of findings within Section A addressed the first research question by communicating how children described and evaluated their experiences of psychotherapy within a residential alternative care provider in Malta. The analysis of findings resulted in the

communication of a number of similarities and differences between children's and adults' views of psychotherapy.

The discussion attempted to explain similarities and differences between children's and adults' accounts by analysing the impact of underlying interacting forces, mechanisms, structures, values, and beliefs within residential care and child psychotherapy, both on children's and adults' understandings of psychotherapy and on their engagements in therapy. This impact can be explained in terms of such mechanisms, structures, values, and beliefs at a real level of natural necessity, giving rise to possibilities and tendencies which may or may not be actualised within specific psychotherapy interventions and relationships. Findings show that this depends on how adults and children are both positioned and position themselves in relation to such forces, mechanisms, structures, values, and beliefs. Such positioning gives rise to embodied sensations which communicate children's experiences, yet also reflects and echoes privileged discourses and dominant agendas related to child psychotherapy and residential care beliefs, values, and theories.

Children's findings discussed within Section A reveal important aspects which are absent within adults' findings and within privileged discourses and dominant agendas. This suggests the need for practices in child psychotherapy within residential care which enable, value, and consider children's views and competencies, within the complex context of psychotherapy engagements. Such practices inform and contribute towards a new paradigm for engaging children as rights holders and meaning-makers and enabling children to define and construct themselves in ways which are under-represented within child psychotherapy, residential care, and trauma-focused discourses.

In terms of the second research question regarding how children's, therapists', and carers' views of psychotherapy interventions may be conceptualised, elicited, and understood, the discussion within Section A moves away from a simplistic and essentialised

consideration of children's voices and agency. It highlights the need for an interactional, relational, and multi-layered conceptualisation of children's voices and agency, and communicates the value of analysing findings from children's data alongside findings from therapists' and carers' data. Such a conceptualisation of child voice and agency will be presented and discussed in the next section.

Section B: An Interactional, Relational, and Multi-layered Conceptualisation of Child's Agency and Voice

Findings discussed in Section A share a common focus in terms of conveying the need for an interactional, relational, and multi-layered conceptualisation of child voice and agency. Findings highlight that the manner in which child voice and agency are conceptualised in child psychotherapy and research is a seminal aspect in understanding and analysing children's views about therapy. It is also a critical issue that needs to be addressed in developing a new paradigm which involves children as active participants and rights holders in the evaluation of mental health interventions.

Within this section I will draw from such findings in order to discuss the implications of adopting a multi-layered and complex conceptualisation of child's voice and agency, understood as situated and emerging within child-adult interactions and relations. I will also discuss how such a conceptualisation includes an acknowledgement of multiple meanings within children's accounts. I will further focus on how child voice can function as an explanatory critique within practices which seek to conceptualise, elicit, and understand children's views of psychotherapy.

A Multi-layered Conceptualisation of Child's Agency and Voice

This section draws further on the discussion of findings in Section A and considers what a multi-layered conceptualisation of child's voice and agency, means and what it implies.

The discussion of findings within Section A highlighted the need for a multi-layered and complex conceptualisation of child's voice and agency, situated and emerging within child-adult interactions and relations. For example, findings related to children's use of metaphors in making sense of their therapy experiences drew attention to multiple facets and meanings in analysing the reference to metaphors. On one level the use of metaphor communicated the significance and value of children's embodied sensations within child psychotherapy. Yet it also indicated how children drew from available discourses and languages about therapy in relation to opening up. Moreover, children's motivation to use metaphors could also be understood as a socially desirable response related to a specific research encounter. Such a discussion of findings draws attention to multiple levels of analysis and introduces the conceptualisation of children's voices as endorsing layers of meaning.

Moreover, findings related to children's views of challenges associated with trusting their therapists revealed how such accounts needed to be understood in terms of the impact of past adverse experiences on children's understandings related to trust. Yet references to trust within children's accounts also communicated the ontologically significant reality of adult-child power and control dynamics in psychotherapy. By supporting a multi-layered and complex conceptualisation of child voice, rather than foregrounding only the impact of adverse experiences, the discussion of child findings in Section A drew attention to a dynamic of power and control within the therapy relationship.

The discussion of findings related to the attribution of child agency also highlighted the juxtaposition of multiple levels of meaning within children's accounts. On one level, I made sense of children's emphasis on their own agency to bring about change as an opportunity to engage with the power of their own voice – hence an implied powerlessness within mental health scenarios. On another level, it could be understood in terms of

conveying how they preferred to present and project their developing identity within a specific research relation. On yet another level, children's emphasis on their own agency reflected their socialisation into a model of care. Within Section A I argued that this highlighted the need for a complex, multi-layered, and relational conceptualisation of child agency. Such a need was revealed also through the consideration of time as an additional layer of meaning-making within children's accounts, related to their experiences of psychotherapy and change.

Drawing from the analysis of such findings, I contend that such a multi-layered conceptualisation of child voice and agency, situated and emerging within child-adult interactions and relations, considers how children's accounts:

- represent and convey their present life circumstances and embodied sensations;
- reflect the children's sense-making process as evidenced in their reflections about their past and their growth; and
- emerge within relational and interactional processes occurring within practice and research contexts.

Such a conceptualisation supports an understanding of children's accounts which seeks to convey their intentions, which considers how children are positioned within practice and research contexts and languages, and which takes into account how their views emerge within child-adult relations and interactions. I will refer to specific findings communicating Simone's views regarding therapy, in order to communicate and exemplify the implications of such a conceptualisation.

Within the category "who sets the agenda?", Simone spoke about himself as someone who finds it difficult to ask for help. Thus, I could make sense of his agency within therapy as related to expectations regarding help-seeking behaviour, which I also understood in

relation to the impact of multiple adverse experiences, which Simone himself alluded to. Yet I also understood such expectations in terms of Simone's needs as a 17-year-old seeking independence. At the same time, findings within the same category conveyed how he experienced his agency in therapy being limited by his therapist's responses. I made sense of this in terms of the impact of child-adult relational dynamics and his therapist's actions informed by values, beliefs, and theories within child psychotherapy. This impact also informed my analysis of Simone's views regarding his inability to give feedback to his therapist within therapy. Yet within my analysis I also considered that Simone's account emerged during his interaction with me, a researcher whom he also knew as a therapist within the setting. This added a further layer of meaning in terms of how Simone's dissatisfaction with past therapists could be understood as communicating his desired, potential relationship with me. In fact, I recall that the member-checking interview with him was a particularly contactful moment which seemed to contrast with the lack of meaningful contact he reported having with his past therapist. My adult presence and researcher identity shaped the context within which Simone spoke about himself and his agency in therapy.

Thus, when conceptualised as multi-layered and situated within child-adult interactions and relations, Simone's views can be considered as:

- reflecting his life circumstances and embodied sensations at the time the research was conducted;
- relating to his meaning-making process as he reflected about his past and his own development; and
- situated within relational and interactional processes which took place within a specific practice and research context.

The next section considers how such a conceptualisation can be achieved within research and practice and how this can be supported by a theoretical framework.

Multiple Meanings Within Children's Accounts

Such a multi-layered and relational conceptualisation of child's voice and agency can be accomplished and applied within research and within the development of a new paradigm supporting children's participation in mental health interventions, by considering multiple meanings (Mercieca & Jones, 2018) within an analysis of children's accounts. This featured as a significant issue within analysis, specifically during the first- and second-cycle coding of children's interviews, as exemplified in the following reference to Simone's interviews.

Whilst Simone spoke about what he perceived as the therapist's lack of sensitivity towards his needs, he regretted immediately dismissing the possibility of engaging with his therapist when he started therapy. Yet he asserted that he had never wanted therapy and disclosed that he still did not feel like attending. At the same time, within the interview, he expressed his wish that, despite his resistance, his therapist had not given up on him: that would have been especially meaningful. During data analysis, I coded Simone's views regarding how his needs were not met, in terms of negative experiences within psychotherapy. I coded his wish regarding his therapist not giving up on him as a suggestion for improving services related to therapists' actions which could support engagement. I also noted the ambivalence in Simone's words as he dwelled between proximity and distance in his relationship with his therapist. I coded this in terms of a dynamic of uncertainty and tentativeness within the therapy relationship. Additionally, I acknowledged his self-description as a person who does not ask for help as the adolescent's expression of the selfobject adversarial need (Marmarosh & Mann, 2014). I coded this in terms of how children viewed themselves.

From a theoretical point of view, such consideration of multiple levels of meaning was supported and informed by Pocock's philosophical model for systemic psychotherapy (2014). Pocock's model recognises diverse layers of meaning both within a person's account

and between accounts by different groups, such as adults and children. Extremely relativist models of constructionism (Gergen, 1998) do not support any form of discrimination or choice between such different understandings. Yet, through concepts such as judgemental rationality (Isaksen, 2016), critical realism as a philosophical model supports researchers and practitioners to choose understandings which provide better explanations. Pocock (2014) explained the meaning of better explanations by acknowledging that, although a map is not the territory it seeks to represent, a useful map needs to encompass a particular structure which relates to and explains in a useable and accurate fashion what it represents. Though different forms of map may accomplish the explanatory task, each perhaps adding a different level of understanding, we need also to be able to discriminate between wrong, less useful, and more accurate maps.

For example, to revert to the above example related to Simone's views, I considered how, from a transactional analysis perspective (Freed, 1985), I could have interpreted Simone's description of his resistance towards the therapist as an invitation for adults to reject him once again, thus repeating his life script. I took note of this understanding as a research memo yet did not code it as such. In line with this study's purpose, I sought to choose understandings which represented and reflected children's intentions, rather than understandings which reflected adult interpretations. I reflexively thought that the above understanding represented my professional interpretation, rather than Simone's intentions. Such an understanding did not echo his intentions communicated within the second interview, in which he took on responsibility for therapy being cut off too soon. The understanding that Simone's engagement patterns in therapy reflected his particular beliefs regarding asking for help, provided a better explanation for Simone's resistant engagement. Such an understanding matched his expectations of what may happen in therapy, mirrored his understanding of the perceived coercive nature of psychotherapy – "they changed me" – and

reflected the sense of aversion that stems from the anticipation of losing control. This understanding also fitted with Simone's understanding of past experiences within therapy when he had felt powerless and treated like a younger child. Thus, through the application of Pocock's model, I could recognise diverse layers of meanings within Simone's account. Yet I could also choose between such different understandings, aiming to choose the ones which provided better explanations in terms of representing children's intentions.

Pocock's philosophical model for systemic psychotherapy (2014) integrates critical realism and moderate versions of social constructionism. Social constructionism also supports the analysis of multiple meanings within children's utterances. Berger and Luckmann's (1966 / 2011) model of social constructionism accounts for the impact of research and practice contexts in terms of what is valued as knowledge, thus explaining the relationship between power and knowledge. For example, child data findings suggest that children's views of change and portrayals of themselves also reflect learnt aspirations etched within the language of child psychotherapy. Thus, psychological discourses about the self, alongside the ascription of personal responsibility as a value within child psychotherapy and alternative care, seem to have influenced what children within an interview considered as valued knowledge in terms of portraying their own self. Moreover, in terms of the impact of research contexts on children's utterances, findings convey, for example, the impact of a known-about, common context shared with me outside the research encounter, on children's engagements and accounts (see code "drawing on past relationship with researcher" within theme *Us in research*). Such a shared and common context between myself and the children influenced what they valued as knowledge and what they thought I valued as knowledge. Thus, social constructionism supported the analysis of multiple meanings within children's accounts by theoretically foregrounding the impact of practice and research contexts on what was constructed as valued knowledge within this study.

This section focused on how a multi-layered and relational conceptualisation of child's voice and agency can be accomplished and applied within research and practice. The discussion within the last two sections contributes towards answering the research question, "How may children's, therapists', and carers' perspectives of psychotherapy interventions be conceptualised, elicited and understood?" I argue that findings within this study communicate the opportunities offered by the above-mentioned conceptualisation of child voice and agency and the attention towards multiple meanings, for child psychotherapy research. Such opportunities include:

- considering children's intentions alongside other adult-centric explanations in analysing children's views;
- focusing on how the nature of adult-child relations, and the languages accessed within these relations, limit, condition, yet also enable, child agency and voice in child psychotherapy; and
- proposing critical and reflexive practices through which adult researchers and therapists can consider how adult-determined practices and languages impact children's views.

The above-mentioned conceptualisation indicates the potential of child voice to function as an explanatory critique within practices which seek to elicit children's views of psychotherapy whilst facilitating their participation in evaluating it.

Child Voice as Explanatory Critique

Pocock described the functions of an "explanatory critique" in terms of investigating "deeper interacting causal tendencies" (Pocock, 2014, p. 179) within systems. This includes understanding the nature and functions of beliefs in a system and identifying how such beliefs are necessary for the functioning of that system, despite the fact that they may be false. In terms of defining falsehood and truth, Pocock reverts to the basic philosophical

underpinnings of critical realism and asserts that within any system, such as a child psychotherapy system or a residential care system, "what is true is not the same as what is held to be true" (p. 178).

Findings in this study show that children's views about psychotherapy contribute towards a critical consideration of the nature, role, and function of accepted truths which are held to be true within a system of care. For example, children's voices, when considered alongside adults' views in this study, offered an explanation regarding the mystification and normalisation of therapy in residential care constructed as necessary, seminal, and inevitable. This explanation, seemingly accepted by children and adults alike, is also supported by certain understandings of well-being and the assumed effectiveness of child psychotherapy in addressing particular needs and lacunae. It is supported by and supports particular views of the child discussed in Section A and gives rise to interactions that maintain a particular model of professional practice. These views about children are partial and may not reflect, for example, the truth of children's competencies in terms of understanding themselves and their engagements in professional interactions.

The consideration of child voice as an explanatory critique within research and practices which seek to enable children's evaluation of practice, seems to offer particular reflective possibilities for adult practitioners. When I shared this study's findings with the team of psychotherapists who participated in the study, they collectively reflected that they felt very engaged by and at the same time challenged by children's accounts. They were particularly drawn to the children's feedback about moments when therapy did not seem to work for them. One of the therapists shared: "These children have a rich inner world and we are being invited in it ... can we share this richness with the other staff as they need to see and experience this?" This comment exemplifies how such research may communicate the richness of the children's inner world and how such research can support practitioners to

investigate the nature and functions of beliefs within a system of care. It also indicates the impact which the act of sharing children's views can potentially have on other adults' understanding of the children they work with. The child's participation in the evaluation of psychotherapy invites the professional to critically explore ideas and concepts which may be different from the assumptions constructed in child psychotherapy and residential care, and which are held to be true. I contend that enabling and valuing children's views as an explanatory critique of adult-centric practices contributes towards an understanding of events, interactions, assumed truths, and beliefs that may otherwise remain unchallenged or unquestioned.

Conclusion

By highlighting the need for an interactional, relational, and multi-layered conceptualisation of child voice and agency, and communicating its implications within a very specific context, this study confirms and responds to the calls from a growing body of literature within childhood studies (Fielding, 2012; Mannion, 2007; Spyrou, 2011; Wyness, 2013). Such literature reviewed in Chapter 2 sought to theorise the relationship between context and children's voices. It signalled the need for child voice research to focus on child-adult relations and spaces, moving beyond a romanticisation of the child's voice by emphasising the situated nature of children's voices and acknowledging interdependence in child-adult relations.

The discussion of findings within this section communicated how this study acknowledged and sought to respond to such a need. It also communicated the opportunities revealed by adopting an interactional, relational, and multi-layered conceptualisation of child's voice and agency, understood as situated and emerging within child-adult interactions and relations. By drawing from a range of findings discussed in Section A, this section considered how such a conceptualisation includes an acknowledgement of multiple meanings

within children's accounts, and how child voice can function as an explanatory critique within practices which seek to understand children's views of psychotherapy.

Section C: Developing Practice

In answering the first research question, this section considers children's direct suggestions regarding modifications to practice, communicated within the theme *Improving therapy* (Table 6.1). Additionally, this section discusses child findings within other themes, specifically those drawing attention to areas related to practice which merit consideration for improvement. In line with this study's conceptualisation of child voice and agency, while primarily focusing on children's findings this section also draws from therapists' and carers' findings.

The next four subsections successively discuss modifications to practice related to therapists' actions, children's expression in psychotherapy, the residential setting, and children's evaluation of therapy.

Therapists' Actions

This subsection discusses children's suggestions related to therapists' relational attitudes and to professional interventions by therapists.

Relational Attitudes

In terms of relational attitudes, children in this study positively appraised therapists who enjoyed being with them and who did not give up on them (see category "therapist's actions and attitudes" within theme *Improving therapy*, Chapter 6). Additionally, findings within the category "a relational but also tentative process" (Table 6.4) communicate that children valued the felt relational closeness with therapists and stressed the importance of gradually learning that they could be trusted, especially to maintain confidentiality. Findings within the category "therapist's actions and attitudes" (see theme *Improving therapy*, Chapter 6) and within the theme *Who is the therapist?* indicate that children negatively appraised

therapists whom they perceived as giving up on them or as treating them as younger than their age. Moreover, findings within the same theme show that children valued the importance of balance in relational boundaries and acknowledged the therapist's professional role.

I contend that these findings can be related to findings within Tatlow-Golden and McElvaney's study (2015) indicating that children in care need to ensure that psychotherapists can provide a consistent and personalised kind of care. Such care is characterised by a genuine interest in and commitment towards the child's welfare, rather than a merely professional focus on the child as a patient. Such characteristics also echo the expectations of children in care regarding adult carers, researched within McEvoy and Smith's (2011) extensive consultation with children in care in Ireland.

Findings highlight the value for the children in this study of relational closeness with therapists and echo the expectation of a consistent and personalised kind of care conveyed within the above-mentioned studies. Yet I contend that such findings can also be understood in relation to a wider request from young people regarding mental health services. Following a systematic review of qualitative research which focused on young people's experience of living with mental illness and accessing mental health services, Woodgate et al. (2017) reiterated the call for less formal and more relaxed mental health services for young people. The reviewers maintained that young people "wanted providers to show an interest in them and talk to them about other personal issues apart from their treatment" (p. 62). This need is also represented within other extensive enquiries such as the review by Plaistow et al. (2013) of 31 studies representing the views of 13,605 young people in the UK. Children's findings within the present study may help shed light on what might constitute a less formal and more relaxed mental health service. This is especially relevant within a Maltese residential care context where qualitative research about care leavers' experiences (Abela et al., 2012)

showed that the manner in which the residential care system in Malta has addressed the challenging behaviour of children in Abela et al.'s study, including through psychiatric hospitalisation and medication, further stigmatised children and did not address their needs.

Findings in this present study indicate that a relational, committed, relatively informal approach by therapists needs to include modifications to conventional child psychotherapy boundaries. Such boundaries, for example, present and construct the therapy relation as an exclusive feature solely related to the therapy space. Child findings (see category "extending orthodox therapeutic boundaries" within theme *Improving therapy*) suggest a need for greater flexibility in respecting the time boundaries of psychotherapy sessions. Children's responses coded within the same category also indicate that children in this study found it very helpful to get to know the therapists outside the boundaries of psychotherapy, interacting with them as professional friends at the residential setting. Therapists' and carers' findings also communicate the helpful aspects of extending the therapist's presence outside the therapy rooms, enabling an informal contact. Children's and adults' responses within this study indicate that such less formal contact seems to enable children to experience therapists as caring and genuinely interested adults, and then start trusting them within sessions.

I argue that such findings also reflect the trust-related challenges of children who went through multiple adverse experiences and who live in residential care, reported within this study and within the literature (e.g. Abela et al., 2012; Robinson et al., 2017). In fact, such findings contrast with results within a phenomenological study by Sagen et al. (2013) of children's experiences in mental health outpatient clinics in Norway. Within a completely different setting, adolescents found it helpful *not* to know anything about their therapists, because then they did not have to worry about them or their reactions to the adolescents' sharing. This indicates the need to understand findings within this study in relation to psychotherapy in a residential context. Yet, findings also indicate the need to question

orthodox boundaries within such a context. I argue that this offers a particular niche where therapists can mindfully and reflexively bring into question the power vested in them by their profession and by the setting within which therapy is offered. It presents an opportunity to consider tailoring a model of intervention to the child's needs. Professionals would be in a better position to learn about rather than assume such needs, if children participated in the process of setting up and evaluating mental health services.

Professional Interventions

As well as highlighting specific relational attitudes, findings in this study also communicate children's suggestions related to specific professional interventions by therapists, which could support the development of the psychotherapy service. Findings within the category "a relational but also tentative process" (see Table 6.4) indicate that children in this study positively appraised therapists who offered some structure whilst negotiating the therapeutic agenda, who took into consideration the child's interests and preferred modes of expression, and who explained the rationale behind a specific approach. Findings within the theme *Improving therapy* (see Table 6.6) communicate children's suggestions regarding therapists encouraging and stimulating the child's engagement, starting slow, and being sensitive to the child's pace and process. Moreover, child findings in this study, specifically within the theme *Challenging, uncomfortable, normalised space which child may resist* (see Table 6.5) indicate that the manner in which therapists challenge children and suggest particular foci within sessions impacts the therapy relationship and the child's engagement.

I argue that such findings cast a specific light on the pacing of professional interventions and on the therapist's sensitivity to the child's process. Such a focus is also communicated by findings within a pilot study by Day et al. (2006) evaluating mental health services. Children within the present study suggested pacing the mental health intervention in

response to the child's tempo by, for example, modifying the kind of questions asked in line with the stages of the therapy relationship.

In terms of further suggestions, within this study children negatively appraised therapists who acted without the child's consent, who kept asking about the family, who ridiculed children, or who otherwise pushed children or coerced them (see category "a relational but also tentative process" in Table 6.4). Therapists also expressed an awareness of the importance of being sensitive to the child's pace and not pushing their own agenda (see category "tentative, cautious, vulnerable, and sensitive process" within Table 7.3). Such findings suggest that negative experiences for children in therapy tend to be related to a child-adult dynamic of power and control. I argue that such a relationship is also alluded to in the international literature. Whilst reporting about helpful and unhelpful elements mentioned by children, Hayes (in Midgley, Hayes, & Cooper, 2017) communicated that pushing children to talk was associated with weak alliance. This relates to findings within Everall and Paulson's (2002) qualitative research on adolescents' views of the therapeutic alliance, including the idea that "the teen's perception of equality between therapist and client was identified as very important to their engagement in the therapeutic process" (p. 82). I argue that the seminal impact of such a dynamic of power and control on children's engagement in therapy further justifies the need for practices which enable children's participation in the setting up and evaluation of therapeutic interventions. Such participation can partially redress the potential power imbalance between children and adults engaged in mental health interventions. This is considered further in the concluding chapter of this thesis.

For some children within this study, gender was another important aspect which they perceived as influencing their relationship with their therapist. None of the questions within the interview protocols asked specifically about gender, yet some male participants still spoke about difficulties they experienced in relating to a female therapist (see categories "a

relational but also tentative process" in Table 6.4) These difficulties ranged from feeling embarrassed to talk about sexual matters to experiencing difficulties trusting women in general. Whilst the study does not propose any conclusive recommendations, findings indicate the need to think about gender as an aspect which deserves attention in evaluating and managing psychotherapy services for children in this context.

Conclusion

Findings discussed in this subsection communicate the importance children attributed to therapists' relational attitudes as manifested within their professional behaviours. Findings communicate a much-needed sensitivity towards the child's relational and engagement process in psychotherapy. I argue that such findings foreground the importance of a reflexive awareness amongst therapists, related to the impact of a power and control dynamic on children's engagements.

Children's Expression in Psychotherapy

This subsection discusses children's suggestions related to their own expression during psychotherapy.

In terms of helpful aspects related to expression, children spoke about having access to a play-talk continuum. Findings within the theme *Use of creativity and play in therapy* communicate children's feedback regarding the positive impact of resources which promoted creative expression. Findings highlight how creative activities allowed for a more distanced mode of expression, especially within phases of therapy when trust still needed to develop (see category "play helps opening up" within theme *Use of creativity and play in therapy*).

Turning to unhelpful aspects related to expression, children's responses in the category "child's options and expression" (see theme *Improving therapy*) convey the difficulty of talking about sensitive subjects such as their family. Therapists also expressed awareness of how challenging and emotionally upsetting talking can be for children (see

category "tentative, cautious, vulnerable, and sensitive process" in Table 7.3). As has already been discussed in this section, children urged therapists to manage moments when a child gets upset or finds it difficult to speak. Children suggested that therapists need to help them cope with the distress by suggesting appropriate activities, and especially by adequately managing the closure of sessions, thus aiding the children's transition back to their everyday life.

I contend that such findings need to be understood in relation to the residential care context which co-constructs talk about the family as sensitive and private. They can also be related to the bio-psycho-social impact of trauma on the child's expression and to how talking may trigger trauma memories and somatised sensations. They seminally communicate the impact of the distress which children experience as a result of the processing that happens within therapy. I argue that the manner in which therapists make sense of such distress impacts the kind of support which they may offer children. For example, within a study on narratives of psychotherapy by children in residential care who experienced sexual abuse, Beiza et al. (2015) reported on an adolescent who experienced talking about the abuse as a negative experience, provoking feelings of anger and uncertainty. In describing this example, the researchers pointed out that "narratives of incipient healing constitute an initial stage that has not yet been completed [treatment] but presents advancement" (p. 65). They contrasted such narratives with "narratives of healing as such, where adolescents perceive sexual aggression as something that can be overcome" (p. 65). Such a professionally authored understanding frames the experience of discomfort within expression as an inevitable aspect which needs to be endured by the adolescent within the process of trauma resolution. However, such a professionally authored position does not emphasise or even convey the therapist's responsibility to help the child manage such distress, as highlighted by child participants within this study. Yet such responsibility is represented within Dittman and

Jensen's (2014) qualitative research about children's experience of trauma-focused therapy.

They reported that "therapists who successfully managed the balance between getting the young person to talk about the traumatic incident without pressuring them, seem to be the ones that the youths were most satisfied with" (p. 8).

Moreover, the professionally authored position within Beiza et al. (2015) does not support an understanding of the possibility of alternative forms of expression and engagement with traumatic memories. This is significant, especially in light of Dittman and Jensen's (2014) finding that youths who did not wish to talk about their traumas and who found talking too difficult or upsetting, eventually dropped out of therapy rather than moving on towards resolution. In fact, in this study, children suggested increasing the use of creative work whilst bearing in mind the importance of age-appropriate expressive methods, whilst psychotherapists expressed a need to learn about the use of play in child psychotherapy. Such suggestions and needs resonate with feedback by children in residential care in Ireland (Tatlow-Golden & McElvaney, 2015) which highlighted the need for enabling and supporting more creative means of engagement with mental health services.

Apart from understanding findings within this subsection in relation to the residential care context and the impact of trauma, I argue that such findings need to be understood also in relation to the research context. Findings within the theme *Us in research* (see Table 6.7) indicate that my training as a dramatherapist, favouring as it did creative expression, shaped how I worked with children within both research and child psychotherapy practice. It also shaped the data-collection process within this study, as will be elaborated on in the next section focusing on the practitioner-researcher nature of this study. Thus, children's responses both reflect such an influence and provide a nuanced understanding regarding the therapeutic functions of play in psychotherapy.

Conclusion

The above findings, coupled with findings from literature referred to within this section, highlight the need for a collaborative engagement with children in offering and exploring expressive pathways in the context of psychotherapy, trauma, and alternative care. A collaborative engagement needs to communicate the aims of therapy, be sensitive to the children's responses, and finally be open to alternative forms of expression.

Residential Setting

This subsection discusses children's suggestions, related to the residential setting, which have a direct impact on their experiences of psychotherapy.

Findings in this study show that some children valued the communication between adults who take care of them (see category "space where carers or family members are involved", Table 6.3). This supports adults' suggestions in terms of developing a joined-up approach to psychotherapy in a residential context. Both carers and therapists highlighted the positive impact of communication, with carers calling for improved communication with therapists (see carers' findings within theme *Improving the service*) and therapists emphasising the need for a holistic therapeutic approach (see therapist's findings within theme *Improving therapy*).

I argue that such findings can be related to results from both the UK House of Commons Education Committee Report (2016) and research by Tatlow-Golden and McElvaney (2015) reporting children's recommendations for better communication between adults in the context of mental health services in alternative care settings. Yet, as discussed in Section A, children's findings also foreground the sensitivity of such communication and involvement (see findings in category "child's overall experience in therapy" within theme *Improving therapy*). Thus, some children suggested that therapists need to sensitively manage the involvement of other adults in the child's therapy, whether these be carers, trainee

psychotherapists, or family members. Some children in this study also spoke about wanting to be more involved in the process of adults sharing information about the child and felt that psychotherapists could ensure the child's participation in knowledge sharing (see category "interrelated spaces" within theme *Living and being away from home*).

Such desire for participation mirrors findings within international research on looked-after children's views regarding their mental health needs. Within reviewed literature (Davies & Wright, 2008; Stanley, 2007; Street & Svanberg, 2003; Woodgate et al., 2017; YoungMinds, 2012) children's desire for inclusion and participation emerged as an important theme echoing their wish to participate in decisions taken about them within mental health services. Such a call for participation suggests the need for a more collaborative relationship between professionals and children, in which the latter are not regarded as passive participants in treatment. The value of supporting children's participation in the evaluation of therapy is discussed in the next subsection.

The Evaluation of Therapy

Findings in this study do not include any direct suggestions regarding enabling children's evaluations of psychotherapy. I argue that this absence reflects children's lack of exposure to such methods of participation at the setting. Moreover, I contend that the seminal insights accessed through researching children's views in this study suggest this to be a growing edge when considering how to develop psychotherapy practice.

Findings communicating power, control, and the possibility of coercion within child-adult relations (see Table 6.5), along with the reported differences between therapists' and children's views of psychotherapy within this study (see Section A in this chapter), indicate the pressing need for enabling children's evaluation of psychotherapy interventions, whether within sessions or as part of a broader evaluative exercise. Children's evaluations of

therapy interventions could inform therapists' critical reflections and guide their responses, especially in light of therapists' dilemmas around change.

I argue that, as well as critically informing therapists, such participation benefits children by supporting their engagement in therapy. Moore and Seu's (2011) research on children's views within family therapy indicates that children's lack of participation, and their positioning as passive recipients, within therapy may negatively impact their engagement. By contrast, the participation of children within the evaluation of their own therapy necessitates the development of a new paradigm in therapeutic interventions with children – one recognising children as active participants co-constructing their own understandings of therapeutic interventions. Findings indicate that such a paradigm would need to consider and respond to particular complexities in terms of promoting and facilitating children's participation in the evaluation of therapy. For example, in this study (see code "not a space for sharing feedback about the process" in Table 6.5) some children highlighted issues within therapy which they never gave their therapist feedback about. Robert and Giorgio did not consider therapy to be a place for such feedback. Simone said that although he did make some suggestions his past therapist did not take them on. Additionally, Ian, with whom I worked in therapy, said that he feared my relational retreat were he to have given me negative feedback within therapy.

I argue that Ian's reflections about his feedback within a post-therapy research space communicate multiple layers of meaning related to the research and practice contexts. They can be understood in terms of the child's perceived power in being able or unable to make a statement whilst in the role of a client in therapy. Such an understanding foregrounds the impact of professional discourses regarding what is valued as worthy knowledge within practice. Ian's reflections can also be understood in terms of transference (Clarkson, 1990) located within psychotherapy practice. On still another level, Ian's reflective use of the

research space also sheds light on the dynamics of hindsight and recollection within the act of evaluation. His use of a post-therapy evaluative space emphasises the need to engage with how children understand the aims of such evaluative practices. Moreover, his reflection suggests that the outcomes of an evaluative process need also to be considered in the light of past and present relationships with the person facilitating that process. Yet, as this study has shown, this need not reduce the relevance of children's feedback. On the contrary, it indicates the need to enable children's participation in therapy throughout the whole process of therapy, including during the referral and assessment stages, when therapeutic goals are set. It also indicates the need to critically consider the ways in which children are informed about their active participation within the setting and the evaluation of therapy.

In terms of enabling children's evaluation of mental health services, Day et al. (2006) recommended facilitating an evaluative space "with a favourable power differential" (p. 151) and using designs which "amplify the relative influence of child participants against those of adults" (p. 141). Within the pilot study by Day et al. (2006) this involved the use of focus groups. Within the present study this meant giving children choices about how they wished to express themselves within evaluation. This will be considered more extensively within the last section of this chapter, in the light of children's feedback about data-collection methods in this research.

Regarding how children's evaluations of psychotherapy may be enabled, I argue that this study indicates a need to consider the impact of child-adult power and control dynamics on children's participation within evaluation, including how the act of evaluation is made sense of by professionals. In fact, this study indicates that although all therapists spoke about the importance of children's feedback about therapy, professionals' beliefs and assumptions about children's competencies can impact the conduct and nature of such evaluation. For example, whilst speaking about a child's potential evaluation of his own therapy, and

recalling how she addressed this within her own practice, Edith said that she would consider it only when her client “would have achieved a position when they can reflect on this space”.

As indicated within the presentation of adult findings, Edith drew from a professional language and created a theoretical frame which emphasised the child’s “raw developmental needs” and “difficulty”. This positioned her as the expert who will decide when children can engage in evaluation. In such ways, professional languages constructing children’s views as suspect or limited due to their perceived emotional state, impact the possibility of creating spaces supporting the child’s participation in the evaluation of psychotherapy.

Conclusion

This discussion considered children’s evaluations of psychotherapy in this study, thus addressing the evaluative aim within the first research question. It highlighted children’s evaluations and suggestions regarding how the psychotherapy service could be improved, whilst also drawing from findings resulting from the analysis of adults’ data. The discussion contributes to the understanding of salient aspects important for enabling children to evaluate psychotherapy interventions within a specific residential care setting.

This section also serves the study’s aspiration to highlight the opportunities revealed by enabling and communicating children’s views and evaluations of psychotherapy. Yet the discussion within this section, the last subsection in particular, also indicated that enabling such opportunities means contending with the complexities of facilitating children’s participation in evaluation, especially in view of the impact of professional languages and theories related to child psychotherapy.

The practitioner research identity of this study, and how this relates to the aforementioned opportunities, will be discussed in the last section.

Section D: The Contributions and Limitations of Practitioner Research

This section will consider this study's identity as practitioner research and discuss child and adult findings which inform an understanding of the research relationships within such a research context. In discussing the opportunities and outcomes revealed by practitioner research which enables children's evaluations of a mental health service, it addresses the second research question, "How may children's, therapists', and carers' views of psychotherapy interventions be conceptualised, elicited, and understood?" By focusing on findings which communicate children's feedback about their research experience and about the methods used in this research to solicit their views, it addresses the third research question, "How do children evaluate the methods used in this research to obtain their perspectives on psychotherapy interventions?"

Practitioner Research: Boundaries and Intersections

In this section I will refer to child findings communicated within the theme *Us in research* (Table 6.7) and to adult findings communicated within the theme *Interviewer–interviewee relationship* in therapists' findings (Table 7.1) and within the theme *Research relationship* in carers' and social workers' findings (Table 7.5).

Both adult and child findings indicate that within this study, participants' relationships with me as a practitioner-researcher included a mutual acknowledgement of the research experience as an interaction set apart from everyday practice. At the same time, findings also show that the dynamics of my relationship with participants reflected and drew from a sense of knowing each other outside research. I argue that this influenced the manner in which both children and myself constructed ourselves to each other and managed the distinction or sense of a continuum between research and practice. This gave rise to particular modes of engagement within research, from both children and adults.

For example, within the interviews there were instances in which children referred to me as their therapist in the third person, possibly in order to create a distinction between research and practice (see category “children’s engagement in research and their relationship with the researcher”, Table 6.7). With adult participants, the internal tensions I experienced whilst listening to fellow therapists, recorded within my research diary, exemplified how my position as a practitioner-researcher influenced my engagement with participants. On the one hand I empathised with the therapists’ helplessness whilst dealing with challenges related to children’s resistances and decided to communicate such empathy to them. On the other, I recalled, but decided *not* to share with therapists, children’s lack of power and control within the whole system, alongside children’s perceptions of therapists’ control communicated within child findings (see Table 6.5).

My attempts at managing the relationship between research and practice included an ongoing negotiation of boundaries and meanings with research participants. Informed by the principle of enabling a distinction between research and therapy in terms of safeguarding children within sensitive research contexts (Hutchfield & Coren, 2011), I sought to adhere to clear boundaries. Yet findings within the theme *Us in research* reveal how, during some interactions with children, I still unconsciously drew from my past relationships with them, extending the there-and-then practice relationship into the here and now of research. With adult therapists I recognised how at times the shared practice context constructed a sense of “we-ness” (see theme *Interviewer–interviewee relationship*). As I reflected on such engagement patterns within research, I learnt to acknowledge the liminal nature of research and practice boundaries within a practitioner research context. I experienced this especially within the facilitation of the reference group (Mercieca & Jones, 2018). Despite my efforts at communicating boundaries between research and practice, children within the reference

group remained unsure regarding the boundaries of a space which did not quite sit within the practice of data collection or psychotherapy practice, in other words a liminal space.

The aforementioned child findings indicate that the experience of the research space included a sense of liminality similar to the one I experienced throughout the reference group. Such liminal and overlapping boundaries challenged my understanding of my role as a researcher. I sought to enable children's participation whilst at the same time communicating research boundaries which would contribute towards a methodologically robust but also emotionally safe research context. Despite my intention to communicate such boundaries, child findings (see *Us in research*) show how in my research interactions I at times unconsciously re-enacted practice-related adult-child dynamics around choice, control, and power. For example, during his interview Bob communicated feeling cornered by my questioning approach within research.

Thus, in terms of how children's, therapists', and carers' views of psychotherapy interventions may be conceptualised, elicited, and understood, findings indicate that practitioners conducting such activity need to acknowledge a sense of liminality within the overlapping boundaries between research and practice. In terms of managing and acknowledging such liminality, findings indicate the need for an ongoing negotiation of boundaries and meanings with research participants. Findings also convey a seminal focus on the practitioner-researcher's reflexivity. This includes concentrating on who the researcher and participants are becoming for each other within research and how the researcher's actions relate to adult-child dynamics around choice, control, and power within practice. Despite these challenges, practitioner research also presented a number of opportunities for myself as a researcher and also, as considered in the next section, for children.

Practitioner Research: Opportunities and Outcomes

This subsection considers findings which communicate the opportunities and outcomes revealed by practitioner research in the context of understanding children's views of psychotherapy. Within this section I draw from child and adult findings and from my research diary in order to argue that the nature of practitioner research impacted the development of my reflexivity, enhanced the quality of collected data, and benefitted children.

In terms of the development of my reflexivity, my own reflections on research interactions with children enabled a renewed awareness of my positioning as an adult and as a mental health practitioner. For example, during data analysis, I realised that my verbal and non-verbal responses within interviews showed that at times I tended to align myself with orthodoxy, such as when children criticised aspects of psychotherapy practice (see category "creativity and play not seen as conducive to therapy" within theme *Use of creativity and play in therapy*). This awareness enabled me to remain vigilant of my own editorial power and to attempt to bracket my biases during the processes of data analysis and presentation of findings. Thus, in terms of addressing how children's, therapists', and carers' views of psychotherapy interventions may be elicited, such findings reveal how by challenging the tried and tested nature of rigid and well-defined research boundaries, practitioner research provides opportunities which actuate the researcher's reflexivity. Within this study such reflexivity included an awareness of my positioning as a mental health practitioner and enabled me to engage with uncertainty, complexity, and multiple meanings.

In order to consider how the nature of practitioner research impacted the quality of collected data, I refer to Worrall-Davies and Marino-Francis' (2008) systematic review of research about children's views of mental health services in the UK. The reviewers assessed the quality of reviewed studies by means of three outcome measures. The first was an

appraisal of the diversity of views obtained, which they gauged by the presence of negative views about mental health services. The other two outcome measures were the “inclusion of social desirability questions” (p. 10) and whether studies reported any change to services arising from researching children’s views.

In terms of the first outcome measure, I argue that the practitioner research nature of the study facilitated the expression of critical views about services. Within this study negative views about services were reported by therapists, children, and carers alike. This is significant also in the context of research (Lushey & Munro, 2015) which reported that even when children in alternative care consent to participate in research, power dynamics may impact children’s responses in terms of how openly they can express their dissatisfaction with services. When considering child findings in their entirety, I notice that children who were engaged in a psychotherapy relationship with me still contributed to a critical reflection about sensitive aspects of the intervention. Yet children who were not engaged in a psychotherapy relationship with me at the time of the research tended to be more critical of the service. This communicates the impact of social desirability considered within Worrall-Davies and Marino-Francis’ second outcome measure. Moreover child findings within the theme *Us in research* indicate that such a research context, in which child participants already knew me as a practitioner, contributed towards children constructing themselves to me in particular ways. Within the theme *Us in research*, I identified some of these constructions as “the committed research participant” and “the indebted client who can now help his therapist”. Such constructions impacted the kind of data collected.

The issue of social desirability can also contribute towards a particular understanding of power and influence within the context of practitioner research with adult participants. Within this study this includes a particular understanding of power and influence in the process of “inhabiting the hyphen” (Drake & Heath, 2011, p. 25) between colleague-

researcher and supervisor-researcher. I wondered about the extent to which my identity as a male researcher and my role as a practicing supervisor influenced the responses of female therapists who were also my supervisees. Within my research journal I marvelled at the considerable extent to which therapists risked critiquing practice, within their interviews. Yet I also wondered about the extent to which these therapists felt they needed to fit my agenda whether in response to my power as a male supervisor or in view of wanting to contribute to a positive outcome in my studies.

I nevertheless contend that, despite the arguably inevitable impact of social desirability, the practitioner research context enhanced the quality of data collected because it enabled an extended research engagement with participants. This included narrative vignette interviews with therapists and member-checking interviews with nearly all children (only one was unable to attend, as he had left residential care). Within this interview I could also ask children about what they thought influenced what they said and the manner in which they said it. Although this does not resolve the impact of social desirability, findings indicate that the second interview with children enabled clarification and a deeper reflection and understanding of aspects talked about in the first. The functions of the second interview are discussed in more detail in the next section. Perhaps extending the practice of member checking interviews also with adult participants, could have contributed towards understanding more the impact of power within multiple relationships in practitioner-research.

In terms of the third outcome measure reported by Worrall-Davies and Marino-Francis (2008), this study does not report any change to services arising from researching children's views. In my concluding chapter this will be considered both as a weakness and as an aspect which can stimulate post-doctoral research.

As regards how the nature of practitioner research yielded outcomes and opportunities which benefitted child participants, the discussion of findings in Section A indicates that this study created an opportunity for children to define themselves and their own experiences in ways which are missed within professional practices and discourses. Moreover, their accounts and evaluations significantly informed critical reflections by the psychotherapy team, as revealed by the therapists' reactions when findings were presented to them. This may benefit future child clients, especially since children's evaluations highlighted specific notions within practice which were absent from professionals' reflections. These notions include an understanding of the value of play and metaphor, the call for sensitivity in managing a joined-up psychotherapy space, an ever-present attention to power and control dynamics within the psychotherapy relationship, and the need to critically consider what are assumed to be orthodox boundaries which are considered as given within psychotherapy interventions. Furthermore, the research experience revealed itself to be an empowering one for children, as their feedback demonstrated and as will be discussed in the next section.

Participants' Experiences of the Research Process

The contributions and limitations of practitioner research may also be understood by considering findings which communicate children's and adults' experiences of the research process. Such findings contribute towards addressing how children's, therapists', and carers' views of psychotherapy interventions may be elicited and how children in this study evaluated the methods used to obtain their perspectives on psychotherapy interventions.

Findings within the theme *Us in research* show that children made sense of their participation in this study as a satisfying, expressive, positive, and empowering learning experience. The same findings indicate that some children made sense of research as an opening up experience akin to therapy. They also spoke about research as a thinking, evaluative, and reflective space which relates to but is also set apart from the expectations

associated with psychotherapy practice. As has already been discussed, findings in this study show that children shared feedback which they had not shared with their therapist. I argue that such findings imply that when it endorses a child participative agenda, practitioner research seems to give rise to a different set of participative and evaluative possibilities for children within the context of child psychotherapy. This reveals a challenge for the development of a paradigm which seeks to engage children in therapeutic interventions as active agents and rights holders. Such a paradigm needs to address the challenge of enabling evaluative possibilities stemming from a children's rights and child participatory agenda, within therapeutic interventions which may be informed by a different set of values. Such values include those perpetuated by academic learning and professional training related to child psychotherapy.

I contend that the reflective potential of such research is also supported by findings from the analysis of adult data. Jones et al. (2019) wrote about this reflective potential as introducing "dimensions that are normally excluded from critical reflection within a profession" (p. 1). Findings within the theme *Interviewer–interviewee relationship* indicate that for therapists this meant being able to think about child psychotherapy in ways which lay outside their normal everyday practice.

Apart from offering reflective possibilities for child and adult participants, findings from the analysis of the reference group data, along with the analysis of the member-checking interviews, indicate that the facilitation of child participation within practitioner research can extend such reflective potential towards a joint process of reflection *with* children. The analysis of reference group data (Mercieca & Jones, 2018) highlights the function of the reference group in this study as that of being not only a consultation space but also a space in which children and an adult researcher reflected together about the conduct of

research. This echoes Moore, Noble-Carr, and McArthur's (2015) notion of reference groups as child-adult co-reflexive spaces within research.

In addition to such possibilities, findings within this study also communicate adults' and children's experiences of such reflective research spaces as challenging (see theme *Interviewer-interviewee relationship* within therapist's findings and category "children's views of the research process", Table 6.7). Some children alluded to the challenging nature of such spaces and spoke about moments when they felt embarrassed and pressured to explain themselves, thereby bringing into play child-researcher power differentials. The challenging and sensitive nature of such research is also conveyed by findings which communicate children's non-verbal expression, represented within the analysis of children's laughter (see category "children's engagement in research and relationship with researcher" in Table 6.7). I acknowledge the limited nature of such analysis given the fact that only verbal data was recorded. Yet I maintain that such attention to non-verbal expression needs to inform future research and needs to feature within the development of a child participative paradigm in child psychotherapy. Such attention mirrors Spyrou's (2016) recommendation regarding childhood researchers realising the value of children's non-verbal communication as "pregnant with meaning and a constitutive feature of their [children's] voices" (Spyrou, 2016, p. 7).

Thus, in terms of how children's, therapists', and carers' views of psychotherapy interventions may be elicited, findings discussed in this section indicate that practitioner research which endorses a child participative agenda, can support reflective spaces and opportunities with children in ways normally excluded from psychotherapy practice. Findings communicating children's feedback regarding their participation in this research also contribute towards understanding what may support or hinder the facilitation of such

reflective spaces and opportunities *with* children. Such feedback is discussed in the next subsection.

Children's Feedback Regarding the Data-Collection Process and Data-Collection Tools

This subsection considers children's feedback regarding what supported and what hindered their participation in research, thus directly addressing the third research question: "How do children evaluate the methods used in this research to obtain their perspectives on psychotherapy interventions?" It focuses on the potential of creative processes in enabling children's views, as communicated by children. Yet it also discusses the need to problematise and critically consider such processes, especially in relation to research and practice contexts.

Findings within the theme *Us in research* (Tables 6.7 and 6.8) communicate factors which according to children influenced the research process and which supported or hindered their participation. Findings (see Table 6.8) indicate that children attributed their own comfort during the interview to the interviewer's relational qualities; to knowing the interviewer; and to feeling treated like a grown up during the interviews. Findings also convey what can mitigate the potential vulnerability and discomfort of child participants within child psychotherapy research. Findings (see Table 6.7) confirmed the value of children's own suggestions expressed by the reference group. Reference group participants had communicated the importance of the adult researcher-child relationship and highlighted the significance of children knowing the researchers and understanding their intentions. Moreover, they highlighted the impact of the researcher's stance in asking questions and the importance of children being offered a choice in terms of how they express themselves in research. Findings in this study confirm what reference group members thought would be important and helpful for children within research. This further substantiates the value of a reference group in terms of informing research methodology within such studies.

Findings communicating children's suggestions regarding improving research also convey such a relational focus. They emphasise the importance of an adult researcher-child relationship within which the researcher pays attention, remains calm, and respects the child's pace. Interestingly, Bob reported that knowing me as the interviewer was not so important for him during the interview. He explained that this was because he chose to express himself by creating a story about a fictional child who attended therapy, rather than speaking about himself directly. I contend that this indicates that knowing the researcher may be particularly important in terms of mitigating the discomfort of speaking about sensitive and personal issues, thus contributing towards a sense of safety.

Additionally, Bob's responses indicate that the use of creative methods within data collection facilitated a sense of distance between the child's actual circumstances and the metaphorical content. His responses, especially those given during member-checking, reveal that he was aware that the created story reflected his own experiences. Yet the self-created metaphors enabled him and other children to stay in full control of an expressive process. This meant their choosing whether to distance themselves from the created stories or, alternatively, to identify with them.

Asked about the means employed for data collection, some children explained that they found the use of creative media more helpful than words alone would have been (see category "data-collection methods", Table 6.8). Responses also communicate other aspects children identified as helpful; the use of role play positively impacted the motivation to participate, whilst creative means supported reflection yet also allowed for the exploration of scenarios which were different from their own life situations. Further, in terms of suggestions regarding improving such research, children mentioned the need to use active, creative methods of data collection which some perceived as contrasting with a sitting down and talking approach.

I argue that such understandings regarding the potential of creative processes in enabling children's views can be related to Driessnack's (2005) conclusions following a meta-analysis of research projects using drawing as a way of collecting children's data. She reported "strong and definitive results that support the use of drawings to facilitate communication with children" (p. 421). Her research indicated the potential of drawings in contributing towards a child-driven research process, one in which children are more in control of what they wish to communicate. This echoes the conceptualisation within Clements et al. (2001) of drawing as child-controlled expressions which also provide the participating child with an alternative focus to that provided by the interviewer. Whilst Driessnack's research focused on the use of drawing, this study's findings reveal how such opportunities may also be realised whilst using other expressive methods. For example, the notion of an alternative focus and a child-controlled process echo the way Bob spoke about his use of a fictional story (see category "data-collection methods" within Table 6.8).

I argue that the opportunities revealed through the use of creative processes depend also on how children's creative processes are analysed. In line with Driessnack's recommendations regarding the use of drawings, I further argue that the opportunities and potentials offered by creative means of expression in research may be realised when aptly supported by a specific shift in the researcher's and practitioner's focus. Rather than focusing on analysing the child's expressions where the children's product and processes become yet again subject to the professional's gaze, practitioners are challenged to shift their attention towards understanding how children themselves explain and construct meaning around their products and processes. This study suggests that one way in which this could be achieved is through the use of member-checking interviews.

Children's feedback regarding the use of member-checking (see category "member-checking", Table 6.8) indicates that children experienced this as an opportunity for them to

elaborate on what they meant in the first interview. This extended the role of children in terms of reflecting and interpreting their own experiences and expressions, rather than these functions being associated solely with the professional's role. Facilitating such a space meant that some children actually took the opportunity to correct my interpretation of their words. Moreover, Ian spoke about it as a space where the researcher could correct himself and alluded to the seminal input of the child as meaning maker: "you [the researcher] cannot just confirm things on your own." Findings indicate that the facilitation of member-checking spaces and the use of a reference group offer specific opportunities for children and reveal particular potentials within approaches which enable children's participation in the evaluation of therapy.

That being said, the same findings reveal how, despite the best intentions, research also mirrored the child-adult power differences within practice. Findings within the category "child-researcher power dynamics" in Table 6.7 communicate instances when, during the research interviews, I as a researcher unconsciously used my own power to influence the child's expression, resulting in moments when a child felt missed or cornered. Such findings indicate the need to problematise the use of creative means of data collection and to consider that their application is still influenced by such adult-child power differentials. I argue that findings highlight the need to critically consider how the wider context of child psychotherapy, where play is also used to facilitate expression, may soften the boundaries between research and practice for the child participating in research. This foregrounds the researcher's responsibility for developing a safe ethical research process in which the child is kept continuously informed about the process and how it relates to, while being at the same time different from, therapy.

Findings discussed in this section communicate children's nuanced understanding of the research process. Findings communicate factors which children thought influenced the

research process and which supported or hindered their participation in terms of mitigating potential vulnerability and discomfort. Findings also convey that the use of creative media is more helpful than exclusive reliance on verbal processing within interviews. Findings indicate that the use of creative means of expression positively impacted children's motivation and supported their reflection, especially by enabling the exploration of scenarios which were different from their own life situations. Yet the use of creative means of expression implies the need for a consideration of how practitioners analyse children's creative expression within research. Such findings highlight particular aspects related to expression, the research relationship, and the value of engaging children as interpreters of their own experiences and expressions, which deserve attention in the development of the aforementioned paradigm. Yet findings indicate that children's engagement in such research needs to be made sense of in the context of the research relationship, the lived here and now interaction within the researcher, and the shared researcher-child context outside the research space.

Conclusion

The discussion of findings within this chapter communicated and considered how this study addresses the research question, offers directions for the development of theory and practices related to child psychotherapy, and responds to the research gaps and directions for research development identified within the literature review chapter. It critically explored the outcomes, challenges, and opportunities revealed when children are engaged in the evaluation of therapeutic interventions, by considering children's views in relation to therapists' and carers' views of psychotherapy. It also communicated how this study contributes towards understanding and improving child psychotherapy practice in alternative care and towards the development of a new paradigm which involves children as active participants and rights holders in the evaluation of mental health interventions.

In terms of the development of such a paradigm, findings discussed within this chapter indicate that research which enables children's participation in child psychotherapy can facilitate reflective and co-reflective opportunities for children, practitioners, and researchers. Such opportunities offer and reveal benefits to children, researchers, and practitioners. Children's evaluations offer researchers and practitioners critical insights which may not be accessible within practice, spurring them on to question their certainties and generate new thinking. Moreover, children's participation in the evaluation of psychotherapy resulted in an empowering and reflective opportunity for children to define themselves as rights holders and agentic meaning-makers in ways which critically challenge professional discourses in the fields of child psychotherapy and residential care.

Such opportunities mirror and echo the outcomes discussed in this chapter. These opportunities and outcomes were considered in relation to the impact of the research and practice contexts, and to similarities and differences between children's and adults' views in this study. They were also connected to the conceptualisation of child voice and agency in research, thus paving the way for the next chapter's indication of directions for future research. This concluding chapter will frame such outcomes and considerations in terms of this study's contributions to knowledge.

Chapter 9: Conclusions and Recommendations

This chapter summarises the main findings of this study and discusses them from the point of view of their significance as new areas of knowledge. It also sets out the study's major strengths, its limitations, and its main recommendations for practice and for future research.

Main Findings and Contributions to Knowledge

In discussing the significance of the main findings as new areas of knowledge, this section draws on how the previous chapter addressed the research questions and considers these findings in relation to each research aim.

Research Aim

This practice-based, qualitative enquiry aimed to elicit, represent, and understand children's accounts and evaluations of their engagement in psychotherapy interventions in a residential alternative care setting in Malta.

Contribution to Knowledge

This section considers how findings:

- communicate specific understandings of therapeutic interventions which are relevant to children accessing a psychotherapy service within a specific residential context;
- convey children's evaluations of therapeutic interventions which can inform psychotherapy practice and the development of services within the residential setting;
- represent children's experiences of child-adult dynamics within psychotherapy which impact children's processes; and
- contribute to theoretical developments related to the conceptualisation of child voice and agency within the evaluation of mental health interventions.

Findings communicate understandings of therapeutic interventions which are relevant to children accessing a specific psychotherapy service. For example, findings convey children's views of psychotherapy as being both a helpful, expressive space and a relational process which is related to change and which presents a reparative potential for children. Yet as well as conveying such understandings, findings also highlight the ontological significance of children's views. Within this study such views were not reduced to mere constructions expressed by children engulfed within research and practice contexts. Neither were they romanticised or separated from the contexts within which they are located. Findings show how children's meaning-making can be seen as conveying their intentions and embodied experiences, even if located within structures of values and beliefs. This is exemplified in their articulation of intense, embodied sensations within psychotherapy. The analysis of such communication proposes a consideration of change in child psychotherapy as an embodied process which children experience as a new alive presence within their bodies.

Findings convey children's evaluations of therapeutic interventions which can inform the development of services within the setting. For example, findings referred to in this chapter's recommendations section, show what supported and what hindered children's engagements in psychotherapy. Moreover, findings include children's critical views about service delivery and imply specific modifications to practice which benefit children. Such findings contribute to knowledge by highlighting children's views about notions within psychotherapy which are absent from adults' understandings of child psychotherapy. This is considered within the evaluation of the next research aim.

In addition to their relevance in developing services within a specific setting, findings in this study also contribute towards the development of knowledge on a wider, less context-specific level. Findings convey children's experiences of child-adult dynamics which impact

children's engagements with mental health services and contribute to theoretical developments in the field of children's participation in child psychotherapy.

As regards child-adult dynamics within psychotherapy which impact children's engagements, children's evaluations of psychotherapy highlighted their experiences of challenging aspects within therapy relations, revealing a dynamic of power and control between adults and children. For example, findings communicate specific moments within therapy interventions when children felt either empowered or inhibited from exercising their agency, especially in terms of setting the therapeutic agenda. The attention paid to such dynamics, along with the structures, values, and beliefs supporting them, problematises and challenges adults' understandings of mental health services, in this case child psychotherapy.

When it comes to contributing to theoretical developments in the field of children's participation in child psychotherapy, findings indicate that the manner in which child voice and agency is conceptualised in child psychotherapy and research is a seminal aspect in enabling, understanding, and analysing children's views about therapy. On one hand, findings show how children's voices and accounts of their own agency can be understood as referring to the independent, real existence of the child's experiences within mental health interventions. Yet, on the other hand, children's meaning-making within this study conveys an interactional process conducted within relationships and languages (Savin-Baden & Major, 2012). Echoing Pocock's integration of critical realism and social constructionism, this study proposes that within child psychotherapy research children's voices and agency need to be understood in relation to the child's personal context, the professional practice context, and the research context. Moreover, findings in this study contribute to theoretical developments in the field of children's participation in child psychotherapy by highlighting the need for an interactional, relational, and multi-layered conceptualisation of child voice and agency, as set out in Chapter 8 Section B. This is especially relevant within the

development of a paradigm which aims to engage children as active agents and rights holders within therapy, and which seeks to enable children's evaluations of therapy services.

Research Aim

This study aimed to research the views of therapists and adult carers about children's engagement in psychotherapy interventions, and to analyse them in the light of the child-adult dynamics prevailing in that context.

Contribution to Knowledge

This section considers how findings:

- communicate parallels, yet also differences, between children's and adults' views, and identify children's needs and priorities which are absent from adults' understandings of psychotherapy;
- convey the outcomes revealed by a methodological approach in which children's accounts are analysed alongside adults' views;
- inform an understanding of child-adult relations in the residential setting; and
- highlight the impact of values, beliefs, and practices through which children are constructed within psychotherapy interventions in a residential care setting.

The analysis of children's findings in relation to adults' findings resulted in the identification of similarities, yet also seminal differences, between children's and adults' views. The process of engaging with and problematising such similarities and differences resulted in the identification of children's needs and priorities which are absent from adults' understandings. These needs and priorities include children's explanations regarding the use of creative processes supporting the child's expression; children's emphasis on the relational aspect within the understanding of the therapeutic potential of play; children's suggestions for more flexible boundaries in child psychotherapy; children's preference for informal contact with their therapist, which could potentially address trust challenges; and the

acknowledgement of children's agency in bringing about changes in their life. In addition, findings indicate that children's experiences of change and their views about the impact of therapy on their lives, at times remained unknown to their therapists or were not represented within therapists' understandings. In terms of contributions to knowledge, such findings highlight the need for child participatory practices to be part of the psychotherapy service within the setting. Such practices would enable therapists' and children's cumulative and ongoing reflections on their experiences of child psychotherapy, thus supporting their collaborative reflection and evaluation.

This study also contributes to knowledge by highlighting the outcomes and opportunities revealed by a methodological approach which considered children's accounts alongside adults' views. This resulted in an understanding of child-adult dynamics within a specific Maltese residential setting. Moreover, it enabled an understanding of the impact of the values, beliefs, languages, and practices within such a practice context on those dynamics and on children's and adults' views. Findings convey an adult-determined and adult-controlled residential care context. Such a context supports and contributes to a particular understanding of psychotherapy practice shared by children and adults within a specific Maltese residential setting. Psychotherapy is collectively constructed as an essential and normalised practice which enables intense, extended relationships with therapists which may partially compensate for the shortcomings of residential care. This may be understood as embodying the intention to benevolently care for children, a value central to Roman Catholic beliefs. Yet it urges a critical consideration towards the over-reliance on psychotherapy for children in residential care in Malta (Abela et al., 2012), considered in this chapter's recommendations section.

The analysis and consideration of children's accounts alongside adults' views also resulted in understanding how children and childhoods are constructed within psychotherapy

interventions in a residential alternative care setting. Findings in this study suggest that dominant discourses within child psychotherapy, including a trauma-focused discourse, strongly impacted the manner in which therapists in this study constructed children (Welch & Jones, 2010) and how they understood change for children. Findings show that such dominant discourses inform professionals' actions and evaluations. As therapists drew from such discourses, they positioned themselves as interpreters of children's accounts who privilege a knowledge base which remains inaccessible to children. Moreover, findings show that such dominant discourses impact therapists' attitudes towards enabling children's evaluation of mental health practices.

Research Aim

This research set out with the further aim of critically exploring how children's views of therapeutic interventions may be elicited and enabled. This was accomplished both by researching the process of enabling children's participation in the design of this study, and by researching children's feedback on their research experience and the data-collection tools employed.

Contribution to Knowledge

This section considers how findings:

- offer insights into specific approaches and methods which support and enable children's participation in the evaluation of therapeutic interventions;
- identify contextual aspects which need to be considered when using specific methods to enable children's participation in the evaluation of therapeutic interventions; and
- convey the reflective possibilities and outcomes enabled by practitioner research;

Findings within this study offer insights into data-collection methods and approaches within research which can enable children's participation in the evaluation of therapeutic

interventions. Findings also convey children's feedback about the use of such methods and approaches to enable their participation and evaluation. For example, findings communicate the benefits of offering children choices about how to express themselves in the evaluation of therapeutic interventions. They also illustrate the potential of member-checking as a method which can be used to invite children to reflect on and construct meaning around their own expressed views. Yet findings also show that the application of such approaches needs to consider the impact of practice and research contexts on children's engagement with such methods. For example, findings highlight the relevance of considering the impact of a process of socialisation on children's understandings of psychotherapy. In relation to this, by enabling reflective conversations with children on their own testimony, member-checking offers the opportunity to consider the impact of such practice and research contexts.

As regards specific approaches which enable children's participation in the evaluation of therapeutic interventions, findings also convey the opportunities revealed by facilitating a children's reference group to inform research design. Notwithstanding the significance of such opportunities, the analysis of the reference group process highlighted the need to remain mindful of the impact of adult power and control within approaches which support children's participation in the evaluation of therapeutic interventions. Specific aspects related to the reference group are discussed in the section of this chapter containing recommendations related to future research.

This study contributes to knowledge by communicating how approaches within child psychotherapy research which enable children's choices, participation, and meaning-making offer an alternative approach to adult-determined and highly structured child psychotherapy feedback tools such as outcome rating scales and session rating scales (Law, 2012). This study contributes to the debate initiated by Hennessy (1999) concerning the extent to which such highly structured tools actually reflect the features which are important for child clients.

It does so by highlighting children's needs and priorities which can inform the development of child psychotherapy evaluation tools which reflect the features that are important for child clients within this study's specific context.

A further contribution to knowledge, findings also indicate that practitioner research within the field of child psychotherapy can benefit children by giving rise to and supporting a set of participative and evaluative opportunities for children which are not usually endorsed within child psychotherapy practices. Findings suggest that children benefit from being treated as knowledgeable participants and from having the opportunity to evaluate mental health interventions. Practitioner research offers reflective and child participatory possibilities within which children may offer new feedback which might not be accessible within practice. The benefits to children are evident within findings which show that children made sense of their participation in this study as a satisfying, expressive, positive, and empowering experience. They further indicate that such an approach empowers and enables children to define themselves and communicate their experiences in ways which are less likely to be represented within professional practices and discourses. In Section D of Chapter 8 I argued that the nature of practitioner research also revealed reflective opportunities for therapists. It suggests that practitioner research can facilitate spaces where professionals are invited to question their certainties and generate new thinking.

Strengths of the Study

This section considers the study's strengths in terms of:

- its relationship to knowledge within the field of alternative care and mental health services;
- its research methods;
- its critical engagement with the concepts of child agency, voice, and participation;

- its commitment to reflexive practice; and,
- its approach to data analysis.

In terms of its relationship to knowledge within the field of alternative care and mental health services, this study contributes to addressing an identified need (Aslam, 2012; Tatlow-Golden & McElvaney, 2015) to develop further research which focuses on children's views of mental health services in alternative care. In addressing this need the study goes beyond mere description of the similarities and differences between adults' and children's priorities in alternative care highlighted in previous studies (Emond, 2014; Holland, 2009). It seeks to do so by contributing to an understanding of how such similarities and differences relate to and reveal child-adult dynamics within a specific setting. Moreover, it contributes towards understanding how such dynamics influence relations and impact practice within the context of child psychotherapy.

One of the strengths of this study lies in its attempt to draw on and integrate knowledge from various related fields. It establishes a dialogue with research in child psychotherapy which addresses how child clients' feedback can provide insights into the outcome and process of psychotherapy (e.g. Bury et al., 2007; Henriksen, 2014). It draws from the concept of child voice within childhood studies (Wyse, 2009), which acknowledges children as rights holders (Welch & Jones, 2010) active in constructing their own childhoods (James, 2010). It also responds to developments within childhood studies which suggest a need to problematise and contextualise the concept of child voice (Graham & Fitzgerald, 2010; Mannion, 2007; Thomas, 2012; Tisdall, 2010; Tisdall & Punch, 2012). This eclectic approach resulted in an innovative research design which engaged children in research as active agents and knowledgeable participants. Notwithstanding the inevitable child-adult power differentials, this design in turn enabled children's active participation in evaluating psychotherapy. Yet this study also sought to understand this evaluation and participation in

relation to a number of children's contexts and to adults' views of children's experiences.

The consideration of children's views in relation to those of adults is seen as a significant strength, not least in the attempt it represents to move away from essentialising and romanticising children's voices.

In terms of research methods, the strengths of this study are evident in its commitment to facilitate and enable children's participation. Yet, whilst doing so, the study also sought to critically engage with how children's participation was thought about, understood, and enabled within this research. In terms of enabling children's participation, this study's strengths include the commitment to endorse recommendations from reviewed literature regarding the use of creative techniques as tools for data collection with children. Moreover, it responded to recommendations within reviewed literature to consider children's own preferences concerning how they wished to be invited to participate. This was achieved both by setting up a reference group prior to the actual data collection and by offering a flexible, multiple-method data-collection approach with children. Such an approach offered children a degree of choice about how they wished to express themselves during data collection. By setting up and facilitating a reference group, the study sought to consult children about various aspects related to data collection and develop a reflective space for both researcher and children to consider the research process. The reference group as a "participatory pathway" (Mercieca & Jones, 2018, p. 259) yielded a meaningful impact on the research process within this study, thus potentially enhancing the quality of collected data and hence research credibility (Moore et al., 2015).

This study's commitment to critical engagement with how children's participation was conceptualised and enabled, emerges as a significant strength. This is important in the light of numerous criticisms regarding the tendency to assume child participation and a focus on child voice to be a given good (Bühler-Niederberger, 2010; Tisdall & Punch, 2012) and as

inherently beneficial (McCarry, 2012). This benefit was achieved by acknowledging the specific context of the work, committing to a reflexive research practice, and adopting a tailored and rigorous approach to data analysis. Moreover, the need to critically engage with how child participation was enabled within this research, informed this study's ulterior focus on enabling and integrating children's feedback and meaning-making about the research process. As well as children's engagement in the reference group, such feedback was enabled through the facilitation of member-checking interviews. This feedback informed my reflexive practice as a researcher.

The commitment to reflexive practice is exemplified by how I sought to reflect on my interactions with children during the reference group, and especially on those moments when I unconsciously influenced and limited children's suggestions, despite my intention not to do so. The outcomes of such reflection resulted in an enhanced awareness of my positioning and influence as an adult and a mental health practitioner, throughout the research process. This informed my approach within data collection as I sought to maximise children's capacity to communicate their ideas.

Another strength of this study is its commitment to critical engagement with the concepts of participation and voice during the process of data analysis. The study sought to develop Braun and Clarke's (2006) tentative suggestion regarding the possibility of attending both to latent and semantic levels of meaning within the thematic analysis of data. The semantic significance of data refers to the explicit meaning within participants' accounts. The latent level of meaning refers to the beneath the surface, interpretative significance, represented both by the underlying concepts interpreted by the researcher within analysis and those identified by participants within interviews. This was attempted through the use of first- and second-cycle coding (Saldaña, 2015), as described in detail in Chapter 4. This enabled

both a description of what children said and an understanding of the meaning of such accounts within personal, practice, and research contexts.

This section considered the study's strengths regarding its research design and the way it relates to the development of research and knowledge within the field of mental health services in alternative care. As regards research design, this section considered how this study critically engaged with the concepts of child agency, voice, and participation, and how this informed its commitment to reflexive practice and its approach to data analysis.

Limitations of the Study

This section considers this study's limitations in relation to:

- research outcomes;
- research methods; and
- the study's identity as practitioner research.

In terms of outcomes this study did not manage to bridge the act of research with the implementation of actual changes in the psychotherapists' practice at the residential, alternative care setting. Being able to communicate how children's views were translated into action was considered an important element within Davies-Worrall and Marino-Francis' (2008) review of research which sought to represent young service users' views of mental health services. As a researcher I attempted to mitigate this limitation by presenting the findings to the team of psychotherapists during a one-day, continuous professional development event. At a research proposal stage I had considered following this through by integrating an action research component which would evaluate the implementation of specific changes suggested by children. Yet this would have required a wider research focus, a longer duration, and more resources. This limitation underscores a recommendation of Weil et al. (2015) regarding the need for greater efforts to be made to evaluate how children's suggestions inform practice and how they could be translated into longer-term changes in

health care. An awareness of this limitation inspires me to consider such a focus within my post-doctoral research.

In terms of research methods this study attempted to consider and respond to what Midgley et al. (2014) referred to as the univocal, essentialist interpretation which results from a logocentric bias in qualitative research in child psychotherapy. It sought to do so by attending to multiple levels of meanings within participants' accounts, and by representing how participants spoke, rather than exclusively attending to what they said. Yet, the data analysis relied heavily on the transcription of audio recordings. I attempted to take note of nonverbal features such as pauses and body movements which informed, for example, the analysis of laughter between myself and children. Yet the verbal element significantly overshadowed the attention to nonverbal expression. This is also evident in the manner in which I proposed and analysed children's engagement in creative expression. I proposed creative methods such as role play and story-making which fitted the boundaries and demands of audio recording. Yet I did not seek to proactively enable or encourage nonverbal expression through, for example, painting. Though Davies-Worrall and Marino-Francis (2008) recommended the use of nonverbal methods, since children accessing mental health services are described as "often not comfortable verbally" (p. 18), my approach tended to privilege verbal expression within data collection. Thus, whilst my approach to data collection sought to enable children's choices regarding expression, my needs as a researcher and my beliefs and values as a therapist shaped the choices offered to children during data collection.

In terms of data collection this study sought to consider the larger contexts within which children have their say (Clarke & Percy Smith, 2006) by researching the perspectives of adults involved or related to the psychotherapy interventions. Yet whilst I included therapists, social workers, and carers, my approach excluded the children's families. At a

research proposal stage, I had proposed to research the perspectives of a number of parents who were involved in the psychotherapy interventions, yet the handling of large data sets meant that I needed to draw some boundaries. Deciding not to research the views of parents could be criticised as reproducing the marginalisation of children's parents within alternative care settings, and thus as limiting the study's scope. My own experience as a professional within residential settings in Malta makes me familiar with the tendency to blame such parents and consider them as needy and not good enough.

This study also presents some limitations in terms of its practitioner research identity. As a practitioner-researcher I researched the views of children with whom I was working or had worked in therapy, along with those of children who were engaged in therapy with my colleagues. This implied a consideration of social desirability issues within children's responses. Research by Freake et al. (2007) found that when the practitioners themselves interviewed children, only a small number of participants mentioned things they disliked about the service. Whilst findings in the present study show that children did in fact feel comfortable to criticise the service, I noticed that the children who felt most comfortable criticising psychotherapy practice were the ones who were either not my clients or who had been my clients in the past. The ones with whom I was working in therapy tended to criticise past therapists rather than my own approach.

I attempted to address the issue of social desirability through an adaptation of member-checking which engaged children in discussing their own responses. I recall how, during member-checking, I asked my ex-client Ian why he had not given me the same feedback when we had worked together in psychotherapy. He explained: "Because [if you do so] ... the therapist will take a step back and start being more careful; instead of using one eye he will look at you with seven eyes, being more careful how he is going to talk and when." His feedback can be related to Buston's (2002) conclusion that when researchers

made it clear to children that they were not part of the service which was being evaluated, children made more negative comments. Yet, whilst the content of Ian's statement communicated limitations related to complex power dynamics, engaging him in a manner which enabled him to reflect on his own views proposed and exemplified a research effort which sought to address such limitations.

In terms of the practitioner research identity of this study, the analysis of findings also highlighted the impact of hindsight and the passing of time on children's reflections. This study aggregates the views of children who spoke about a process they were involved in at the time of research, with the views of children who were no longer accessing psychotherapy services. Whilst the analysis of findings attempted to represent such a dynamic, the impact of time introduces a limitation in terms of research acting as a filtered snapshot set at a particular point in time. This limitation could be mitigated through other potential modes of data collection which would involve the collection of data at different points during the psychotherapy process.

Recommendations for Child Psychotherapy in Alternative Care Settings

This section conveys main recommendations related to practice. Recommendations are also available in list form for quick access (see Appendix R).

Findings in this study revealed and communicated children's identification of helpful and less helpful aspects in supporting their engagement and expression in child psychotherapy. It is thus recommended that therapists actively enable and engage with children's agency in setting the agenda within therapy interventions. Moreover, it is recommended that therapists engage with the need for sensitivity when it comes to how they manage information sharing and how they involve other adults in the child's therapy. Furthermore, therapists are urged to consider extending the orthodox boundaries of child

psychotherapy, especially in relation to non-formal contact with therapists and the time boundaries of therapy sessions.

Furthermore, the study communicates children's direct suggestions for improving psychotherapy. Children explained how access to a talk–play continuum supported their engagement, their expression, and the therapeutic alliance. It is thus recommended that child psychotherapists receive further training in how to offer access to such an expressive continuum. This needs to be reinforced by psychotherapists evaluating with children the use of play and creative processes. This evaluation can inform both child and practitioner about the significance of this expressive continuum within a particular interaction, and how this may change over time. This recommendation is even more relevant in the light of the therapists' different understanding of the functions of play for children. Such functions of play are much better represented within the arts therapies literature related to children in residential care (e.g. Smeijsters et al., 2011). It is thus recommended that the dialogue between the arts therapies and child psychotherapy should be nurtured and developed by training institutions and professional bodies.

As for other specific helpful and unhelpful elements in relation to the therapy relationship, findings also indicate the need to think about gender as an aspect worthy of attention in facilitating psychotherapy services for children in this context. Thus, it is recommended that the psychotherapist's gender, and the child's preferences about this, be thought about at the referral stage. Shirk et al. (2011) maintain that "the reality is that we know very little about whether gender, race, or matching is related to the alliance in youth therapy" (p. 84). Whilst findings contribute in a very modest manner to the shortage of knowledge in this area, they support recommendations in the next section regarding the need for future research. This is particularly relevant to the specific residential setting within which the study is set which proposes a gender segregated service, thus potentially communicating

particular gender related and gender specific roles and values. It is also relevant to a Maltese residential care context with some settings transitioning from very gender segregated services towards hosting siblings.

Findings communicating the challenging aspects within the process of psychotherapy suggest that, within their practice and supervision, psychotherapists need to think about how they can support the child to manage the emotional intensity and the felt embodied distress when difficult and painful memories or emotions are accessed. As well as highlighting the need for sensitivity towards the child's experience of such distress, this study recommends that psychotherapists working with children in residential care become increasingly aware of their own situated knowledges (Jones et al., 2019). This would entail greater critical awareness of the potential impact of their adult power and professional beliefs, not only on their interventions, but also on their constructions of children and childhoods.

This study shows, and thus recommends, that the promotion of spaces in which children are enabled to evaluate psychotherapy practice can significantly inform the practitioner's awareness and critical reflection. Child psychotherapy trainees in different modalities as well as practising child psychotherapists, would benefit from training in this area. It is recommended that the development of such training be supported and informed by an interdisciplinary engagement with the fields of child psychotherapy, the arts therapies, and childhood studies. Whilst focusing on how to enable children's evaluation of psychotherapy interventions, such training needs to include a wider focus in terms of promoting children's participation, voice, and agency throughout the psychotherapeutic process. This includes attention being given to referral, assessment, setting up, engagement, evaluation, and closure.

This study also recommends the need to consider how psychotherapy in residential care in Malta is understood and constructed by adults as a specific intervention with children. Findings point towards a collective normalisation of psychotherapy in residential care, within

a Maltese setting. Findings indicate that psychotherapy is perceived as an essential practice by both adults and children. It is recommended that the collective normalisation of long-term psychotherapy needs to be critically evaluated and scrutinised by Maltese policy makers and service managers. This evaluation needs to be informed by an awareness of how therapeutic interventions may be overused and over relied on, especially in the absence of other provisions which would ensure long-term, adult-child nurturing relationships for children. This is especially relevant within the Maltese context, where research indicates that children in residential care make considerably more use of psychotherapy and psychiatric services than children in foster care (Abela et al., 2012). Moreover, this study shows that child psychotherapy in residential settings is not a neutral intervention, but one informed by particular values and beliefs which impact how children learn to think about themselves. This can have far-reaching implications for children's life chances.

Recommendations for Further Research

This section conveys main recommendations related to research. Recommendations are also available in list form for quick access (see Appendix S).

This study focused on a particular residential care setting designed to serve the needs of male adolescents. In view of this focus it is recommended that further such research be carried out with the assurance of wider gender representation. It is highly recommended that such research be developed through the facilitation of a gender-representative reference group made up of children with experience of psychotherapy and alternative care.

This study indicates that child psychotherapy research needs to address how to enable children's accounts and evaluations of psychotherapy experiences, especially within contexts in which adult-determined, pathology-ridden language tends to dominate practice. Research initiatives which seek to engage with, enable, and represent children's accounts of psychotherapy need to consider the impact of time on children's reflections within the

process of psychotherapy. This can be achieved by developing methods for longitudinal data collection. The outcomes of such research need also to be specified and critically appraised in terms of their benefits and limitations. Limitations need to be clearly evaluated especially in view of the prevalent assumption that child participation is essentially benevolent and benefits children. Such evaluation needs to consider the extent to which such research enables children to define themselves and construct their experiences as active meaning-makers, rather than being seen and heard through the eyes and ears of adult practitioners.

In line with the main findings of this study, it is recommended that such research remains cognisant of the power dynamics within child-adult research relations. Such dynamics model and influence how children express themselves and the substance of what they say. Thus, it is strongly recommended that such research enables children's choice-making in terms of how they wish to express themselves in research, including offering creative means of expression. It is also recommended that data collection should widen the scope of verbal modes of expression and consider the inclusion of other, nonverbal ones related to creative expression. Such modes hold the potential to transcend the logocentric focus apparent within this research and in child psychotherapy in general.

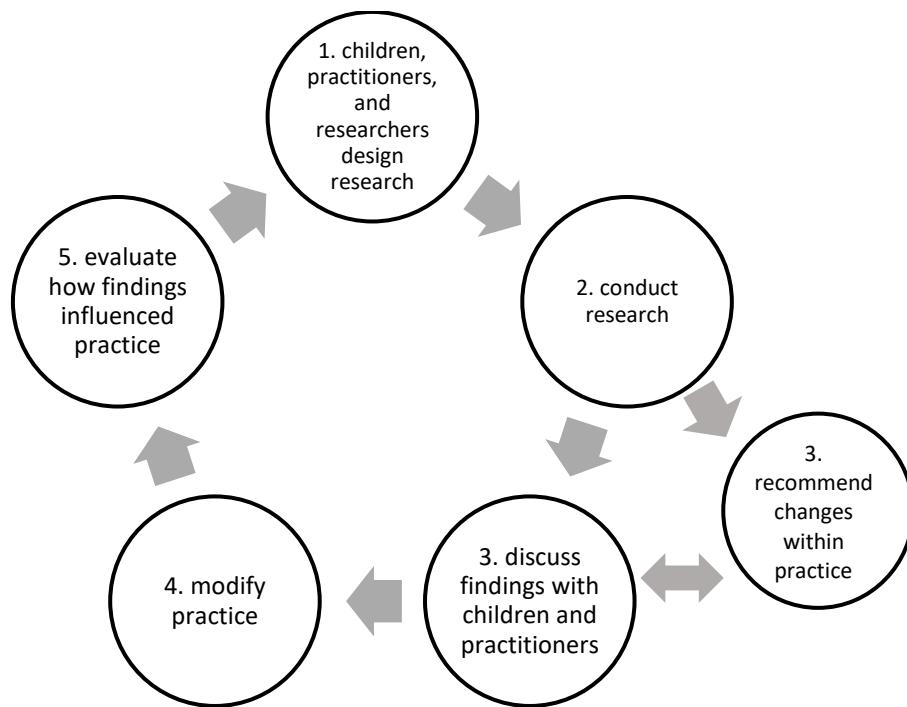
This study has also shown that such research invites expectations and relationships different from those associated with the norms of child psychotherapy practice and research. In view of this, further research needs to be conducted on how child psychotherapy as a discipline considers and conceives of children's accounts, evaluations, and understandings, as reflected within its discourse of reflection. An example of this type of research would be an investigation of how child psychotherapists conceptualise and think about children's accounts when they reflect on and evaluate their practice.

It is strongly recommended that future research should actively seek to account for the ways in which findings emerging from research influence and change actual practice. Thus,

future research needs to propose and promote a seminal dialogue between children, researchers, and practitioners. This would enable researchers, practitioners, and children to consider both the potentials and limitations which emerge from such research and how they impact actual practice. This is tentatively illustrated in the flow diagram which is Figure 9.1.

Figure 9.1

The Relationship Between Research and Actual Practice



This diagram echoes the recursive and cyclical process of action research (Stringer, 2013). A seminal component within such research is the consideration of child participation as an ongoing process. Within this process children are informed about how their suggestions and understandings have influenced practice. The outcomes of such a process could then inform the identification of further needs and thus the design of future research.

Concluding Remarks

This chapter has considered this study's main findings in terms of their significance as new areas of knowledge, discussed its main strengths and limitations, and communicated recommendations for practice and future research. Yet the academic engagement within this

conclusion does not fully convey the extent to which this PhD journey has changed my thinking, practice, and indeed being. It is a journey which has not only influenced my practice as a therapist but has also changed how, as a father, I listen to my own daughters' voices, and how, as an academic, I teach, grade work, and offer feedback to students. It has influenced my current work as I coordinate the setting up of a new service for adolescents with problematic substance use. I can summarise this impact in terms of learning to think in a new way. The generation of new thinking echoes Carroll's (2007) recommendation regarding moving away from a reactive model of thinking within the development of mental health services, characterised by learning through reflecting about the past. Carroll criticised this form of thinking in terms of its most likely outcomes:

We continue to do and think and feel that which confirms what we know rather than disconfirms. We see what we want to see, we observe what we are prepared to observe. We go in circles of learning and information. The mental maps, the theories, the filters we bring to our learning do not change. We learn more of the same. (p. 37)

This study indicates that facilitating child participative spaces and enabling child voice within the evaluation of child psychotherapy, offers possibilities for us practitioners to stop learning more of the same. Children's accounts invite us towards a critical reflexive effort characterised by a sense of enquiry and curiosity in questioning and challenging our certainties and our orthodox practices. May we always seek to look at old landscapes with new eyes.

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Appendix A: Approval letters by University of Malta Research Ethics Committee (UREC) and Institute of Education Research Ethics Committee (REC)

If a project raises particularly challenging ethics issues, or a more detailed review would be appropriate, you must refer the application to the Research Ethics and Governance Coordinator (via researchethics@ioe.ac.uk) so that it can be submitted to the Research Ethics Committee for consideration. A Research Ethics Committee Chair, ethics department representative and the Research Ethics and Governance Coordinator can advise you, either to support your review process, or help decide whether an application should be referred to the REC. Also see 'when to pass a student ethics review up to the Research Ethics Committee': <http://www.ioe.ac.uk/about/policiesProcedures/42253.html>

Student name	D Mercieca
Student department	EYPE
Course	M Phil/ PhD
Project title	
Reviewer 1	
Supervisor/first reviewer name	name removed in accordance with copyright rules
Do you foresee any ethical difficulties with this research?	This is a complex and sensitive subject area, but I consider Daniel's approach to be thoughtful and to have addressed concerns in a diligent and thorough manner.
Supervisor/first reviewer signature	signature removed in accordance with copyright rules
Date	June 19 2015
Reviewer 2	
Second reviewer name	name removed in accordance with copyright rules
Do you foresee any ethical difficulties with this research?	No. The application is completed in detail and the ethical issues fully considered. I note that ethical approval from the relevant authority in Malta is provided.
Supervisor/second reviewer signature	signature removed in accordance with copyright rules
Date	19-6-15
Decision on behalf of reviews	
Decision	Approved <input checked="" type="checkbox"/>
	Approved subject to the following additional measures <input type="checkbox"/>
	Not approved for the reasons given below <input type="checkbox"/>
	Referred to REC for review <input type="checkbox"/>
Points to be noted by other reviewers and in report to REC	
Comments from reviewers for the applicant	
Recording – supervisors/reviewers should submit all approved ethics forms to the relevant course administrator	
Recorded in the student information system	<input type="checkbox"/>

Signed Approval Document by University of Malta Research Ethics Committee (UREC)

Find on page Appendix No results < > Options X

1 of 1 |

Signature	Date
<p><i>To be completed by University Research Ethics Committee</i></p> <p>We have examined the above proposal and grant</p> <p><input checked="" type="radio"/> Acceptance <input type="radio"/> Refusal <input type="radio"/> Conditional acceptance</p> <p>For the following reason/s:</p> <p>signature removed in accordance with copyright rules</p> <p>Date </p>	

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Appendix B: Aims and Thematic Map of Reflexivity Interview

Aims of Reflexivity Interview

- To explore, express and account for the assumptions influencing my views of looked after children's knowledge, especially children who access psychotherapy interventions.
- To express my beliefs and perceptions (conscious and unconscious) regarding engaging in research about children's perceptions of psychotherapy interventions.
- To express my beliefs and perceptions regarding the potential contribution of children's perceptions towards service development.
- To critically reflect on my ethical considerations especially as regards safeguarding children and their therapeutic relationships.

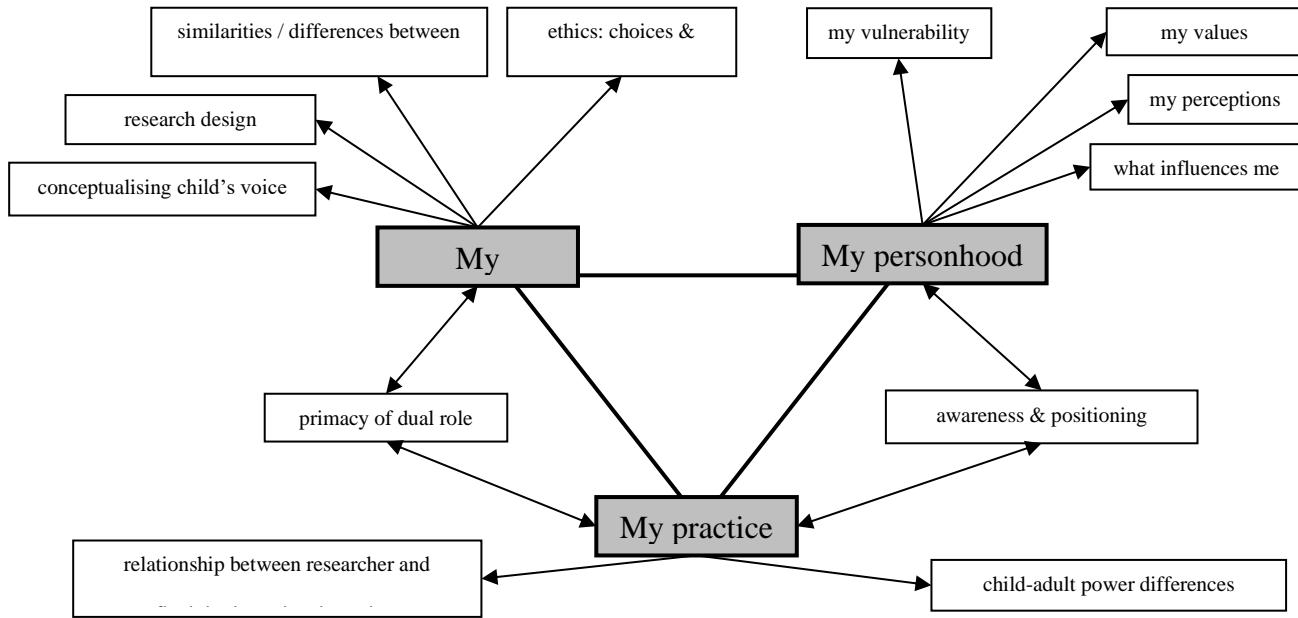


Figure A1

Thematic Map Summarizing Outcomes of Reflexivity Interview

Appendix C: Child Research Information Leaflets for 9 to 13-Year Olds and 14 to 17-Year Olds Translated in English Language

Will everyone know what you said?

No. If you decide to take part what you say will be very important and I will be writing about it. Yet no one will know that it was you who said it. Not even your therapist. When writing about it, I will be changing all the names so that no one will know who said what.

What if you do not want to take part?

That is totally OK. The choice is yours.

What happens if you decide to take part and then you change your mind?

You will be able to stop taking part at any time. If this happens I will delete what you told me and I will not use it.

You do not even have to say why you want to stop. You just need to tell me.



How can you contact me and ask me questions about this?

You can speak to me in my office or write me an email at [\(researcher's email address\)](#). You may also tell your carer that you would like to speak to me.

What do children think about therapy?



[Company Name]

Research being carried out by Daniel Mercieca
Institute of Education, University College London

Hello, my name is Daniel Mercieca.

First of all, you may prefer to get the information by viewing the power-point which is saved on the CD you got with this leaflet. Up to you!



You may or may not know me much. I work as a dramatherapist within *the (name of multidisciplinary team)*. Now I am also studying and as part of my studies I would like to know more about what children think about therapy. I think that it is important for adults to know what children think so that they will be able to offer a better service to them.



Since you attend or used to attend therapy sessions, I would like to invite you to attend 2 meetings with me. **It is up to you to decide whether you want to take part.** Here you will find some information to help you decide.

Thanks for deciding to read on.

What will happen if you decide to take part?

If you decide to take part, you need to read and sign the paper which came with this leaflet and post it in my office. You may wish to ask an adult to read it to you. I am happy to help if you need.

I will then invite you to meet me twice. Each one-hour meeting will take place at (*name of organisation*) at a comfortable for you.

What will you do during these meetings?

You will be able to tell me what you think by playing some games or answering some questions such as

- What do you find most and least helpful about therapy?
- What is it like to attend therapy?
- How can the service become even better?



I will NOT be asking you to share the story of your life. I would like to record the two meetings so that I will not forget what you tell me.

Who can listen to the recording?

Only my teacher and I can listen to the recording and I will erase it at the end of the project.

Will everyone know what you said?

No. What you say will be very important to me and will be used in the research. Yet no-one will know that you said whatever you may decide to say. In all my written reports I will be changing the names of all persons taking part in this project. The recordings will be stored in a safe way on my computer. I will listen carefully to the interviews and write down what you say. I may then use parts of the interviews in my writing. I hope to publish the research in journals and share it at seminars, lectures and conferences.

What if you do not want to take part?

That is totally OK. The choice is yours.

What happens if you decide to take part and then you change your mind?

You will be able to stop taking part at any time. If this happens, I will delete what you said and I will not use it in my research. You do not even have to say why you want to stop. You just need to let me know about it.

What is this research useful?

This research may be useful because it will help us understand what young people think about therapy. Moreover, what the persons taking part in this project will say will be used to develop the therapy service. So, you may benefit from actual changes in the services being offered by (*name of multidisciplinary team*).

If you need to contact me:

You can speak to me in my office or write me an email at ([researcher's email address](#)). You may also tell your carer that you would like to speak to me.

What do young people think about therapy?



Research being carried out by Daniel Mercieca
Institute of Education, University College London

Hello, my name is Daniel Mercieca.

First of all, you may prefer to get the information in this leaflet by viewing the power-point presentation which is saved on the CD you got with this leaflet. That's up to you!



You may or may not know me much. I work as a dramatherapist within the (name of multidisciplinary team). Now I am also studying and as part of my studies I am carrying out a research project about what young people think about therapy. I think that it is important for adults to know about what young people like yourself think. This will help adults to put into place certain suggestions made by young people which in turn may mean offering a better service to them.

For this reason, I would like to meet children and adults (carers, and therapists) and ask them some questions. Since you attend or used to attend therapy sessions, I would like to invite you to attend two meetings with me.

It is completely up to you to decide whether you want to take part. Here you will find some information that may help you decide. I am also very willing to answer all your questions and consider your suggestions. Thanks a lot for continuing to read this leaflet.



What will happen if you decide to take part?

If you decide to take part, you need to read and sign the consent form that is attached to this leaflet and post it in my office. I will then invite you to meet me for two 1-hour meetings. These meetings will take place at (*name of organisation*) at a time which is convenient to you.

What will you do during these meetings?

During these meetings you will be able to tell me what you think about therapy by answering some questions or taking part in some creative activities which I will propose to you. You get to decide how you wish to express yourself.

I would like to ask you about:

- what you find most and least helpful about therapy
- what it is like to attend therapy and its impact on your life
- your ideas about how the service can be improved.

I will **NOT** be asking you to share your life story. I would like to record the two meetings so that I will be able to recall what you tell me.

Who can listen to the recording?

Only my supervisor and I can listen to the recordings and I will erase them at the end of the research project.

Appendix D: Example of Consent Forms for Child and Adult

Daniel Mercieca

(researcher's email address)

What do young people think about therapy at (*name of organisation*)?

A form for saying that you want to take part in this project.

For each of the following please underline YES or NO:

1. Have you read (or someone read to you) about this project? ... Yes No
2. Do you understand what this project is about? Yes No
3. Have you asked all the questions you want? Yes No
4. Have you had your questions answered in a way you understand? Yes No
5. Do you understand it's OK to stop taking part at any time? Yes No
6. Do you know that the meetings with Daniel will be recorded? ... Yes No
7. Do you know that Daniel will be changing your name in his writing so that when people read it no one will know that you took part in the project? Yes No
8. Do you know that Daniel will be writing and speaking about this project? Yes No
9. Do you want to take part in this project? Yes No



If you don't want to take part or any answers are 'no', don't sign your name.

If you want to take part, please write or sign your name and today's date.

Your name _____

Date _____ Daniel Mercieca

Thank you for your help.

Your parent or guardian must also agree that they are happy for you to take part.

Appendix D: Example of Consent Forms for Child and Adult

Name of researcher: Daniel Mercieca

(researcher's email address)

Children's Views of Psychotherapy Interventions in Residential Care in Malta

CONSENT FORM MULTIDISCIPLINARY TEAM MEMBERS

Please initial each box

1. I confirm that I have read the information leaflet for the above study. I have had the opportunity to consider the information, ask questions and have had these answered.
2. I understand that my participation is voluntary and that I am free to withdraw at any time without giving any reason, without my legal rights being affected.
3. I agree to take part in research interviews with the researcher. I understand that one of the interviews will be based on an anonymised narrative that I will write about my practice.
4. I understand that the interviews with the researcher will be recorded and transcribed.
5. I give the researcher permission to record, store and transcribe the interviews.
6. I understand that recorded interviews will be stored in line with the Maltese Data Protection Act and stored in password protected files.
7. I understand that the information collected will be used to support the development of the service offered by (*name of multi-disciplinary team.*)
8. I understand that my opinions may be reported in the study yet the researcher will use pseudonyms throughout the writing of the study to conceal my identity.
9. I understand that the written research will be published in journals and shared at conferences and seminars.
10. I agree to take part in this study.

Name of Participant

Date

Signature

Daniel Mercieca

Date

Your Rights as a Participant

You have the right to:

- stop being part of the research project at any time without explanation by informing the researcher
- ask that any data you have supplied to that point be withdrawn / destroyed
- refuse to answer or reply to any of the questions asked
- have your questions about any aspect of the research procedures answered

If you think that this study will harm you in any way you can contact my supervisor at the Institute of Education using the details below:

Prof Phil Jones Tel ----- Email -----

Benefits and Risks

The project addresses a research gap in terms of attending to the perspectives of children living in out of home care who access mental health services. Research participants and future clients may benefit from actual changes in service delivery which emerge from researching their own views about the service. This project also contributes to an evaluation of psychotherapy interventions with children living in out of home care.

Identified risks are associated with the sensitivity of research in the field of out of home care and mental health services, the 'insider research' nature of the project and the child adult power dynamics in research with children. In view of this I will be adhering to BERA (2011) and BPS (2010) ethical standards in order to respond to these challenges. The protection of therapeutic relationships is very important to me and I will be undertaking every effort to distinguish and allow children to distinguish between this research and therapeutic interventions. This includes specific attention to the facilitation of the research encounters with children, the kind of data collection tools that I will be proposing to children and the way their ongoing consent will be sought.

Dissemination

It is hoped that the findings will be published in peer reviewed journals and shared at seminars, lectures and conferences. The findings will also form the basis of my PhD thesis.

Appendix E: Example of Adult Research Information Leaflet



[Company Name]

Children's Views of Psychotherapy Interventions in Residential Out of Home Care in Malta

Daniel Mercieca

Research student at Institute of Education, University College London

This leaflet is meant to inform therapists and *(name of organisation)*'s management about this research project. I would really appreciate if you could read it and then decide whether you would like to participate in this project. Perhaps after reading the leaflet you may want to ask me some questions. I would be more than happy to answer your questions.

You may also want to make some suggestions regarding this project. Of course, this would be very helpful and you are very welcome to contact me in person, via email or telephone. Thanks for taking the time to read this.

Contact Me

Email: (researcher's email address) Phone: ----- Address: -----

Research Aims

This research focuses on the psychotherapy interventions offered by (*name of multidisciplinary team*). This research aims at:

- understanding children's views of their experience of psychotherapy interventions whilst living in residential out of home care in Malta
- understanding the views of therapists, parents and adult carers about children's engagement in these psychotherapy interventions
- looking at how an understanding of children's and adults' views can help the multidisciplinary team to develop its services
- understanding what children think about the methods which will be used to ask them for their views

I hope that this will contribute to the development of methods of listening to children's views which are sensitive to their contexts and needs. Hopefully such methods can be used in the development of services offered to children. I also hope to involve children in this research. I plan to form a research reference group i.e. a small group of children who live at (*name of organisation*) who will help me with developing methods and with whom I will be discussing some findings.

Information about researcher and data collection

As you may know I am a research student at the Institute of Education, University College London. My supervisor is Prof. Phil Jones. My research will be approved by both University of Malta's and Institute of Education's Research Ethics Committees. In ensuring the highest levels of ethical conduct I will be adhering primarily to the British Educational Research Association's (BERA) Ethical Guidelines for Educational Research (2011). I will also be referring to the British Psychological Society (BPS) code of Human Research Ethics (2010). All data generated in this research will be stored in line with the National Data Protection Act (2002). Only my supervisor and I will have access to the recordings of interviews. Digital recordings will be stored on my computer in password protected files to avoid unintended access. Individual identities and identification factors will not be disclosed at any point of the project. I will be using pseudonyms throughout all reports in order to protect the identity of the setting/ s, the children and their families, the carers and the therapists. I will be seeking the informed consent of all participants. Consent for children to participate will be sought from parents and the Children and Young People's Advisory Board. Informed consent will also be asked from children.

Research Phases

Phase 1

- Approval of project by ethics committees and employing organisation.
- Formation of research reference group.
- Informing, inviting and recruiting participants for research. Children will be informed through research information leaflets and power-points.

Phase 2

- Interviews with carers, therapists and children (both those who have been attending services for at least 6 months and those who stopped attending). 2 months participant observation whilst in the office of (*name of multidisciplinary team*). No observation of therapy.
- First results will be generated.

Phase 3

- Results will be presented to management, the multidisciplinary team and the research reference group.
- Results will be discussed with the team so that ideas for service development will be generated together with the team. These ideas will hopefully be put into practice.

What will happen if you decide to participate?

In phase 1 children will be contacted by the therapy team coordinator and provided with information about the research.

In phase 2 you will be invited to attend to **two 1 to 1½ hour interviews**. You will be asked questions about providing a psycho-therapeutic service within your context and children's engagement and expression in therapy. You will not be asked to identify any of your clients and speak about the clients' life stories. Prior to the second interview you will be invited to write an anonymous short narrative of a salient moment in therapy and send it to the researcher. The second interview will focus on your narrative. Again, no children will be identified.

In phase 3 you will be presented with the research findings and invited to contribute to a discussion of findings in view of service development.

Appendix F: Results of the Thematic Analysis of Reference Group Data

The thematic analysis of the reference group data resulted in three main themes. Table F1 summarises findings within the theme “Practice-Research Spaces: Boundaries, Intersections and Liminality”. Table F2 communicates findings within the theme “Roles, Power and Relationship” whilst Table F3 communicates codes and categories within the theme “Informing Research Practice and Researcher Reflexivity”.

Table F1

Practice-Research Spaces: Boundaries, Intersections and Liminality

Theme	Practice-Research Spaces: Boundaries, Intersections and Liminality		
Categories	Therapy / Practice / Research boundary	Ever-present alternative care context	Feedback regarding psychotherapy practice
Codes		Age as an important boundary Features of alterantive care residential setting	Friendship, therapy and trust Recalling good memories of therapy Is therapy good for everyone? Issues around starting therapy Therapeutic relationship

Table F2*Roles, Power and Relationships*

Theme	Roles, Power and Relationships	
Categories	Child-adult dynamics	Reference group dynamics and facilitation
Codes		
Adult's power over child		Direct Questions to Facilitator
Being mature		Diversity Issues
Children and the act of speaking up		Facilitating the group
Children's control over setting		General atmosphere within group: attention, interruptions, awareness and acting out
Importance of fairness		Group roles
		Participants giving feedback to each other
		Participants negotiating meaning Power or status within group
		Attendance & boundaries
		Feedback about experience

Table F3*Informing Research Practice and Researcher Reflexivity*

Theme	Informing Research Practice and Researcher Reflexivity	
Categories	Researcher's reflexive process	Children's suggestions regarding research
Codes	Dealing with Therapy	Child participant's process: how comfortable is it?
	Practice Research	Ethical sensitivity: what is it like to be asked those questions?
	Boundaries	
	Researcher's feelings	Formal / informal nature of research
	Sharing doubts and fears with children	Using pseudonyms
	Researcher's reflections	Participants' mode of expression:
	Tensions as a facilitator	Not Only Words
		Researcher - Child Relationship: who are you?
		Researcher's stance and actions: What to ask and how to do so?
		Consent and informing children

Appendix G: Semi-structured Interview with Children

N.B. Questions in red added or modified after the reference group process and piloting.

Direct Questions: English Version (Maltese version is available)

1 Starting Therapy

Can you say something about why you started attending?

What was it like when you started the sessions?

What did you want to get out of it? What did you want to be changed in your life?

Do you attend because you want to attend?

2 General Description

How would you describe therapy to a friend?

3 What is most important for child

What was or is most important for you during the session?

Can you recount some positive or negative memories of therapy?

4 Helpful / Unhelpful elements

What did you find most helpful during therapy? (Prompt: What did you like most about it?)

What helps you to feel comfortable in therapy? What does not help?

5 Expression

How did you choose to express yourself during the sessions? (Prompt: Which methods did you find most helpful to express yourself?)

6 Impact / effect

Does / Did going to therapy leave any impact on your life? **Does it bring about any change?**

In which way?

(Prompts: Till now did anything good come out of therapy? If yes, what?)

If something good came out, what do you think brought this about?

Can you think of any negative impact which came out of therapy? If yes, what was it?

What do you think brought it about?)

7 Difficulties

What might have been difficult for you during the sessions?

(Prompt: Is there anything you did not like during the sessions?)

8 Relationship with Therapist

How do you get along with your therapist? How do you feel with him / her?

Do you remember anything your therapist says or does?

How did your relationship develop?

What helps you to feel comfortable with your therapist? What does not help you?

How do you feel talking to your therapist about your difficulties? Why? What may help you to feel more comfortable?

What can you say regarding trust and your relationship with your therapist?

9 Family members / Carers' involvement

Does your therapist speak to your carers or members of your family? What do you think about this? Did you ever meet them together with your therapist?

10 Setting

I know that the therapist you meet works in the same place where you live. What do you think about that? (Prompt: In which way is it helpful? In which way is it not helpful?)

11 Multi-disciplinary Context

What do you think about your therapist forming part of a team? (Prompt: Whilst attending therapy did you ever have any contact with another therapy team member apart from your therapist?)

12 Review / Evaluation

In the beginning of this interview you said that you wanted _____ out of therapy. Do you think that you are getting what you wanted? If yes, how is this happening? If no, how come it is not happening?

13 Ending Therapy

(if child ended therapy)

I understand that you do not attend to therapy sessions with a therapist from the team anymore. How come therapy stopped? What was it like ending the sessions?)

What is it like ending a therapy session and saying goodbye? How do you feel about it? (Emotions cards can be offered at this point.)

14 Feedback re service development

As regards your own experience of therapy, what are your three 'top tips' to improve the service being offered by the (name of multidisciplinary team)?

What would you like to be different during therapy sessions?

15 Closure

Is there anything else that you would like to say?

Appendix H: Description of Each Play-based, Creative Data Collection Tool

N.B. Whilst this Appendix presents the English language version of data collection tools, each tool was in fact translated into the Maltese language.

The Expert Show

This role-playing technique “is an adaptation of a directive play therapy technique, Broadcast News, developed by Kaduson (2001)” (Jager, 2010, p. 87). Its original use is linked to problem solving within a cognitive behavioural therapy framework where the child takes on the role of the expert and provides expert answers to problems encountered by children.

In the research scenario it is used by Jager as a data collection method in researching children’s perceptions of non-directive play therapy. Its use in research involves 2 parts: the “call in phase” and the “chat-show phase” (Jager, p. 87). Following the setting of ground rules, in the first part, the child or adolescent is invited to take on the role of an expert and talk about their experience of therapy whilst replying to “call-ins” on a TV show. The therapist takes on the role of children and parents who call in on the show and ask about therapy. Whilst in role the therapist follows a semi-structured interview script asking the child open ended questions about their experience of therapy.

The “chat show phase” (p. 87) involves the researcher asking the child to sit in another part of the room and answer direct questions about their own experience of therapy. Jager’s study showed that the second phase is important as during the call-in phase there is the risk of children feeling that they must provide favorable answers to callers on the show. This second part allows the researcher to explore this with the child by focusing on what it is was like for them to attend therapy. Moreover, Jager rationalized the second part in terms of a stepping down from dramatic reality back to the here and now, thus an essential part of de-roling. The expert show technique ends with de-roling i.e. a deliberate action of aiding role play participants to get out of the role, leave the role behind and get back into the here and now reality.

In developing a service user feedback system for adopted children and children living in out of home care who receive a mental health service, Davies et al. (2009) proposed a very similar technique which they refer to as “direct questions”. They described this as asking “questions in a situation resembling an interview on TV. Some enjoyed using the microphone to facilitate this.” (Davies et al., 2009, p. 21). In developing the semi-structured interview within the first and second phases of “The Expert Show”, I referred to Davies et al.’s questions and to Jager’s work.

In view of adapting the development of this data collection tool to the multidisciplinary context of the team, I included questions about the fact that the therapists work in a team and adopt a systemic framework i.e. working therapeutically with the different persons involved in the child’s life. The semi-structured interview guide for “The Expert Show” is presented in Table H1.

Table H1

Semi-structured Interview Guide for “The Expert Show”

N.B. Questions in red added or modified after the reference group process and piloting.

Semi-structured Interview Guide for “The Expert Show”

1st phase: “the call-in”

The call-in phase follows the setting of grounds rules which include how, during the TV show, the child will be able to inform the researcher that he does not want to answer a particular call. Call in phase will also be preceded with the child naming the TV show. Once the TV show starts the researcher takes on the role of TV presenter and appropriately introduces the TV show and the expert participant. Within the call-in phase the researcher will enact the different callers.

Call 1 Hi, I am a child living in a residential home. I am about to start attending therapy. What is it like?

(Prompt: What is the room like? Is there anything I will like? Is there anything I will not like in there?)

Call 2 Hi, I am watching you on television. I am also a child living in a home. Tomorrow I have my very first therapy session. What will it be like?

(Prompt: What will I do? How will I feel in there? What will the therapist tell me?)

Call 3 Hi, I am a child watching you on TV. I also attend therapy sessions. Thanks a lot for sharing this and giving advice. I would like to ask you about the most important thing for you during your sessions.

(Prompt: Do you remember anything important or special which happened in the sessions?)

Call 4 Hi, I am a child who also attends therapy. I am wondering whether your therapists ever speak to the carers and the parents? What does it feel like?

My therapist told me that next week she will be meeting my carer (one may also use the term foster or parent if this is applicable to the particular child's situation). She asked me whether I would like to be present? What do you think?

(Prompt: What will it be like?)

Call 5 Hi, I am the parent of child who is presently living in a home. My child will be attending therapy. Will it be helpful and in which way will it be helpful (Prompt: Will it lead to any changes in my child's life? Wait for answer.)

I was also thinking whether there are some things that children do not like about therapy?

(Prompt: Is there anything which they find may find to be difficult?)

Call 6 Hi, I am a person who is studying to become a therapist to be able to work with children. I found what you are saying very interesting. Do you have any advice you can give me about being a good helper for children?

(Prompt: What should I do? What shouldn't I do?)

2nd phase: “the chat show”

Researcher in role as show presenter:

Thanks a lot for answering all those calls. Now we can go and sit in another part of our TV studio where we will not have any more phone-ins, but we will be able to chat a bit about your own experience. Is that Ok for you? If the child indicates that he would not like to continue with the second part, researcher thanks the child for his contribution on the show and asks whether he would like to say anything else and then proceeds to close the show in the role of TV presenter. If the child says OK verbally or indicates so non-verbally the researcher proceeds to the other designated part of the room.

I was thinking about all the advice that you gave to our viewers. Thanks a lot for that. Were the things that you said to our callers the same or different to what happens in your own therapy sessions?

- 2** What did you find most helpful during therapy? (Prompt: What did you like most about it?)
Can you tell us something about why you started attending?
What did you want to get out of it? What did you want to be changed in your life?
Do you attend because you want to attend?
- 3** What was most important for you during therapy?
Can you recount some positive or negative memories of therapy?
- 4** How did you choose to express yourself during the sessions? (Prompt: Which methods did you find most helpful to express yourself?)
- 5** When you were replying to the parent who called in and asked you whether therapy will be helpful to her child's life you said that ... (refer to what the child said). Is this similar or different to your experience? How is it similar or different? **Does going to therapy lead to any changes in your life?** (Prompt: In which way?)
- 6** What do you think about your therapist forming part of a team? (Prompt: Whilst attending therapy did you ever have any contact with another therapy team member apart from your therapist?)
- 7** How do you get along with your therapist? How do you feel with him / her?
Do you remember anything your therapist says or does?
How did your relationship develop?
What helps you to feel comfortable with your therapist? What does not help you?
How do you feel talking to your therapist about your difficulties? Why? What may help you to feel more comfortable?
What can you say regarding trust and your relationship with your therapist?
- 8** I know that the therapist you meet works in the same place where you live. What did you think about that? (Prompt: In which way is it helpful? In which way is it not helpful?)
- 9** Does your therapist speak to your carers or members of your family? What do you think about this?
Did you ever meet them together with your therapist?
- 10** What are your three 'top tips' to improve the service being offered by the (name of multidisciplinary team)? **What would you like to be different during therapy sessions?**
- 11** **Ending:** Is there anything else which you would like to say?
-

And that brings us to the end of today's TV show. But before ending I would really like to thank (name of child) for his advice and for sharing his experience with us. Thanks a lot (repeat name of child). It has been a pleasure to have you on our show. And from both of us ... goodbye!

De-roling

Researcher: Thank-you for pretending to be on that TV show. We are no longer in the show now and we can return to the place where we were sitting in the beginning.

What was that like for you?

In terms of the “top tips question” within the above list, Davies et al. (2009) explained that in their piloting of the feedback system, asking children about what they would like to improve, proved less threatening than directly asking for what children were dissatisfied with.

The Puppet Interview

Jager (2010) describes this data collection method as an adaptation of “The Expert Show” with the use of puppets. Within her research, Jager used it with children who were used to the use of puppets as a tool of self-expression within therapy. The practitioner researcher invites the child to create a puppet play in two acts. Act one involves telling the story of what happens in therapy. Within the puppet play the child chooses the puppets and directs the puppet play very much in line with a non-directive use of puppets in dramatherapy and play therapy. During Act two the researcher asks the child to choose a puppet to represent a child who went to therapy and then proceeds to ask the puppet more focused questions in line with the semi-structured interview guide represented hereunder in Table H2.

Table H2*Semi-structured Interview Guide for Puppet Interview*

N.B. Questions in red added or modified after the reference group process and piloting.

Semi-structured Interview guide for “Puppet Interview”

Act 1 Introduction for Puppet Interview

Can you please tell me the story of this child (represented by puppet) going to therapy? (The researcher will follow the child's lead and use any of the following prompts)

1 Can you show me what happens at the beginning of a session?

(Prompts: How would the child be feeling at the beginning of the session? Will his feelings remain the same throughout the session? What will happen once he enters the room? What might he be saying to himself?)

2 Can you show me what might happen during the session? (Prompt: What do the child and his therapist do in the session?)

3 Can you show me what might happen towards the end of the session? (Prompts: What is it like for the child to say goodbye and leave the session? What is the child thinking as he is leaving the room? What might he be feeling as he is leaving the room?)

Act 2 The researcher will explain what is going to happen in Act 2 and asks for the child's consent to proceed with Act 2. If the child does not verbally express consent and / or shows resistance practitioner researcher will thank the child for the puppet play and end the exercise. If child consents to moving on to Act 2 the researcher will ask the child to choose and name a puppet for the Act 2 interview. This puppet will represent a child who went to therapy and who will be replying to the researcher's questions. Whilst referring to the following questions the researcher will still follow the child's lead in line with the semi-structured nature of the interview. Child will answer questions as if the puppet is speaking. Practitioner researcher will address puppet by its name, chosen by the child.

1 What did you find most helpful during therapy? (Prompt: What did you like most about it?)
Can you say something about why you started attending?

What did you want to get out of it? What did you want to be changed? Did you attend because you wanted to attend?

2 What was most important for you during the session? **Can you recount some positive or negative memories of therapy?**

3 How did you choose to express yourself during the sessions? (Prompt: Which methods did you find most helpful to express yourself?)

-
- 4** What might have been difficult for you during the sessions? (Prompt: Is there anything you did not like during the sessions?)
- 5** Does going to therapy lead to any changes in your life? (Prompt: In which way?) **Does it bring about any change?**
In which way?
 (Prompts: Till now did anything good come out of therapy? If yes, what?
 If something good came out, what do you think brought this about?
 Can you think of any negative impact which came out of therapy? If yes, what was it?
 What do you think brought it about?)
-
- 6** How do you get along with your therapist? **Do you remember anything your therapist says or does?**
How did your relationship develop?
What helps you to feel comfortable with your therapist? What does not help you?
How do you feel talking to your therapist about your difficulties? Why? What may help you to feel more comfortable?
What can you say regarding trust and your relationship with your therapist?
-
- 7** Does your therapist speak to your carers or members of your family? What do you think about this?
Did they ever meet them together with their therapist?
-
- 8** Is there anything else that you would like to say?

De-roling Researcher signals the end of the interview and proceeds to thank the child for the puppet interview. Child is invited to remove hand puppet, toss it in the air and catch it again to demarcate its properties as a toy and place it with the other puppets in the appropriate box. Researcher tells the child that he would like to ask him 2 questions. Again, researcher looks and asks for child's consent and proceeds accordingly.

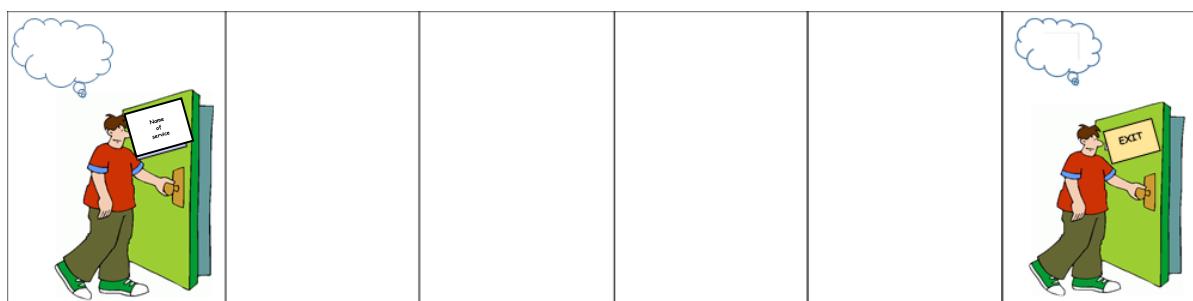
-
- 1** In which way is this story similar or different to your own experience of attending therapy?
-
- 2** As regards your own experience of therapy, what are your three 'top tips' to improve the service being offered by the (name of multidisciplinary team)? **What would you like to be different during therapy sessions?**
-

Cartoon Strip

This data collection tool featured in the service user feedback system developed by Davies et al., (2009) for adopted children and children living alternative care who receive a mental health service. The authors explained that this method was developed from the pictorial critical incident interview (Ross and Egan, 2004). The critical incident interview technique assumes that children will talk about those aspects of an incident that are significant for them. In the cartoon strip adaptation of this technique, children in Davies et al.'s study were presented with a six-box cartoon strip (see Figure H1) with blank boxes except the first and last. The first and last box show a child with an empty thought bubble arriving/ leaving the place where the therapeutic intervention takes place.

Figure H1

Cartoon Strip Template



In this study participant children who opt to use this tool will be asked to complete the thought bubbles, fill in the empty cartoon boxes and tell the story of what happens as if they were the child in the cartoon strip. In line with Davies et al.'s method participating children who opt to use this method will also be encouraged to explain and expand on their answers in line with the semi-structured interview guide in Table H3.

Table H3*Semi-structured Interview guide for Cartoon Strip*

N.B. Questions in red added or modified after the reference group process and piloting.

Semi-structured Interview guide for “Cartoon Strip”

Introduction for Cartoon Strip

Questions will be asked following the child filling in the empty thought bubbles and empty cartoon boxes on the strip

(Researcher pointing to cartoon character shown in strip) Can you please tell me the story of this child going to therapy?

As the child tells the story the researcher will follow the child's lead and refer to the following questions when and if necessary, in line with semi-structured nature of the interview.

- 1 How is this child feeling as he is entering the (name of service) offices? What is he thinking?
(Prompt: What might he be saying to himself?)
 - 2 What will happen once he enters the room? (Prompts: How would he be feeling at the beginning of the session? Will his feelings remain the same throughout the session?)
 - 3 Can you tell me something about why this child started attending therapy?
What do you think they may have wanted to get out of it? What does he want to be changed?
Does he attend because he wants to attend?
 - 4 What might happen during the session? (Prompt: What do the child and his therapist do in the session? How will the child express himself in therapy?)
 - 5 What will be most important for the child during the session? **Can you recount some positive or negative memories of therapy for them?**
 - 6 What will this child find most helpful during therapy?
What will he find least helpful?
 - 7 What might be difficult for him during the session? (Prompt: Is there anything he might not like during the session?)
 - 8 Will going to therapy lead to any changes in this child's life?
Does it bring about any change in this child's life?
In which way?
(Prompts: Till now did anything good come out of therapy? If yes, what?)
-

If something good came out, what do you think brought this about?
 Can you think of any negative impact which came out of therapy? If yes, what was it?
 What do you think brought it about?)

-
- 9** How will this child get along with their therapist? Do they remember something their therapist says or does? What helps them to feel comfortable with your therapist? What does not help them?
 How do they feel talking to their therapist about their difficulties? Why? What may help them to feel more comfortable? What can you say regarding trust and your relationship with their therapist?
- 10** Do you think the therapist will speak to the child's carers or members of your family? What does the child think about this? Did they ever meet them together with their therapist?
- 11** (Referring to the last cartoon on strip) What is it like for the child to say good bye and leave the session? (Prompts: What is the child thinking and / or saying as they are leaving the room? What might they be feeling as they leave the room?)
-

Researcher signals the end of the cartoon strip interview and proceeds to thank the child. Researcher puts away the completed cartoon strip and informs the child about how it will be stored. At this point researcher will address any queries about this. Subsequently the researcher tells the child that he would like to ask him three questions. Researcher looks and asks for child's consent and proceeds accordingly.

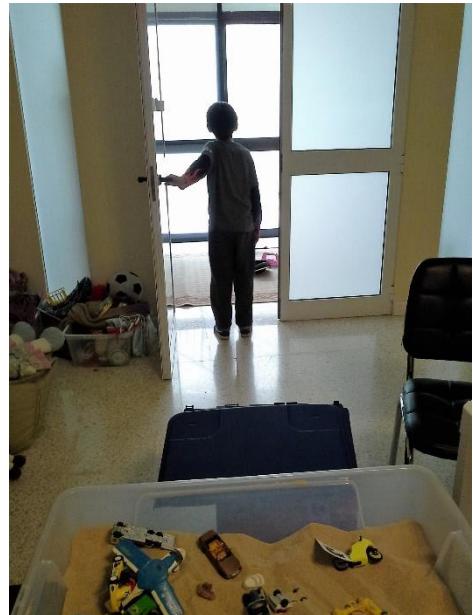
-
- 1** In which way is this story similar or different to your own experience of attending therapy?
- 2** As regards your own experience of therapy, what are your three 'top tips' to improve the service being offered by the (name of multidisciplinary team)? What would you like to be different during therapy sessions?
- 3** Is there anything else that you would like to say?
-

Attending Therapy Scenario (ATS)

Davies et al. (2009) developed this tool by referring to previous research (Veale, 2005; Wright et al., 1995), which was developed on the understanding that children's thoughts and feelings can be accessed indirectly by asking them about the thoughts and feelings of persons represented in pictures. Davies et al. presented children with two pictures: one showing a child in a therapy session and other one showing a child leaving therapy (see Figure H2).

Figure H2

Photos for Attending Therapy Scenario



For each picture children were asked, "What do you think the child might be feeling? and What do you think the child is going to do next?" Davies et al. (2009) proposed the use of prompts to facilitate the development of the story of a fictional child attending therapy. I developed a semi-structured interview for ATS in line with the questions in the other tools (see Table H4)

Table H4*Semi-structured Interview guide for Attending Therapy Scenario*

N.B. Questions in red added or modified after the reference group process and piloting.

Semi-structured Interview guide for Attending Therapy Scenario

Introduction for Attending Therapy Scenario

(Researcher makes reference to photograph showing child in therapy room)

Can you please tell me the story of this child going to therapy? (The researcher will follow the child's lead and in line with the semi-structured nature of the interview, will only use the following questions if and when necessary)

- 1** What is happening in this photograph? What do you think the child might be feeling?
 - 2** What do you think the child is going to do next?
 - 3** Can you tell me something about why this child started attending therapy?
What do you think he may want to get out of it? What does he want to be changed? Does he attend because he wants to attend?
 - 4** What will be most important for this child (referring to child in photo) during the session?
Can you recount some positive or negative memories of therapy for them?
 - 5** What will this child find most helpful during therapy?
What will he find least helpful?
 - 6** What might be difficult for them during the session? (Prompt: Is there anything he might not like during the session?)
 - 7** Will going to therapy lead to any changes in this child's life?
Does it bring about any change in this child's life?
In which way?
(Prompts: Till now did anything good come out of therapy? If yes, what?
If something good came out, what do you think brought this about?
Can you think of any negative impact which came out of therapy? If yes, what was it?
What do you think brought it about?)
 - 8** How will this child get along with his therapist?
Will he remember something his therapist says or does? Do they remember something their therapist says or does? What helps them to feel comfortable with your therapist? What does not help them?
-

How do they feel talking to their therapist about their difficulties? Why? What may help them to feel more comfortable? What can you say regarding trust and your relationship with their therapist?

-
- 9** Do you think the therapist will speak to the child's carers or members of your family? What do you think this child might think about that? **Did they ever meet them together with their therapist?**
- 9** (Referring to second photograph showing a child leaving therapy) What is happening in this photograph? What do you think the child might be feeling? (Prompts: What is the child thinking and / or saying as he is leaving the room?)
-
- 10** What do you think the child is going to do next?

Researcher signals the end of the cartoon strip interview and proceeds to thank the child. Researcher puts away the photographs and tells the child that he would like to ask him 3 questions. Researcher looks and asks for child's consent and proceeds accordingly.

-
- 1** In which way is this story similar or different to your own experience of attending therapy?
-
- 2** As regards your own experience of therapy, what are your three 'top tips' to improve the service being offered by the (name of multidisciplinary team)? **What would you like to be different during therapy sessions?**
-
- 3** Is there anything else that you would like to say?
-

Conclusion of Each Interview

Due attention will be given to the closure of each interview. I used this time for debriefing and also for attending to the possibility of any interviewing distress in line with interview guide in Table H5.

Table H5*Interview Guide for Interview Closure*

Interview Guide for Interview Closure	
Researcher notes and suggests closure: that brings us to the end of our meeting.	
1	Before leaving the room, I am wondering what was it like for you to take part in this interview?
2	How do you feel now that the interview is over? (Researcher will look for any sign (verbal or non-verbal) of distress. If child shows any sign of distress researcher will use his therapeutic skill to help the child express his distress and regain stability.)
3	I would like to remind you that the recording of the session will be kept in a safe place and only I will only listen to it in order not to forget and write down what you said. Do you have any questions about this?
4	Do you know where you will be going after this interview? (wait for child's reply and respond accordingly)

Appendix I: Example and Structure of a Member Checking Interview

Semi-structured Interview guide for Second Research Interview with Children

Introduction to first part of interview:

Thanks for agreeing to meet me once again. This will be our last meeting. Thanks for what you said during our last meeting. I thought about it and listened to the recording. Now I would like to check with you whether I understood you correctly. Is it Ok if I tell you what I understood and ask you some questions about it?

(Wait for reply. Proceed only if the child replies in the affirmative. Answer any questions in line with the research information leaflet.)

In line with the ethos of member checking (Lincoln & Guba, 1985) the questions which will be asked at this point cannot be pre-determined as they will follow what the child would have said in the first interview. Yet an example of the way in which I planned a second interview is presented in the next box. Second interviews were conducted in Maltese, yet this excerpt from the second interview plan / guide with Ian is translated in English.

Excerpt from Second Interview Plan with Ian

Feedback re service development

When I asked you how you used to feel towards the end of the session. You answered (reading from transcript) "There were times when we used to get stuck, there were times when I wanted to get out of the situation, mostly those kinds of situations I think". What do you mean by stuck? Can you give me some examples?

You said that there were times when you wanted to get it over and done with because you would be fed up, because you would have spoken about stuff which is not really with what you want to hear or talk about.

Then you spoke to me about times when the therapist focused on stuff which was not so essential for you and that at times the therapist used to choose priorities and that you wished you could find your way out of such moments. You said (read from transcript): "Even when they are priorities, I mean. For example, when you tell me, but then this moves on to another thing, for example you tell me, do you want to go home, come one let us start working so that we go home. And I would be at that time, for example let me go back to mention the thing about the hobby, I would not be in that state, I would not be in the mood for talking, in an artistic way perhaps, kind of. You would want to get it over and done with, but even for example when I did not draw, I used to talk, but you used to have that time, understand?"

I did not fully understand what you wanted to say here. Can you explain a bit please? Also, what do you think that therapists could do at such moments, when they realize that the child would like to get it over and done with.

Conclusion

When I asked you for tips for developing the service, you spoke about the fact that children express themselves in different ways and that is there is need for resources which support these ways in which children express themselves.

Then you spoke to me in a way which I found very interesting. You spoke about moments when, as your therapist, I emphasized something, and you needed to get away from it but did not tell me. When I asked you how come, you told me that you wanted to take care of your therapist and the relationship with your therapist and that you thought that he the therapist would take a step back from you. I wondered whether you have anything to add and how come you told me about this when we met during this research interview?

Introduction to second part of interview:

- 1** Now I would like to ask you some questions regarding how you choose to express yourself last time during the other interview with me. Is that Ok for you?

(Wait for reply. Proceed only if the child replies in the affirmative. Answer any questions in line with the research information leaflet.)

- 2** You choose (puppets, the cartoon strip, the photos, the expert show, the direct questions choose one or more in line with the child's choice) during our meeting. How come you made that choice?

- 3** What was it like for you to say what you wanted to say through (mention method/s chosen by child)?

In which way was it helpful?

What may have been unhelpful about using (mention method/s chosen by child)?

- 4** Do you prefer this method to (mention other methods which the child did not choose) for expressing yourself? Why is that so?

- 5** What are your top three tips for adults like me who go about asking children for their views?
-

Appendix J: Adult Interview Schedules

Semi-structured Interview Schedule Therapists

Thanks for accepting to be interviewed for this research project. As you may know, as a researcher I am very interested to learn about children's and adult's views of therapy and the services offered by the therapy team. So, I would like to ask you some questions. Hopefully this research will enable us to improve our service by knowing how children and adults perceive the work that we carry out. This research aims at understanding children's views of their experience of psychotherapy interventions whilst also understanding the views of therapists, parents and adult carers about this. From a research methodology point of view, I am interested in understanding what children think about the methods which will be used to ask them for their views.

In terms of confidentiality I would like you to know that only my supervisor and I will have access to the recordings of interviews. Digital recordings will be stored on my computer in password protected files to avoid unintended access. Individual identities and identification factors will not be disclosed at any point of the project. I will be using pseudonyms throughout all reports in order to protect the identity of the setting/ s, the children and their families, the carers and the therapists. Moreover, in this interview I would like to respect the confidentiality of the psychotherapeutic space you share with children. Thus, whilst you are welcome to refer to examples from your work, I will not be asking you to identify clients or discuss individual child histories.

Results will be presented to management, the multidisciplinary team and the research reference group made up of children who volunteered to help. Results will be discussed with the team so that the team will be able to generate ideas for service development. Some ideas will hopefully be put into practice.

I wish to remind you that you may stop being part of the research project at any time without explanation. You may also ask that any data you have supplied to that point be withdrawn / destroyed and refuse to answer or reply to any of the questions asked.

Yet before I start asking you questions, are there any questions you would like to ask me?
(Prompt: Is there anything you would like me to clarify before we start?)

Wait for the possibility of questions and address any queries in line with research project information leaflet and consent form.

First Interview with Therapists

Red text is used to highlight sections which have been modified most in response to analysis of all interviews with children.

If you look back at your time working here, how long has it been since you started working in the service and how do you recall having started working here?

General Elements & Consideration of Context

- What is therapy for children living at (*name of organisation*)?
- How would you describe your role or roles as a therapist working with children living in residential care? (Prompt: What is it like to work in therapy with children living in residential care?)
- What theoretical and professional orientations guide you in this work with children? (Prompt: By theoretical and professional orientation I mean the main values, theories and beliefs that you bring to your work and that guide your work as a therapist in this context)
- How would you like to see the team's interventions with children, their carers and family members develop?

Development of Therapist's Stance and Practice

- If you look back at the time you have worked within (name of service), how has your work as a therapist with children developed? (Prompt: Has your approach changed at all during these years? If yes, how has it changed?)

Helpful and / or Important Elements

- What is most important for you now when you meet and work with your young clients? Could you kindly give examples without identifying children?
- What seems to be most important for your young clients during sessions? Could you kindly give some examples again without identifying children?
- What seems to be most helpful for your young clients during sessions? Could you kindly give some examples again without identifying children?
- What seems to be least helpful for your young clients during sessions? Could you kindly give some examples again without identifying children? (Prompt: What do they find most difficult?)

Modes of Expression and Engagement

- How do you facilitate children's expression during sessions? What supports you in this and what do you find challenging?
- What seems to influence most the children's engagement in sessions? Can you give some examples without identifying any children?
- How does the children's expression during sessions develop over time? If it changes how does it change? If it does not change in which way does it remain the same? Could you kindly give some examples again without identifying children?
- How do you understand the child's making sense of the sessions and the therapeutic work? Does the child's understanding of what this is all about, ever emerge in the

sessions? If it happens, how does it happen? Could you kindly give some examples again without identifying children? How do you see your role as a therapist in relation to this?

Outcome

- How do you think about the outcome of your work with the children?
- How do you experience the impact of the therapy sessions on the children's lives?
- How do you take it into account in your work with children?
- How do children look at the outcome and impact of your work together on their lives?
Do children evaluate the intervention with you? If they do how does this influence the work you carry out? Could you kindly give some examples again without identifying children?

Challenging Aspects

- What do you find most and least challenging in facilitating sessions with children?
- How could these challenging aspects be addressed?

Work with System

- You also work with parents and / or care workers? How does this influence the work with children? (Prompt: What are the advantages of working in this way? Are there any disadvantages?)
- Are there any changes which you would like to see in terms of the psychotherapy service provision within the organisation? (Prompts: If yes, what changes would you like to see? If no, why not?)

Second Interview with Therapists

At the end of first interview therapists will be asked to write a short (max 1 A4 sheet) vignette depicting a salient moment in their work with a child. Therapists will be instructed to anonymise the vignette and ensure that the child is unidentifiable. Second interview questions will create the space for a co-reflection (researcher and participant) on the vignette and deepen an understanding of the perceived therapeutic processes within the vignette. A schedule of questions cannot be provided as they will be related to the specific vignette focusing on perceptions of therapeutic process and change.

Semi-structured Interview Schedule with Residential Social Workers and Care Workers

Thanks for accepting to be interviewed for this research project. As you may know, as a researcher I am very interested to learn about children's and adult's views of therapy and the services offered by the therapy team. So, I would like to ask you some questions. Hopefully this research will enable us to improve our service by knowing how children and adults perceive the work that we carry out. This research aims at understanding children's views of their experience of psychotherapy interventions whilst also understanding the views of therapists, parents and adult carers about this. From a research methodology point of view, I am interested in understanding what children think about the methods which will be used to ask them for their views.

In terms of confidentiality I would like you to know that only my supervisor and I will have access to the recordings of interviews. Digital recordings will be stored on my computer in password protected files to avoid unintended access. Individual identities and identification factors will not be disclosed at any point of the project. I will be using pseudonyms throughout all reports in order to protect the identity of the setting/ s, the children and their families, the carers and the therapists.

Results will be presented to management, the multidisciplinary team and the research reference group made up of children who volunteered to help. Results will be discussed with the psychotherapy team so that the team will be able to generate ideas for service development. Some ideas will hopefully be put into practice.

I wish to remind you that you may stop being part of the research project at any time without explanation. You may also ask that any data you have supplied to that point be withdrawn / destroyed and refuse to answer or reply to any of the questions asked.

Yet before I start asking you questions, are there any questions you would like to ask me?
(Prompt: Is there anything you would like me to clarify before we start?)

Wait for the possibility of questions and address any queries in line with research project information leaflet and consent form.

Residential Social Workers and Care Workers

Red text is used to highlight sections which have been modified most in response to analysis of all interviews with children.

General Questions and Consideration of Context

- How many children do you take care of at (name of organisation)?
- How many of them attend therapy services delivered by (name of multi-disciplinary team)?

Communication About Therapy

- Do they speak to you about therapy? In what manner do they speak about it? (Prompt: Can you give some examples without mentioning particular children?)
- Do you speak to them about therapy? What is that like? (Prompt: You may want to provide some examples without identifying children)
- Do children ever speak to each other about their therapy? Is therapy spoken about in the house?

The Process of Therapy

- **What is therapy for children living at (name of organisation)?**
- How did the children in your care start attending therapy? (Kindly do not identify children)
- Why were they referred? Who referred them? (Kindly do not identify children)
- As regards attending therapy, what do you notice in terms of children's attendance? (Prompt: Do they attend because they want to? Do they ever not want to attend? How do you react to this?)

Outcome / Impact

- As a residential care worker / residential social worker what do you think about the impact of therapy on the children's lives? (Prompt: Have you seen any changes for better or for worse? Can you provide some examples without identifying children?)
- If you had to think about the changes you have just mentioned, what do you think contributed (brought about) to these changes?
- **How do children look at the outcome and impact of therapy on their lives? Do children ever speak to you about this?**

Co-working With Therapy Team

- The therapists delivering the services work within (name of organisation) rather than outside the agency. What is that like for you? What has been helpful? What has been less helpful?
- How would you describe your contact and work with the children's therapists? (Prompt: Do you ever meet children together? What is that like for you? What happens during these meetings? If there anything which you remember from these meetings?)
- How do you think children think about / view these meetings?
- Does your contact with the multidisciplinary team effect the way you carry out your job? In which way?

Evaluation

- As regards therapy what do you think is most helpful to the children you take care of? (Prompt: Could you give some examples without identifying children?). Do you think children see it in the same way?
- As regards therapy what do you think is least helpful to the children you take care of? (Prompt: Could you give some examples without identifying children?). Do you think children see it in the same way?
- Do you think the therapy service offered to children is helping you in your work as a residential care worker / residential social worker? How? In which way? What do you think is least helpful to you as a worker?
- How could the therapy service be more beneficial to your work as a residential care worker / residential social worker?
- Do you have any suggestions regarding improving the therapy service at (name of organisation)?

Conclusion

- Is there anything else which you wish to add?
- How was this interview experience for you?

Appendix K: Results of Piloting Process of Adult Interviews

The pilot interviews with a therapist, a residential care worker and a residential social worker led to the following outcomes.

Feedback Regarding the Research Information Material

Interviewed adults referred to the research information leaflet and said it was very clear. The interviewed therapist remarked that it feels safe when the interviewee is provided a lot of information.

Learning About My Interviewing Style

Apart from actual corrections to the wording of questions in order to enhance clarity within adult interviews, through conducting pilot interviews I learnt about my interviewing style. As I reviewed the transcripts, I noted how I drew on my psychotherapeutic skills in responding to participants' answers. I tended to paraphrase the interviewees' responses whilst wanting to make sure that I was tuning in to them. Whilst this may have been and may be beneficial in terms of engagement, awareness of my style highlighted further aspects which I needed to think about. I thought about this both in terms of the interviewee's experience during the interview and also in terms of the methodological implications. The piloting process helped me reflect on how my 'quasi-psychotherapeutic stance' whilst interviewing may also contribute to such a research-practice overlap. How could I take this new learning into consideration?

From a practical point of view, I wanted to ensure that I communicated as clearly as possible the nature of the research encounter. During the actual interviews I also started using a notebook to note particular phrases which I wanted to ask more about. From a ritual point of view this may also communicate the nature of the encounter and perhaps differentiate it a bit more from the therapeutic process.

From a methodological point of view, I became more curious regarding how the adults but especially the child participants, perceived the research interview. I highlighted this as an aspect that I wanted to investigate as I analysed the data. I could also ask about this at the end of the first interview and during the second interview. Moreover, this is an aspect which relates to the third research question regarding what children think about the data collection methods.

In terms of the methodological implications of a 'quasi-psychotherapeutic stance' whilst interviewing, on one hand I knew that the data I was collecting needed to relate back to the research questions. On the other hand, I understood the importance of developing the

interview as a conversational space rather than an interrogation. This is something which I came to appreciate within my interviewing style

Considering the Degree of Structure Within Interviews

As I reviewed the pilot interviews and received feedback from my supervisor, I engaged with the tension between the structured and the conversational aspects of the adult interviews. As a psychotherapy practitioner I related much more to the less structured pole of the semi-structured interview. Yet data needed to relate back to my research questions. As a result of the piloting process, I thought about making the interviewing structure and schedule more explicit to the interviewees, sharing with them my structure but also creating digressive spaces within that. I noticed that within pilot interviews I choose to speak directly about the different areas that we needed to investigate and tracked back where we were at within the interview structure. I thought that this was a positive aspect which I sought to retain especially with professionals.

Informing my Data Collection and Analysis process

As I engaged in piloting with the therapist, I saw the need to read the transcript of the first interview with the therapists before engaging in the second interview. I did not do this during piloting, and this is something which I am seeking to correct.

Appendix L: Example of Clinical Vignette and Interview Schedule***Clinical Vignette Submitted by Maria***

Although there are many specific moments that I cherish during my therapeutic process with this particular client, I believe that the most salient of them all is the one during which I felt that it was appropriate to bring about the lack of trust that was encumbering the relationship and the need to talk about it. At around the fourth month into therapy I started noticing increased resistance or perhaps disengagement and after giving it some time, I was pretty much convinced that the client's positioning within the therapeutic relationship had been changing and it had changed drastically. He became increasingly resistant and this started to be felt at the very beginning of the sessions; at first I thought that it might be just a phase and I tried to help myself believe that he was just not in the mood to continue moving along the process and exploring different struggles.

However when this became particularly evident and when the session stopped being a therapy session, I decided to confront the client by bringing the issue within the therapeutic field – in the room; yet making sure that it was kept external and away from the client. I chose to do so because I felt that hanging on to that disengagement would have ultimately become a disservice to the client and therefore with the help of my supervisor I felt safe enough to go ahead. During that particular session I started feeling rather helpless and I really did not know what to do or where to go. I felt fine with the idea of playing games and getting some awareness about the way he views himself but at the same time I felt that the client was all the time trying to deviate from the focus. It was as if he was playing a game – and it was as if he was coming in and going out of therapy and more often than not I started feeling that there was no real contact during the session. In all honesty I felt that I was losing the client bit by bit and yet I was adamant about doing my best to avoid this from happening. I was overwhelmed by a feeling of 'emptiness' and I thought that it might be coming from the client's own 'stuck-ness' and the client's masking of the pain that he had been carrying. This made much more sense to me as I realised that he has been regressing into his own niche. I recall that I chose to talk about this lack of trust by making use of immediacy and in a very calm, respectful and humble manner by giving him the opportunity to re-evaluate therapy and by explaining that he could opt out. The client immediately claimed that opting out was not going to solve his difficulties with trust and consequently I invited him to talk about this and from then on a process of re-negotiating our therapeutic relationship took on from scratch. I consider this as a salient moment because it was perhaps one of the greatest learning experiences in being a helper so far.

Interview Schedule for Second Interview with Maria

Whilst a separate interview schedule was devised for each vignette submitted by therapists, all second interviews aimed at creating a space for co-reflection (researcher and participant) on the vignette and deepen an understanding of the perceived therapeutic processes within the vignette.

Refer to vignette: “Although there are many specific moments that I cherish during my therapeutic process with this particular client, I believe that the most salient of them all is the one during which I felt that it was appropriate to bring about the lack of trust that was encumbering the relationship and the need to talk about it.”

Ask: You write about the lack of trust that was encumbering the relationship. How did you experience this? How do you think the child was experiencing this? I was wondering how it was impacting the work. How did you make sense of it?

Refer to vignette: “At around the 4th month into therapy I started noticing increased resistance or perhaps disengagement and after giving it some time, I was pretty much convinced that the client’s positioning within the therapeutic relationship had been changing and it had changed drastically.”

Ask: How did you experience this resistance? What do you think was being resisted? You speak about the therapeutic relationship changing drastically ... did you have any thoughts about what may have brought about / led to this change?

Refer to vignette: He became increasingly resistant and this started to be felt at the very beginning of the sessions.

Ask: What was happening at the beginning of sessions that enabled you to feel more the resistance? What may have been the child’s experience of the beginnings?

Refer to vignette: “at first I thought that it might be just a phase and I tried to help myself believe that he was just not in the mood to continue moving along the process and exploring different struggles. “

Ask: In describing the work that you were doing together you use the term “exploring different struggles”. Can you say a bit more about this?

Refer to vignette: "However when this became particularly evident and when the session stopped being a therapy session."

Ask: Was wondering what happened which made you conclude that the session stopped being a therapy session?

Refer to vignette: "I decided to confront the client by bringing the issue within the therapeutic field – in the room; yet making sure that it was kept external and away from the client."

Ask: When you say bringing it into the room but keeping it external and away from the client, there is sense of wanting to do something and at the same time exercising a certain caution. What do you mean by this phrase and how do you see it as part of the counselling / therapeutic process? How come you needed to "keep it external to the client"?

Refer to vignette: "I chose to do so because I felt that hanging on to that disengagement would have ultimately become a disservice to the client and therefore with the help of my supervisor I felt safe enough to go ahead."

Ask: In which way would it have been a disservice?

Refer to vignette: "During that session I started feeling rather helpless and I really did not know what to do or where to go. I felt fine with the idea of playing games and getting some awareness about the way he views himself but at the same time I felt that the client was all the time trying to deviate from the focus. It was as if he was playing a game – and it was as if he was coming in and going out of therapy and more often than not, I started feeling that there was no real contact during the session. In all honesty I felt that I was losing the client bit by bit and yet I was adamant about doing my best to avoid this from happening."

Ask: You speak about feeling helpless and not knowing what to do and where to go within the session. How did you understand those feelings at that point?

At the same time, you say you were adamant about not losing the client. So, on one hand you felt helpless but on the other hand adamant about not losing him. How do you make sense of this?

A bit about "deviating the focus" ... what did you consider to be the focus?

What do you mean by real contact? How do you understand it? How do you know when it is happening?

Refer to vignette: "I was overwhelmed by a feeling of emptiness and I thought that it might be coming from the client's own stuck-ness and the client's masking of the pain that he had been carrying. This made much more sense to me as I realised that he has been regressing into his own niche."

Ask: "he has been regressing into his own niche" How did you understand this at that time? How do you understand this now that the therapy has progressed, and you have stopped working the child?

It seems that in this vignette you draw a lot on your own feelings in order to understand what is going on in the therapyprocess. What role do you think the worker's feelings have in the therapeutic process with a child living in out of home care?

Refer to vignette: "I recall that I chose to talk about this lack of trust by making use of immediacy and in a very calm, respectful and humble manner by giving him the opportunity to re-evaluate therapy and by explaining that he could opt out."

Ask: What did you mean by "he could opt out"?

Refer to vignette: "The client immediately claimed that opting out was not going to solve his difficulties with trust and consequently I invited him to talk about this and from then on a process of re-negotiating our therapeutic relationship took on from scratch."

Ask: He seems to have expressed awareness of his difficulties with trust. How did he understand such difficulties? I was wondering how this issue develop in your therapeutic relationship. Did it emerge again and if yes, what happened?

You speak about a process of "re-negotiating your therapeutic relationship". Can you say a bit more please about how this took place?

Refer to vignette: "I consider this as a salient moment because it was perhaps one of the greatest learning experiences in being a helper so far."

Ask: What did you learn from this experience?

Appendix M: Alternative Coding Strategies Which Were Considered and Discarded

Excerpt from research journal:

"As I consider different first cycle coding methods I wonder about the possibility of also using Versus Coding which helps identify dichotomies e.g. teachers vs. students, wants vs. needs. Saldaña, (2015) describes versus coding as identifying dichotomous groups and as drawing attention to ideas around power and different priorities for different groups. This seems appealing in terms of my 'a priori' identification of two domains within my research questions i.e. adults and children. Yet I am deciding not to use versus coding as it tends to engage with stakeholders and participants in terms of competition and presumes competing agendas. I tend to see this as an overt imposition on the data. Moreover, contextualizing children's views only in terms of their competing nature with adult views does not do justice to the call towards acknowledging and representing complexity in communicating children's views and understanding the interaction between children's and adult's views around psychotherapy.

I am also considering the value of using Attribute Coding. This coding allows for systematically recording and identifying of attributes such as Age, House, Role, Ethnicity, Length of Time in Therapy, Attending / Not Attending Therapy. I perceive this as crucial in terms of allowing me to map the data. This is important due to the fact that research includes multiple participants. Yet in practice this is accomplished through the use of classifications within NVIVO 10 and thus need not be singled out as a first cycle code."

Appendix N: Description of Eclectic Coding

Coding methods	Main attributes	Example from data
Emic coding	Emic codes refer to a phrase used by participants.	Emic coding: “Getting into the depths of me”
Emotions coding	Within emic coding, this study integrates emotions coding: labelling emotions recalled by participants from lived experience, or experienced in the research encounter by the participants, or inferred by the researcher.	Emotions coding: “Felt ridiculed by therapist”
Process coding	Codes refer to action in the interview situation, action within the researcher–participant relationship, or within the therapeutic relationship referred to.	“Child disagreeing with researcher”; “Fearing or anticipating the therapist's retreat or rejection”
Evaluation coding	Application of codes that assign judgement about the merit or significance of an experience.	“Residential care is a maddening, loud place”
Theming the data	Analysing data with an extended thematic statement, conveyed through the participant's thoughts, opinions, observations, and evaluations. In practice, this involves the use of the verbs “is” and “means” in the description.	“Unhelpful means therapy makes me feel like there is something wrong with me”; or “Helpful means therapy makes me feel special”

Appendix O: Example of Coding of Data Excerpt

Excerpt	First-cycle code	Development during second-cycle coding
<p>Daniel: So, your therapist at times spoke with your carers or members of your family. Now what do you think about this?</p>	<p>Whole excerpt was coded as “involvement of family members and carers is sensitive and can be challenging”. After first-cycle coding, this code included 14 references from 10 different child data sources.</p>	<p>This code was aggregated within the category “therapy as a space where carers and family members are involved” within the theme “helpful, confidential, expressive space related to self-awareness, family and personal issues”.</p>
<p>Lawrence: At times it helps, at times it doesn't.</p>	<p>Excerpt in red was coded as “understanding child through feedback from carers”.</p>	<p>This code was aggregated within the category “what is seen as helpful in therapist's actions”.</p>
<p>Daniel: Interesting, can you say a bit more about when it helps and when it does not help?</p> <p>Lawrence: It does not help, let me start with when it helps. It helps because if you are angry and you want to know what is happening at home, it is not only about what I tell you [the therapist] that helps, what I am saying, kind of you are getting to know him [the child] more by asking the person who takes care of me. And it does not help because at times, because I sometimes felt that then it turns around onto me, kind of. At times they [the carers] see it in different way to how I would see it. Then they tell you, for example, this happened and it's because he [the child] is like that, when in fact it would not be true because I behave like that with that person, but with my mother I behave in another way. That is why it does not help because he invents and then you make up a story on my whole life, meaning on the family ...</p>	<p>Excerpt in blue was coded as “being spoken about unfairly by invited carers”.</p>	<p>This code was aggregated within the category “what is seen as unhelpful in child's experience of therapy”.</p>
	<p>Excerpt in purple was coded as “speaking about self as behaving differently when in different places”.</p>	<p>This code was aggregated within the category “I adapt”, within the theme “this is me”.</p>
	<p>Excerpt in green was coded as “you make up a story”.</p>	<p>This code was aggregated within the category “therapist not to be totally influenced by external persons”, within theme “improving therapy”.</p>

Appendix P: Examples of Research Memos

Research Memo After Interview with Bob

Within interview with Bob I hear myself defending psychotherapy practice. I need to identify the exact moment. Aligning myself with orthodoxy?

Research Memo After Interview with Jonas

Upon reading the interview with Jonas I think about the dynamics of interviewing active clients in terms of:

- issues which are still very active in the clients' life;
- my behaviour as a researcher and where I thought to be similar or different than I would have in therapy; and
- moments when the two spaces interact and border on each other.

The issue related to the continuity of relationships within the context of practitioner research. I note again the emergent dynamic of practitioner research within a therapeutic setting in terms of a sense of being in the very process you are researching. I am lured by the metaphor of researching sea water whilst swimming in the sea.

Research Memo After Interview with Ian

I notice my surprised tone as I listen to Ian listing the various impacts of therapy on his life. It is almost as if as his therapist I had not realised the extensive impact which Ian claims therapy has had on his life. I wonder about this. My therapeutic work with Ian went through phases of intense engagement and other somewhat distanced moments. On one level I feel as if the therapeutic work did not tackle all the goals and am somewhat surprised that Ian speaks about so many positive impacts, some around issues that we did not directly tackle in the sessions.

This leads me to think about whether Ian feels that he needs to construct a very positive story of his engagement in therapy as he looks back and makes sense of it. Perhaps he may feel the need to express gratitude in this way for the work. Yet on the other hand I recognise how I tend to not acknowledge my own work and the commitment which I bring to the therapeutic work, and perhaps my sense of disbelief is part of this process of deflecting positive, useful feedback.

Yet, as the interview progresses, I note how Ian also speaks about the not so positive moments in our therapeutic work: the moments when we got stuck. Yet, interestingly, he

needed to take responsibility for the creation of these moments e.g. they emerged because I (he said) was not comfortable with what you were suggesting. I hear it as him taking on too much responsibility rather than also seeing it as something which we both contributed to: needing to protect me?

Research Memo 4th April 2016

My process after the first five interviews with child participants

Wished to record the feeling after the 5th interview. The sense of having connected with the understanding of a particular young person. Not just a question of having understood but at having connected with that understanding, or rather with that person within the interview situation. The young person, Simone, also expressed a sense of satisfaction "I enjoyed it" about the interview and so it also an opportunity to express himself and say things about therapy that he did not say before.

I am interested but also excited by the sense of the interview as a place where meaning is not only expressed but also constructed and re-constructed. The interview as an important meaning making space ... also a sense of half baked meanings that are in formation that do not need to be reduced to one understanding. A sense of formation or construction that can be misinterpreted and reduced under themes such as 'ambivalence' but which does not do justice to the dynamic flow of making sense, where one idea stands next to another, an idea which may not be in line pr in sync with it, in a moment where ideas are being tried out for fit.

Simone speaks about having attended therapy out of his own will. He did not want to attend. They told him to; that he needs it. He goes and resist: "I ran away". He stops. They tell him again. This time giving him choice with whom. He chooses who he knows. He goes. Tries. Bit better. But feels that at a point the therapist mocked him. He retreats. Sees therapy as imposed. Yet when he looks back he can notice the positive effect of therapy on his life. He speaks about very important changes. Before he would not listen to anyone who contradicts him or does not agree with him. Before he would only solve things himself, thinking he needed no-one. He speaks about the positive effect on his anger. Yet, when asked whether he got what he wanted from therapy, he says that he did not as it did not offer solutions which he could try in the here and now. He laments of a lack of click with his therapist and yet a click with persons outside the therapy situation, with whom he had important conversations about everything. He used to look forward to the end of the session but at the same time he thinks it had a very positive effect on his life ... somehow reminds me

of cough medicine which tastes horrible but leaves an impact. He would like to tell the younger version of himself not to run away from therapy but to give it a chance.

I find myself stopping myself from tying the knots around this conversation and prematurely assigning meaning. I find myself wanting to let it brew and simmer and accept the half meanings, the 'kind of' understandings. I also feel how easy it is to quickly go for full meaning and close it up. I feel I have learnt and am learning.

Appendix Q: Recording Outcomes After Second Cycle Coding of Interview with Luigi

1. I developed the new code “confusion in the brain” which I had missed during first cycle coding. This is a concept which Luigi expands upon in the second interview.
2. “Lifting a heavy weight from the pit of your stomach” and other metaphors need to be represented as separate rather than incorporated within the description of the process of opening up. This is related to my own developing sense of appreciation towards the images which children used to describe their experiences. I think that these images communicate much more than what is implied in the naming of the process “opening up”, which perhaps echoes adult-centric notions and languages.
3. I moved the code “lifting a heavy weight from the pit of your stomach” to the category “how does opening up happen”.
4. I coded an excerpt where Luigi, as the interviewed TV expert, spoke about therapy by highlighting its normal quality akin to other spaces like the family and school. I coded this under a new emergent code “normalisation of therapy?”. This code reflects the idea of therapy in this particular setting being seen as a normal part of service provision in a manner which would not be encountered in another setting. I coded other excerpts from Luigi's interview within this code. During second cycle coding I also became aware how much he used the word normal to describe himself (“I am like anyone else”), the therapist (“normal person not a clinician”) and the space (“normal room not like a hospital room with wires attached to your brain”).
5. I changed the title of code “helpful space related to support and problem solving” to insert the word support in order to better reflect the coded excerpts from Luigi's interview.
6. I coded “open your hearts to each other” as “hinting at reciprocity” and aggregated it within the category ‘therapy as relational but also tentative’.

7. I coded another excerpt under "getting into the depths of me" and yet another one as "related to finding freedom". The attention to metaphors developed after I had coded Luigi's interview during the first cycle.
8. During the second interview Luigi was comfortable to tell me that he disagreed with how I was thinking about what he was saying. Apart from changing my interpretation, I coded this as "child disagreeing with researcher" under the category 'child -researcher power dynamics'.

Appendix R: Recommendations for Child Psychotherapy in Alternative Care Settings

This study recommends:

- therapists actively enabling and engaging with children's agency in setting the agenda within therapy interventions;
- therapists managing information sharing and how they involve other adults in the child's therapy;
- therapists considering extending the orthodox boundaries of child psychotherapy, especially in relation to non-formal contact with therapists and the time boundaries of therapy sessions;
- therapists receiving further training regarding the use of play in therapy;
- therapists evaluating with children their use of play and creative processes;
- developing the dialogue and knowledge exchange between the arts therapies and child psychotherapy;
- considering the psychotherapist's gender and the child's preferences about this at the referral stage of therapy;
- therapists supporting the child to manage the emotional intensity within therapy;
- therapists raising their awareness of their situated knowledge especially regarding the impact of professional beliefs on their constructions of children and childhoods;
- training for therapists on how to enable children's evaluation of psychotherapy interventions;
- policy makers and service managers critically evaluating the collective normalisation of long-term psychotherapy in alternative care; and
- therapists and managers in residential care evaluating the nature and length of children's engagement in psychotherapy.

Appendix S: Recommendations for further research

This study recommends:

- ensuring a wider gender representation within research about children's views of therapy in alternative and/or residential care;
- developing such research through the facilitation of gender-representative reference groups made up of children with experience of psychotherapy and alternative care;
- considering the impact of time on children's reflections on psychotherapy through longitudinal data collection within such research;
- specifying and evaluating the outcomes of such research in terms of their benefits and limitations;
- such research remaining cognisant of the power dynamics within child-adult research relations which model and influence children's expression;
- researching how child psychotherapy as a discipline incorporates children's accounts, evaluations, and understandings into its discourse of reflection;
- enabling children's choice-making in terms of how they wish to express themselves within such research;
- including children's non-verbal expression within data collection thus transcending the logocentric focus; and
- designing and conducting research which actively considers and reports how findings emerging from research influence and change actual practice.

Appendix T Feeling Cards Devised by Children in Reference Group

