“Marginalised from mainstream health and social care services – a grounded theory study of the therapy relationship in non-therapy trained workers and vulnerable clients”.

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Abstract

This thesis explores the experience of the working relationships for clients and their non-therapist workers who are marginalised from main stream health and social care in the third sector.

Addressing psychological and emotional problems is traditionally the domain of trained psychotherapists, psychologists and counsellors - professions that draw upon clinical and practice based evidence. Third sector workers are often less qualified yet still provide psychosocial support to others, particularly the more vulnerable in society. Little research has explored the subjective experience of client and worker using brief therapy approaches in non-clinical third sector settings which support those who do not have access to mainstream health and social care services.

This thesis explores the subjective experience of clients and their workers within the charity sector in three studies. Study 1 and 2 used thematic analysis and continued into study 3, using grounded theory methodology. Study 1 (n=8) explored the experiences of young people who were marginalised from mainstream education and mental health services and were accessing a workshop and manualised programme utilising brief therapy tools. Study 2 (n=5) explored the experiences of workers who had used the manualised workbook and programme to help these young people to manage their behaviour, with a view to returning to mainstream education. The findings of study 1 and 2 informed the development of a grounded theory exploration with an adult age population in study 3. This population were being supported by workers in a veterans Post Traumatic Stress Disorder (PTSD) charity. In addition, study 3 (n=11) also explored workers experiences in a veterans’ homeless charity and two addictions charities. The workers were using a range of brief therapy interventions from a range of approaches: Brief Solution Focussed Therapy, Cognitive Behavioural Therapy, Motivational Interviewing and Neurolinguistic Programming. The data from all 3 studies in this thesis were then synthesised to develop a middle range grounded theory.

The findings of the thesis suggest that a therapeutic working relationship based on self-maturational models develops between worker and client. Both the workers and their clients have had disrupted attachment histories and see similarities in each other as part of their own healing journey. The relationship is sometimes uncontained with the workers lacking aspects
of self-reflective functioning that would normally be supported through training, personal therapy and supervision of the qualified worker.

The charity sector is an increasingly important economic contributor to the health and social care system. This thesis recommends a quality commissioning process that enables education and supervision of non-clinically trained workers to help develop and support their reflexive functioning.
Statement of Originality

This thesis and the work to which it refers are the results of my own efforts. Any ideas, data, images or text resulting from the work of others (whether published or unpublished) are fully identified as such within the work and attributed to their originator in the text, bibliography or in footnotes. This thesis has not been submitted in whole or in part for any other academic degree or professional qualification. I agree that the University has the right to submit my work to the plagiarism detection service TurnitinUK for originality checks. Whether or not drafts have been so-assessed, the University reserves the right to require an electronic version of the final document (as submitted) for assessment as above.

Lisa de Rijk
My heartfelt and sincerest thanks go to my principal Supervisor, Professor Arlene Vetere. You have given so much of your time, energy, attention and knowledge to this thesis and my work. You are a wonderful woman, thank you! My thanks to my secondary Supervisor Dr Paul Tosey, who has so elegantly reminded me to pace the NLP community and bring some light into the confusing world of therapeutic terminology.

To all the workers and clients who have given of their time, shared their inner most thoughts and feelings. I value each of you and admire your determination to bring your own wounds to the healing of others. To Nici Evans, Nici you made this happen, that day on ‘the back of a fag packet’ when you had been on one of your journeys into the domains of those less privileged in society. I hope the learnings from this help you to make other peoples’ lives just a little bit better.

Thank you to the team at Surrey University, and particularly Professor Jane Ogden for reading the final draft. I know your plate is very full and I appreciate you taking the time to fit this in when your pressures are so great. Also, to Renate Richardson and Andrew Barnes who have been my touchpoints as a distance learning student.

To my daughter Rebecca. Your help, love and support to Mum is immeasurable.

To my partner Chris, who wasn’t even supposed to be there the day that all of this started. Thank you for being there, putting up with the flip charts invading the house and genuinely being interested in what I am passionate about.

And finally, to Erickson, Satir and Perls – I hope I have gone some way to bringing into NLP that which may have been lost as the geniuses modelled your language patterns.
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Chapter 1.0 Background to the thesis

I received a wonderful email after I spoke at a school from a girl who'd lived in a war zone and endured horrors no human being should suffer, let alone a child. This young lady was fortunate to be brought to Britain and seemed to adjust well, but suddenly found herself falling off the rails and sliding into hell when I chatted to her. In her letter, she told me the difference that I'd made. She's now 20 years old and a fashion designer employing staff and she puts her work ethic down purely to talking to me. It's my most treasured letter.

Simon Weston (2016)

Cases that might touch on stuff that you might have been in yourself. They stay with you. Raw, really raw. It’s a harsh reminder isn’t it, you know. And then you kind of think that is really touching on something and then you have kind of got to use that to grow from, haven’t you and use it and not let that go into how you are dealing with somebody just because it is something you are finding difficult.

Jenny (worker in addictions services)

1.1 Personal orientation to the thesis
I had the pleasure of being asked to design a brief programme for a group of disaffected young people in Wales who were at risk of offending behaviour. Working to a very small budget, I designed and ran a series of interactive workshops using brief therapy interventions for young people who were known to the youth criminal justice system and were at considerable risk of alienation from society and the resultant problems that this brings throughout life. Towards the end of one workshop, I asked each member of the group what they were going to take away with them. One 15-year-old boy said ‘I have decided to stop messing round, get my exams and join the forces’. I asked him ‘why’. His reply came back ‘If Simon Weston can give his face for his country, then I can do my bit’. My heart leapt with joy and my eyes filled with tears. If I can influence this degree of change in a short interactive workshop that uses some tools from brief therapy approaches, then surely there must be something that can be done by community workers in longer term relationships that support those alienated from society.

I came to this PhD having completed two academic books that are linked to each other through a process of professional learning and discovery. The first academic book is part of
Routledge’s Advancing Theory in Therapy series (Wake 2008). The book provides an advanced practitioner perspective on neurolinguistic psychotherapy (NLPt) and makes recommendations for the therapy relationship to be considered as an integral component of effective NLPt, as it is currently a neglected and under theorised element of the NLPt approach.

Subsequent to this book I completed an MSc in Advanced Clinical Practice. Findings suggested that there were parallels between each therapist’s approach and Object Relations theory with therapists working with internalised objects represented by the client. My dissertation was a grounded theory study of the core belief processes held by clients in receipt of NLPt and I was able to make hypothetical connections to object relations theory (Wake, 2009). This MSc research had implications for the training of NLPt psychotherapists particularly in the therapy relationship and the need for NLPt therapists to be in receipt of personal therapy.

This MSc research continued into a second book for the UKCP Karnac series – The Role of Brief Therapy in Attachment Disorders (Wake 2010). The book provided a comprehensive summary of the range of approaches that existed within the brief therapy world, including CAT (cognitive analytic therapy), CBT (cognitive behavioural therapy), EMDR (eye movement desensitisation and reprocessing), NLPt, REBT (rational emotive behavioural therapy), Solution Focussed Therapy (SFT), Self Relations Therapy and Ericksonian Therapy. The therapies were discussed in the light of emerging theories of neuroscience and direct links were made to attachment disorder and the underpinning theories of attachment and object relations. A series of case studies brought these theoretical concepts into life and challenged the notion that attachment related disorders could only be addressed through a prolonged psychodynamic relationship with the client.

As I authored this second book and continued my literature review I included the work of Schore (2003), who proposed 20 principles that aid repair of the attachment structures through the therapeutic relationship and that facilitate integration between cognitive and emotional neural networks. I began to wonder if the intervention patterns and processes within NLPt could provide an opportunity for lasting change using a brief therapy model. I utilised this understanding to develop a commissioned project for Communities First Wales. The project included the design and development of an interactive workshop-based
programme, It’s My Life (IML) for young people that could address problems encountered by young people who have been identified as at risk of offending behaviour and social disengagement. As the programme developed and appeared to be effective according to feedback routinely collected from young people and their workers, I was commissioned to then provide an evaluated training to youth and community workers to deliver the material.

The project was independently evaluated (Tope, Thomas and Jones, 2010, 2012). The workshop and workbook for young people and the train the trainer programme for their case workers appeared to be effective for the young people, however the evaluation raised some concerns about the need for additional organisational, supervisory and psychological support for these workers who frequently worked with complex cases that they were untrained to deal with. Although this work occurred prior to this PhD thesis the It’s My Life project provides an historical background to the thesis and provided the impetus to continue my exploration of the therapeutic relationship between untrained community support worker and marginalised client into Doctoral level study.

1.2 Thesis Title

“Marginalised from mainstream health and social care services – a grounded theory study of the therapy relationship in non-therapy trained workers and vulnerable clients”.
1.3 The Structure of the thesis

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1.4 Thesis Aim and Research Questions

The primary aim of this thesis is to develop a middle range grounded theory that both describes and explores the working relationship between clients presenting with psychosocial challenges and their non-therapeutically trained worker who supports people who are marginalised from main stream mental health and social care services.

- Study 1 – Young people marginalised from main stream education
  - Research question - how do young people experience the relationship and make use of brief therapy models of intervention with their non-therapist worker?
- Study 2– Supporting young people marginalised from main stream education
Research Question - how does the non-therapist worker understand, experience and utilise the working relationship to support their young clients?

- Study 3 - The relationship between adult clients marginalised from mainstream statutory health and social care services and non-therapy trained workers

Research Question - How do adult clients marginalised from main stream health and social care services and their workers understand and experience the processes of “working together”?

1.4.1 Study 1
Study 1 emerged from the independent research evaluation conducted following the project work in Wales with disaffected youngsters and the systematic review. Study 1 took place in Wales with young people (n=8) who were marginalised from main stream education and mental health services and were participants on the workshops delivering the It’s My Life programme. This programme was based upon some of the theoretical principles and tools of NLP (neurolinguistic programming), Solution Focused Therapy and Motivational Interviewing. Study 1 explored the meaning and experiences of the young people who attended the programme and their relationship with their key worker.

Research question:
- How do young people experience the relationship and use of brief therapy models of intervention with their non-therapist worker?

1.4.2 Study 2
As I explored the experiences and meanings of the young people receiving support from their community-based workers and the relationship, I wanted to expand this understanding through the perception of the workers and their experiences of working with the young people. Study 2 took place in Wales with youth and community workers who delivered the It’s My Life programme. Workers (n=5) within the study population included youth workers (n=3), a community worker (n=1) and a support worker for a street sex workers charity (n=1).

Research question:
- How does the non-therapist worker understand, experience and utilise the working relationship to support their young clients?
1.4.3 Study 3
The findings that emerged from studies 1 and 2 informed a series of emerging themes using thematic analysis (Braun & Clarke, 2006). As the groups in studies 1 and 2 were marginalised from main stream education, I decided to explore whether similar developmental and attachment-based processes would be present in working relationships in another marginalised group of people and who were older than the group in study 1 and with similar workers to study 2 who were not therapeutically trained.

Study 3 took place in England and Wales with untrained workers from four charities, two of which were providing support to adult clients with problems with addiction to drugs, one was providing mental health support to veterans with PTSD, and one was providing support to homeless veterans. I chose to explore the relationship between worker and client in the addictions field and services providing support to military veterans. These two client groups were chosen as they did not usually have access to effective support mechanisms through statutory services and were being supported by workers outside of main stream statutory services.

All workers who participated in study 2 and 3 identified as non-therapists and none had any depth training in therapeutic modalities. They had a limited understanding of brief interventions, e.g. Motivational Interviewing, Solution Oriented Therapy, Cognitive Behavioural Therapy and Neurolinguistic Programming, as part of their core skills training in youth work and related fields such as with street sex workers and those with addictions. None of the workers in this thesis applied a therapeutic modality theory in their case work.

The research question for study 3 developed from the findings of study 1 and 2.

- How do adult clients marginalised from main stream health and social care services and their workers understand and experience the processes of “working together”?
1.5 Orienting Context for the Thesis: Theory, Policy, Legislation, Services

I provide both conceptual definitions of therapy theory and a contextual framework of policy, legislation and service providers for the study. This framework highlights the policy and legal complexity for the statutory and voluntary sectors involved in care provision to vulnerable and marginalised groups in society. I refer to the relevant policy and context for the study population and setting, necessary for understanding their reference frameworks.

The health and local authority care sector are increasingly transferring responsibility for the provision of care to the third sector as a commissioned service. However, an organisation’s training policy and many individual workers may not be subject to the accountability and monitoring processes that sit alongside the statutory sector. It is against this political and contextual backdrop that the following thesis has been conducted.

The study settings were within services that were either commissioned by the Statutory Sector through local youth services or were funded through charitable activities where they were provided by a Charity. Although the services were delivered by non-statutory agencies, there are some laws and governance processes that provide a significant context for the study population and findings of the study.

1.5.1 Statutory Services

1.5.1.1 Local Authorities

1.5.1.1.1 The Care Act

The Care Act (2016) places the responsibility for primary, secondary and tertiary prevention and promoting wellbeing with Local Authorities.

The Act (2016, 1.5) refers to wellbeing as related to:

- personal dignity (including treatment of the individual with respect)
- physical and mental health and emotional wellbeing
- protection from abuse and neglect
- control by the individual over day-to-day life (including over care and support provided and the way it is provided)
- participation in work, education, training or recreation
- social and economic wellbeing
- domestic, family and personal
• suitability of living accommodation
• the individual’s contribution to society

Prevention within the Act is considered a broad definition ranging from health promotion activities focused on entire populations through to targeted interventions aimed at specific groups or an individual with the aim of improving skills or functioning (2.4).

Prevention is further divided into three approaches, primary, secondary and tertiary.

**Primary prevention** is targeted to those individuals with no health or care and support needs and with the aim of providing services to prevent the development of needs (2.6). In the context of this thesis, the interventions that were provided by the agencies participating in the studies focused on providing universal access to good quality information; supporting safer neighbourhoods; reducing loneliness and isolation; and encouraging early discussions about potential changes in the future.

**Secondary prevention** refers to targeted interventions for individuals at increased risk of developing needs. This may include intervention before a person experiences crisis or for those client groups who have needs that are not currently met by local authority provision (2.8). In this thesis, all agencies and all workers involved were responsible for secondary prevention.

**Tertiary prevention** (2.9) refers to those who have established or complex health conditions, which is particularly relevant for the ex-service men and women in this study who attended the veterans’ charities.

1.5.1.1.2 The Children and Families Act

**The Care Act** is supported by the **Children and Families Act** (2014) which gives responsibility to local authorities to ensure that children and young people transition into adult services as needed. This is particularly relevant for the young people within this study who were marginalised from mainstream education, some of whom had not been in receipt of formal education since the age of 11. Some of the young people in the study were already demonstrating risk taking behaviours such as drug use, minor crime and sexually
inappropriate relationships and were at risk of falling through the net between children’s and adult services as they transitioned into adulthood.

Within the Children and Families Act local authorities are given responsibility for appointing and ensuring appropriate services are provided by youth offending teams (2014, p.32).

Youth offending teams (2016) have responsibility for running crime prevention programmes, helping young people and their families on arrest and through the court process, and supervising young people on a community sentence. Some of the clients within study 1 fall under the remit of youth offending teams.

1.5.1.3 The Health Care Sector

1.5.1.3.1 The National Health Service

The Health and Social Care Act 2012 places commissioning responsibility for mental health and addiction services with Clinical Commissioning Groups (CCGs) (NHS Clinical Commissioners 2016). In the context of this thesis CCGs have responsibility for the commissioning of mental health and addictions services in a safe and evidence-based way.

Of the charities participating in this thesis, the addictions services and the youth services were commissioned by statutory agencies, and the street sex workers and veterans’ charities were not commissioned services and relied on grant funding and donations. Further in this chapter I discuss the role of the charity or third sector providing care to those with addictions and to ex-military personnel.

1.5.1.3.2 Monitoring and Standards

Safeguarding responsibility for both mental health and children falls under a number of the aforementioned statutory agencies with statutory powers.

The Care Quality Commission (2016) has responsibility for monitoring, inspecting and regulating services in meeting standards of quality and safety and do oversee the quality of care within the charity sector.
**NHS Improvement** (2016) have responsibility for overseeing Foundation and NHS Trusts, and independent health care providers that provide NHS care. This does not include the charity sector.

### 1.5.1.3.2.1 Clinical Governance of Health Care Professionals

Each health and allied health care professional working in the NHS is accountable to their individual professional health care regulatory bodies, the General Medical Council for Doctors; the Nursing and Midwifery Council for Nurses and Midwives, the General Dental Council for Dentists; and the Health and Care Professions Council for Allied Health Care professionals. None of the worker participants in this thesis were registered professionals. I refer to this further in chapter 4 as I consider the ethical rationale for this study.

### 1.5.2 The Third Sector

The National Audit Office (2016) identifies third sector organisations as a ‘range of organisations that are neither public sector nor private sector. It includes voluntary and community organisations (both registered and other organisations such as associations, self-help groups and community groups), social enterprises, mutuals and co-operatives…… they are independent of government… are value driven…. and are sometimes called 'not-for-profit’ organisations’. Third sector charity organisations are accountable to the Charities Commission to ensure that services are provided in line with the charitable aims of each organisation.

A House of Commons report (2015) identified that there were approximately 160,000 third sector voluntary organisations in 2012/13. Of these 18% were providing social services and a total of government funding to the entire third sector was £13 billion.

The National Council for Voluntary Organisations (NCVO) (2012) identified that the sector contributes £11.7 billion in paid work to UK gross value add (GVA) or 0.8% of the UK GVA. 2.7% of the UK workforce is in the voluntary sector and, if volunteers are taken into account, the value of this output for the UK is £23.1 billion with 2% of government expenditure going to this sector. A further £3.1 billion was given to the third sector in the form of grants. The NCVO compare the income of the third sector to that of Tesco, a major retailer in the UK.
Considering the expenditure on the third sector and their scale of activity that includes the provision of services for vulnerable groups including the participants in this thesis, it is of concern that very little of this is subject to accountable statutory or regulatory processes and the vulnerable people using their services. This aspect will be discussed later in this thesis in light of the findings.

1.5.3 Non-therapists, community and youth workers

Non-therapists are identified as those individuals who are employed in a voluntary or paid capacity in the third sector and who are neither trained nor accredited in one of the major therapeutic approaches or social and health care disciplines.

There are two main umbrella bodies for the voluntary regulation of Counsellors and Psychotherapists, the BACP (British Association for Counselling and Psychotherapy) and the UKCP (UK Council for Psychotherapy). Both bodies have rigorous standards of training and accreditation with their registers overseen by the Professional Standards Authority (PSA) for Health and Social Care. Non-therapists working in the third sector are not accountable to either BACP or UKCP ethically or for training standards. Nor are they accountable to the clinical governance processes required by one of the health care professions regulatory bodies.

Community workers assist those who are marginalised and excluded from society to change through facilitated support and self-help (Target jobs, 2016). Some community workers have come into the role as volunteers, others have gained a formal professional qualification at undergraduate or post graduate level.

Youth workers are professionals with a qualification in youth work recognised by the National Youth Agency. The National Youth Agency acts as champions for youth work and aims to professionalise the service. Youth workers often work for local authority youth service teams or youth offending teams.

1.5.4 Brief therapies

The three studies within this thesis focus on the use of brief therapy techniques within the third sector and as used by many of the workers interviewed. Most of the workers have been
using specific techniques from CBT (Cognitive Behavioural Therapy), Motivational Interviewing, NLP, and SFT (Solution Focused Therapy).

The Cognitive Therapy Association (2016) define brief cognitive therapy as ‘short-term (usually 10-20 sessions) and focused on helping a person to resolve or effectively manage a specific problem or challenge, or to make a desired change…… therapy is typically solution-oriented and sessions are more geared towards here-and-now aspects of the problem than on exploration of historic material’.

Motivational Interviewing is a person-centred counselling approach that emerged out of treatment models in the addictions field. Motivational Interviewing focusses on a collaborative therapy approach that aids clients to access and work with their own inherent motivation (Miller and Rollnick, 2002)

NLP has a number of loose definitions ranging from ‘the art and science of excellence’ (O’Connor &Seymour 1990:17) through to ‘An Epistemology- a system of principles and distinctions for organizing knowledge about ourselves and our interaction with the world. A Methodology – Processes and procedures for gathering and applying that knowledge. A Technology – Tools to aid in the application of that knowledge in order to achieve particular results’. (Dilts & DeLozier 2010:xv). NLP can be differentiated from NLPt (Neurolinguistic Psychotherapy) (Wake, 2008), which is a recognised and accredited form of psychotherapy by the UK Council for Psychotherapy.

Solution Focused Therapy (SFT) is future focused and goal oriented. The model assumes that the solution exists for the client and utilises the client’s previous successes and resources to move towards a preferred future (Berg & de Shazer, 1993).

1.6 Service Provision and the Third Sector
Summarised in this section is an overview of the current provision of the services included in this thesis by the third sector across the UK.

1.6.1 Youth Work
Although youth work is the responsibility of local authorities, much of its provision is increasingly being handed over to the third sector. In 2013 the government created a consortium led by the National Council for Voluntary Youth Organisations to act as strategic
partner with the voluntary youth sector to discuss and address the needs of disadvantaged young people (HM Government, 2011). Over time this strategic partnership has developed to include over 200 third sector youth support agencies delivering the government’s agenda.

Unison, the national public service sector union proposed that younger generations are being betrayed because of under investment in youth services and suggest that £387 million has been cut from the budget for youth services over the last six years (Prentis, 2016).

1.6.2 Veterans PTSD Charities
Since the recent wars in the Middle East there has been a significant rise in reports of PTSD (Post Traumatic Stress Disorder) amongst current and former military personnel (Fear, et al. 2010; Iversen, et al, 2009; University of Sheffield, 2010) and a resultant increase in the number of charities offering support to these veterans of combat.

A freedom of information request to the Ministry of Defence (MoD, 2014) for numbers of military personnel with PTSD received a response that this data would take over a year to compile, suggesting that veterans with PTSD risk falling through the net of support services as their status is unknown.

1.6.3 Homeless Veterans Charities
Similar to charities supporting veterans with PTSD there are a significant number of charities supporting veterans who are homeless.

The Royal British Legion (2016) conducted a literature review to investigate levels of and causes of homelessness in veterans. The report identifies that the number of homeless veterans has reduced by 2/3rd due to lower numbers leaving the forces, resettlement support by the MoD and greater support and provision by the third sector. PTSD and other underlying mental health problems were considered additional contributors to homelessness amongst veterans.

In a freedom of information request to the MoD (MOD, 2016) seeking numbers of homeless veterans in the UK, the reply stated that the MoD did not keep statistics on this and suggested that responsibility for supporting homeless people was the statutory responsibility of Local Authorities.
1.6.4 Addictions Charities
Similar to the two sectors mentioned above, the third sector provision of addictions services is extensive, with many charities commissioned by health bodies and local authorities to provide addictions services. A National Council for Voluntary Organisations (NCVO) report (2012) of services across England and Wales identified 373 charities providing core addiction services, i.e. treatment-based interventions, and a further 358 charities providing wider support to those experiencing problems with addiction. The sector receives 2% of the total third sector spend (£704m). Of this spend almost half of the expenditure is targeted to just 8 charities.

1.6.5 Summary
It is clear that there is extensive service provision to vulnerable clients by the third sector. The majority of this provision is by support workers who are not trained in depth in any of the brief therapy modalities, and at least not to the same standard of those providing psychosocial support in the statutory sector. Additionally, because these support workers are not accountable to the ethical and code of practice frameworks set out by those regulating health and social care professionals it would seem appropriate to explore the subjective experience of the relationship between client and worker where a therapeutic relationship may develop.

1.7 The Structure of the Chapters
The outline of the chapters is presented to provide the reader with an overview of the structure of the thesis.

Chapter two considers the therapeutic relationship literature as it relates to the psychological professions. This has been included to ensure that current theories are considered as the studies in this thesis focus on the relationship factors between worker and client in a non-therapy context. As each of the worker participants included in this thesis are using brief therapy models of intervention, a summary of therapy relationship theory within each modality of therapy is discussed.

Chapter three provides a systematic review in support of the development of the research questions and the three studies. The chapter reports on the systematic review, commencing with a PICO (Population, Intervention, Comparison, Outcome) structure, and a consideration of the CASP (Critical Appraisal Skills Programme) criteria for selection of evidence. Each
selected study is then critiqued in detail. The studies although useful demonstrate the lack of research in the area of the therapeutic alliance between marginalised client and non-therapist worker. The chapter concludes with a summary of how the systematic review has informed the research questions.

Chapter four then presents study 1 research question, methodology, ethical considerations and analysis. The findings are presented as a series of themes and sub-themes for each of the discrete participant groups and the combined data of all young person participants. The chapter concludes with a discussion of the findings and implications.

Chapter five presents study 2 aims, demographics, methodology and results.

Chapter six presents the data corpus from study 1 and 2. The data corpus are synthesised and presented as a series of themes. The chapter concludes by returning to the literature with a critical reflection on the emerging themes.

Then chapter seven commences with the findings of study 1 and 2 setting the context for the research question and aims for study 3 with a flow diagram of the research process. Grounded theory methodology is critiqued followed by a full description of the research methodology for study 3.

Chapter eight presents the results of study 3 as a middle range grounded theory, with the core categories discussed in detail. I then return to the literature to highlight links to participants’ experiences. The findings are then considered with reference to the systematic review and further relevant literature, making links to the participants’ experiences from study 3.

Chapter nine presents the substantive grounded theory and discusses the implications of the thesis for the use of brief therapy techniques by non-therapeutically trained practitioners who are working with vulnerable individuals. The chapter continues into a consideration of the findings and how they apply to third sector charities. The wider socio-economic implications of the thesis findings are considered. I conclude the thesis with a critique of the strengths and limitations of the research and provide recommendations for further research.
Chapter 2.0 Literature Review of the Therapy Relationship

2.1 Introduction
The purpose of this literature review is to identify and critique the extant literature that provides a perspective on the therapy relationship as it is considered in the psychological professions. This has been conducted to bring a theoretical perspective to the exploration of this concept as it is perceived and experienced by non-therapist workers and their clients. This brief review and inclusion of theoretical frameworks supports the development of the research questions for this thesis.

- Study 1 Research Question - How do young people experience the relationship and use of brief therapy models of intervention with their non-therapist worker?
- Study 2 Research Question – How does the non-therapist worker understand, experience and utilise the working relationship to support their young clients?
- Study 3 Research Question - How do adult clients marginalised from mainstream health and social care services and their workers understand and experience the processes of “working together”?

The chapter commences with a brief overview of the therapy relationship theory to offer a contextual framework for this thesis. Although this thesis does not explore the more traditional therapy roles of counselling and psychotherapy, current therapy theory suggests that the working alliance is equivalent to or more important than the therapeutic modality (Norcross, 2002; Stiles, et al, 1986, 2006; Wampold, 2015). These theories have been included to provide the background within which the research questions and findings may be understood and applied in practice. Four theoretical perspectives that argue for the benefits of working through the therapy relationship are discussed: attachment theory, maturational models of development, adolescent development theory and neuroscience theory. These are discussed briefly in this chapter and then will be considered subsequent to the data analysis to remain within the chosen methodology of Grounded Theory for study 3 in chapter 8. Additionally, a review of the role of the relationship in coaching practice has been considered to provide an additional conceptual and empirical perspective.

Interventions from the main therapeutic modalities used by workers within this study were CBT (cognitive behavioural therapy), MI (motivational interviewing), NLP (neurolinguistic
programming), SFT (solution focussed therapy). A brief summary of how each of these modalities conceive and contextualise the therapy relationship is offered to enable the systematic review to be considered in the context of the thesis.

The chapter concludes with a critical reflection on the available literature and how this informs the subsequent three studies.

2.2 The Therapeutic Relationship
This initial literature review provides a summary of both historic and current theories that support the notion of the potential of affective repair through the therapeutic relationship. The rationale for including this is based on the findings of the systematic review in the next chapter. The systematic review produced limited literature that are relevant to the main research questions in this thesis. Each of the studies in the systematic review point to the relationship between worker and client being therapeutic in nature and effect, if not necessarily intent. It is from this position that I have included a literature review of therapy relationship theory from the psychological therapies.

As the majority of vulnerable and marginalised clients are accessing third sector rather than public or statutory sector services, it therefore seems appropriate to explore dimensions of the relationship that are thought to be important to worker and client, expanding the findings of the systematic review. This is particularly so where these workers are using brief therapeutic tools and techniques with little training or supervision.

This literature review covers:

- the therapy relationship in the psychological professions
- the therapy relationship and attachment repair
- maturational models of development
- adolescent development theory
- neuroscience theory
- the therapy relationship in coaching
- brief therapy models of therapy alliance
  - the therapy relationship in CBT
  - the therapy relationship in MI
  - the therapy relationship in NLP
2.2.1 The therapy relationship in the psychological professions

Much has been written in the psychotherapy and counselling literature about the therapy relationship, however research has not continued into the therapeutic relationship with voluntary, untrained workers. I have included a brief critique of therapy relationship research and theory to explore if the therapy literature offers any understanding or relevant theory for my research focus.

Psychotherapy theory identifies that the therapeutic alliance is the vehicle of change rather than the therapeutic modality (Norcross, 2002; Stiles, et al, 1986, 2006; Wampold, 2015). A recent study conducted in marital and family therapy (Karam, et al, 2015) considers that the historic tendency to measure therapeutic alliance at fixed points in time limits the therapeutic alliance to an isolated rather than continuous phenomena.

Karam et al (2015) offer two constructs to understanding the therapeutic alliance: Bordin’s (1979) triune of Tasks, Goals and Bonds; and a more systemic framework of Self, Other, Group and Within developed by Pinsof & Catherall (1986) and Pinsof (1995). Bordin’s triune is relevant to this thesis as the brief therapy techniques utilised by the workers focus on: task - through structured interventions frequently supported through workbooks and worksheets; goals - in that all brief therapy techniques utilised by the workers in this study are goal oriented with goals determined by client and worker; and bonds, where each client refers to the bond, or ‘click’ they felt with their worker. The findings of Karam et al’s (2015) study suggest that where a strong therapeutic alliance is established at the beginning of therapy, it remains so throughout the duration of therapy.

Karam et al (2015) include the work of Pinsof & Catherall (1986), and Pinsof (1995). The processes described by these authors become more apparent in this thesis when the Within construct is considered. Within is described as the therapist, the client and people who are important to the client. The findings of Karam’s study suggest that where the client has poor attachment relationships with his or her family of origin, ‘a strong alliance with the therapist in the direct system, however, may protect against negative memories and insecure attachment relationships with family or origin members in the indirect system. In other words, clients with low family of origin positivity can still have a high IPF (individual
psychological functioning) score, as long as the alliance is strong with the therapist’.
(pp.410-411). This finding was also apparent in the study by De Bolle et al (2010) where
findings suggest that patients with depression who also are ‘divorced or separated…,
‘between- jobs’ patients, and patients with co-morbid personality pathology or an atypical
MDE (multi-level depressive episode) are more susceptible to the positive effect of alliance
on improvement throughout treatment than married patients or employed patients’ (pp.383).
Both of these observations are relevant to the client participants in this thesis, many of whom
have poor family of origin history, and, in the adult age population in Study 3, have
experienced divorce with most having co-morbid personality pathology through their time in
military combat.

Factors that are present in the therapist are thought to be significantly more important and
effective than the modality used (Anderson, et al, 2009; Del Re, et al, & Wampold, 2012;
Kim, et al, 2006; Martin, et al, 2000; Saxon & Barkham, 2012). This is because there is more
variation within a modality than between modalities in outcomes. One of the core elements
consistently noted as essential to the therapeutic relationship is empathy (Baston, et al, 1987;
Empathic resonance between therapist and client is thought to aid development of a
maturational model of self. This is particularly important as a developmental framework for
the client groups in this thesis. Clients are marginalised, vulnerable and with a history of
dysfunctional early relationships, leading to problems with affect regulation and negative
affect. Empathic resonance can be developed in therapists and therefore potentially in non-
therapists where the individual therapist has resolved their own underlying attachment
insecurities and negative affective arousal states. Each of these factors will be discussed in
this section.

Although empathy is recognised to be a core component of the therapeutic relationship,
research into the role of empathy has halted (Duan and Hill, 1996). Duan and Hill proposed
that research be conducted into the cognitive and emotional dimensions of empathy; variables
that influence empathy; how empathy is experienced and communicated by counsellors; how
the therapist and client’s emotions interact; and, the role of empathy where cultural diversity
exists. Duan and Hill identified the Lister’s Scale which measured empathy divided into
different aspects. These aspects are based on an internal frame of reference, accuracy of
perceptual inferences, immediacy and the ability to explore personal perceptions. Duan and Hill also referred to another study that scored six aspects of empathy, some of which were similar i.e. internal frame and accuracy, and some aspects that were different i.e. emotional separation, concreteness, energy and caring manner. A further study adding additional elements and a Response Empathy Rating Scale was developed. This scale measures intention to enter the client’s frame of reference, perceptual influence and clarification, accuracy, plausibility, here and now, topic centrality, choice of words, voice equality (a non-judgemental voice tone), exploratory manner and impact facilitation versus blocking, and distraction.

Added to this is the literature that considers counsellor effectiveness. This literature suggests that counsellors who have effectively resolved ‘family of origin’ issues are more likely to be more effective in working with clients. (Bambling, 2008; Corey & Corey, 1993; Lawson & Gaushell, 1995; Norcross & Wampold, 2011; Watts et al, 1995). It is thought that if the counsellor has experienced or perceives that they have experienced unmet needs in their early family history, these tend to become manifest in their counselling role and awareness of this enhances a counsellor’s therapeutic skill. A study conducted by Wilcoxon, et al (1989) considered this trait in more detail and proposed that counsellors who have a perception of low levels of personal autonomy and intimacy in their childhood demonstrated higher levels of interpersonal skill during their counsellor training. It could be that these counsellors have developed an adaptive behavioural response to bring others closer because this was missing in their childhood. Watts et al (1995) identified that the most effective counsellors had negative perceptions of both their parents’ relationship and their own relationship with their parent during their early years. Watts suggests that their findings are consistent with two earlier studies by Wittmer et al (1973) and Wilcoxon et al (1989). The high ratio of female counsellors involved in both the Watts and Wittmer studies is noted as a variable. Trusty et al (2005) proposes that these correlations may be conceptualised as the wounded healer.

There are other studies that provide supportive evidence that the therapeutic relationship has a positive effect on outcomes in mental health care (Horvath & Symonds, 1991, Martin et al, 2000; Priebe et al, 2011). However, Priebe et al’s (2011) systematic review identified that the therapeutic relationship appeared to be less effective when considered in the context of working with those with a diagnosis of psychosis.
2.2.2 The therapy relationship and attachment repair

Attachment theory focuses on the importance of the mother-infant relationship and the effect that the quality of this can have in determining the sense of self in the developing child. Originally developed by Bowlby (1951/1969/1973), attachment theory proposed that children who are deprived of the potential for attachment to a permanent attachment figure might develop social, emotional and psychological problems later in life. The attachment response that develops in the infant becomes the life script for survival-based responses and the sense of self in relation to others.

Bowlby’s theory was further developed by Crittenden (1990, 2006), Fairbairn (1952), Main (1979), Main, Kaplan & Cassidy (1985), and Winnicott (1960), with each of these providing the theoretical grounding for family as well as child and adolescent therapeutic interventions. Authors such as Crittenden (1990, 2006), Main (1979) and Main et al (1985) suggest that the life script can change with the assistance of external relationship factors, such as those present within a therapeutic alliance.

Attachment based adaptive behaviour is prevalent in all of us whether or not we experience a breakdown of nurture in families. Individuals are considered to be particularly at risk where core needs of secure attachment, protection, realistic limits and development of self-control are not met by the caregiver. Fractured Families (Centre for Social Justice, 2006), the State of the Nation report, and one of the drivers for the IML programme identified that there is a ‘marked increase in extreme emotional problems in children, (resulting from) family breakdown, inadequate parenting and social deprivation’ (2006, pp. 10-11).

Therapeutic empathy has a significant role in enhancing containment in the therapeutic relationship as explored earlier (Mikulincer et al, 2003). Where an individual has an insecure attachment history resulting in negative affect in relationship with others, cognitive avoidance and self-negating behavioural patterns, these are viewed as self-protection mechanisms that enable the retention of identity level core beliefs (Young, 1999). Where a therapeutic alliance has been developed and an attachment between therapist and client has been formed, the attachment can become internalised as a secure working model. The development of a secure and contained relationship by the worker may lead to less hostile and acting out behaviour on the part of the client (Mikulincer et al, 2001; Mikulincer & Shaver, 2001). Secure base priming through containment of the relationship can lead to a more positive sense of self, a
desire for connectedness, and a desire for understanding and mastery of the world. (Mikulincer & Shaver, 2001).

Pistole (1999) provides a similar perspective to Crittenden with the counselling relationship providing a potential environment for an attachment bond to be created. This bond enables the development of an internal cognitive-affective schema or working model of secure attachment. This working model will include the individual’s beliefs about themselves, their worker, and his or her ability to provide care and the development of rules about attachment and security. One of the essential elements that enables the development of a secure working model is the therapist’s ability to continue to support their client irrespective of the behaviour of the client.

Pistole (1999) suggests that counsellors who have preoccupied attachment styles tend not to regulate their own affect well and are more likely to be negatively affected by their client’s negative emotions by focussing more on their own emotional reactions to the client than the clients’ emotions. This is countered by Trusty et al (2005) who consider a wider theoretical perspective suggesting that although enmeshment can occur, some degree of parallel processing is necessary for empathy to exist within a therapeutic relationship.

2.2.3 Maturational models of development
The systematic review in chapter 3 has identified the potential for maturation of self through the relationship with their worker, therefore I have included a review of maturational models of development and these will be referred to again following the data analysis.

Crittenden (1990, 2000, 2006) has identified that individuals use internal representational models to enable the development of a secure sense of self. The model proposed by Crittenden has a number of significant properties that are relevant for this thesis. These are summarised below.

- How the person thinks and feels about themselves in relation to themselves and other people.
- The person will have memory systems which are held in procedural, semantic and episodic memory.
  - Procedural memories are sensory based responses that result in a behavioural reaction e.g. becoming aware of a feeling that leads to fear, that then elicits a behaviour of avoiding close physical contact with another person.
Semantic memory of cognition, values and beliefs particularly concerning how the person feels about their primary care giver.

Episodic memories which are narrative in nature and consist of procedural, sensory and semantic responses. Consciously recalling something that can be talked about.

Content associated memories where a person can reflect on their behaviour and the effect that this has on others.

Crittenden (2006) and Crittenden & Landini (2011) recognise that all types of memory are subject to distortion. Distortions may include wish-fulfilment of how the individual would prefer to recall the memory, and unrealised expectations that may attribute meaning to behaviour where expectations have not been met. Where the individual has developed cognitive functioning with regard to their behaviour, Crittenden proposes that this will have four dimensions: open, closed, working, non-working. Where an individual’s cognitive functioning is open there is the potential to create an opportunity for change. This might include developing new ways of perceiving behaviour. When cognitive functioning is closed, the individual might be aware of their behaviour however they are unable to move beyond the existing learnt patterns of behaviour. A working cognitive model would suggest that there exists the potential to manipulate cognitive constructs to enable change to occur, whereas a non-working model presupposes that the constructs are fixed and cannot be changed.

The properties proposed by Crittenden are held within a meta-structure. If the individual has one single internal relationship model this will get applied to all relationships. This links back to the findings of Karam et al (2015) discussed earlier in this chapter. If the individual has multiple unrelated internal representational models and views each relationship as a separate and unrelated construct to other relationships, they will be able to manage the existing relationship. They will not however develop a coherent sense of self as a unified person. A mature meta-structure has a generalised model of self with differentiated sub-models for relationships. This enables the sense of self to remain consistent with each relationship having characteristics unique to that relationship. An example of a mature internal relationship model would be someone who has a poor attachment relationship with her own mother as an attachment figure. She has worked out that she cannot change her mother and has, through her own processing, developed a balanced attitude to other attachment relationships through her life.
In Crittenden’s (2000) consideration of the implications of this model for therapists she refers to ‘molding clay’. Crittenden proposes that therapists need to be self-aware, have confidence with the process of personal change and be willing to continue with their own personal change process. Guidano (1995) refers to this as the therapist presenting ‘true aspects of themselves that fit the client’s needs and are offered in a truly reciprocal, protective and growth challenging relationship, the development of the client is fostered’ (p4).

Crittenden’s maturational model of self is similarly observed in the work of Cooper, Shaver & Collins (1998). Cooper et al propose that in relationships where co-regulation occurs, if a response is elicited in a partner/care giver that meets the needs of an individual, the individual may then experience this as a self-concept. Kohut (1971) referred to this in earlier self-psychology literature as transmuting internalisation, which enables the individual to internalise the regulatory functions of the attachment figure and develop the capacity to perform these functions for themselves. Zerach, et al, (2012) has reported on this process being present and active in older individuals as prisoners of war, who managed their emotions during captivity by creating mental representations of their attachment figures.

Therapy training provides a counsellor or psychotherapist the opportunity to explore and address their own underlying attachment and regulatory responses. Therapy theory also provides a framework through which a therapist can understand the behavioural responses of their clients. In this thesis, the workers are not trained as therapists and may not have the self-awareness that is actively encouraged and developed through a long therapy training where personal therapy and clinical supervision is a core requirement.

2.2.4 Adolescent development theory
Adolescence is a challenging time for many youngsters, particularly when confounded by issues including poverty, poor social support networks, family problems, drug and alcohol use, exclusion from school and low educational attainment (Coleman, 1979; Rutter, 2007). Adolescence can also provide an optimum set of circumstances that can be utilised to facilitate different ways of thinking and feeling about one’s own identity, value base and behaviours. During adolescence, the hierarchy of attachment figures (Bowlby, 1969, 1982) is gradually reshuffled as young people increasingly direct their attachment behaviors and concerns toward peers rather than parents (Furman & Buhrmester, 1992; Hazan & Zeifman, 1994; Moretti & Peled, 2004). While parents are generally not completely displaced as
attachment figures during this period, or perhaps ever, they slowly become what Weiss (1982) called "attachment figures in reserve."

In adolescence the brain experiences an increase in plasticity partly due to the additional hormones that are flooding the body, with early defence mechanisms being activated and acted out during this time. For example, individuals who learnt to self soothe at a very young age will utilise this process during adolescence; individuals who coped by dissociating as an infant may revert to this process when faced with emotional challenges in adolescence; individuals who experienced hyper-arousal during infancy as a trauma response will seek extra stimuli in adolescence, often resulting in risk taking behaviour beyond that recognised as normal for this age group.

Internal working models of relationships, trust and security are tested out in adolescence and will determine the child’s expectations of interactions with significant others and the child’s behaviour within these interactions (Besser & Blatt, 2007; Bretherton, et al, in Greenberg, Cicchetti, & Cummings, 1990; Dykas & Cassidy, 2011; Main, et al, in Bretherton & Waters, 1985).

The period of adolescence allows for adjustment and development of attachment strategies and emotional regulation (Cooper, et al 1998) as the young person goes through a process of self-expansion. This process may involve the adolescent developing cognitive awareness of positive and desirable attributes of another person with whom they are developing an attachment relationship and including these attributes as part of their own self construct.

Mikulincer, Shaver & Pereg (2003) consider how development of self occurs in group situations, a common feature during adolescence where belonging to a group is an important phase. Self-esteem is developed in adolescence through peer relationships and is maintained through the seeking of similarities with the group. Mikulincer et al (2003) propose that activation of episodic memories and priming the memory with relationship specific experiences can inhibit attachment anxiety and avoidance behaviour, leading to the development of a sense of security in the semantic network. Activation of this schema can then lead to further proximity seeking behaviours in the individual.

2.2.5 Neuroscience theory

Neuroscience theory has developed extensively over the last twenty years and the current evidence base supports the earlier theories of Bowlby (1969), Fairbairn (1946) and Winnicott
With the increase in understanding of the structures of the brain and the advances in medical technology to measure these, it is now possible to measure arousal and stress responses, and the relationship of neural pathways to thinking and emotional processes (Hart 2008, Panksepp 1998, Schore 1994, 2003, Van der Kolk, 2005), including those linked to attachment and repair of negative affective responses such as dissociation and hyperarousal.

Within infant development, Gerhardt (2004) proposes that the social or thinking brain can only develop in relation to others. We gain our sense of who we are and how we feel by focussing on and making sense of our external relationships, for example, Romanian orphans who had been left in isolated conditions had a black hole where the prefrontal orbital cortex should be – this is the area of the brain responsible for thoughts about feelings (Chugani 1996).

By using processes such as combining learning, emotional processing and rationalisation of emotional states, a therapist can support a client to manage their affective distress response and learn to access a more adult rational state. Additionally, a therapist can facilitate right brain to right brain communication through rapport processes of matching or mirroring behaviours, language and experiences of their client (Schore 2003). This process of rapport aids therapeutic empathy, making it possible to create the potential for repair and growth. (Chugani 1996; Cozolino, 2000; Greenough and Black 1992).

2.2.6 The therapy relationship in coaching
The coaching profession has started to explore the therapeutic relationship with considerable literature about the co-created responsibility for coaching and the relationship (Baron, Morin, & Morin, 2011; Gray, 2006; Greenberg, 2015; Ianiro, & Kauffeld, 2014; O'Broin, & Palmer, 2009; Sonesh et al, 2015; Sun et al, 2013). A brief summary is offered to provide a perspective on a non-therapist relationship that does focus on empathy and attachment-based patterns of behaviour.

De Haan (2012) has presented a series of strategies to enable the development of a strong attachment relationship in coaching.

- Providing a safe haven and secure base to explore difficult issues
- Use rapport to explore relationship biases, where the coach may experience emotional reactions to their clients
• Use coaching as an experimental space to test out new patterns of behaviour
• Explore how patterns of behaviour may stem from early attachment relationships
• The coach to offer a ‘good enough’ care giver experience.

2.3 Brief therapy models of therapeutic alliance
Each of the brief therapy models that underpin the techniques used by workers in this thesis are described and a summary of the relationship theory for each model is given.

2.3.1 The therapy relationship in CBT
CBT (cognitive behavioural therapy) is a brief model of therapy that is normally provided over 6-12 sessions. CBT may be as few as one computerised session and up to 20 sessions for more complex problems such as OCD (obsessive compulsive disorder). The primary aim of CBT is to aid a client’s understanding of the relationship between their thoughts, feelings and behaviour (Grazebrook et al, 2005). The therapeutic relationship is considered an important component of CBT and is one based on collaboration towards a clear goal. Evidence suggests that the therapeutic alliance is present and an important component of both face to face and computerised CBT (Bazzarone et al, 2012, Mcevoy et al, 2014, Stiles-Shields et al, 2014, Weck et al, 2015)

2.3.2 The therapy relationship in MI
Motivational interviewing (MI) has developed from person-centred counselling and is frequently used in the addictions and changing health behaviours fields, the core service function of the charities within this thesis. The aim of MI is to facilitate clients to access their own motivational patterns of behaviour and utilise these to make changes towards a healthier approach to addressing the presenting problem. The therapeutic alliance is core to person-centred counselling and evidence suggests that the therapy relationship within MI is of importance (Jones, et al, 2016; Moyers, 2014; Pace et al, 2017, Wiprovnick et al, 2015)

2.3.3 The therapy relationship in NLP
As NLP has developed back into a form of psychotherapy, many of the references on NLPt focus on the goal-oriented nature of the therapy (EANLPt, 2016; Kostere & Malatesta, 1990; McDermott & Jago, 2001; NLPtCA, 2016). Of these four definitions, only McDermott and Jago refer to the relationship between client and therapist. Yet in reviewing more recent literature by Gawler-Wright (2007) and myself (Wake 2008, 2010) there is increasing awareness and emphasis on the therapeutic relationship in facilitating change through a co-created social reality. There is no theory for the therapy relationship in NLP.
2.3.4 The therapy relationship in SFT
Solution focused therapy (SFT) developed in response to the more traditional scientific perception of mental illness and a desire to offer a more solution-oriented model of therapy (Berg & Dolan, 2001; Berg & Kelly, 2000; de Shazer, 1991, 1994; Miller & de Shazer, 2000; Waltazwick et al, 1974). Solution focused therapy can be offered in as little as one session. There is some limited evidence of the importance of the therapy relationship in SFT (Heinion et al, 2014; Lloyd & Dallos, 2008).

2.4 Discussion
This literature review has identified the current and historic theories that highlight the importance of therapeutic relationship factors in psychotherapy and counselling. The literature consistently shows the need for the development of a therapeutic alliance, particularly when supporting clients with underlying attachment-based problems or affective dysregulation. Many individuals with affect dysregulation responses find it difficult to sustain a relationship with the statutory service sector and prefer to access the more informal support offered by the third sector. Yet research has not continued into the applications of this concept into the relationship between non-therapist worker and marginalised client. One area that has started to consider this is the coaching profession who has adopted many of these principles to support the development of a ‘healthy’ coaching relationship.

The therapy literature does offer some constructs that are useful to this thesis, particularly relating to maturational models of development. Crittenden’s (2000) observation of the potential for developing a secure sense of self through the relationship provides an interesting concept to explore particularly with the young people in study 1. The development of a more secure sense of self had been reported by Tope et al (2010, 2012) in their evaluation of the IML programme. By exploring the subjective experience of the relationship from both the clients and workers’ perspective I hope to develop an understanding of how this may be experienced through the relationship between non-therapist worker and marginalised client.

As many of the techniques used by non-therapist workers have come from the brief therapy theories, I have noted that each of these has a limited model of the therapy relationship, preferring instead to focus on technique. By exploring the subjective meaning of both client and worker, the place of technique as well as relationship may also be understood.
Chapter 3 Systematic Review

This chapter provides a systematic review of the extant literature. The PICO structure (Thompson et al, 2012) is utilised to clearly identify Population, Intervention and Outcome for the study and focusses on factors within the working relationship when a non-therapist worker is involved - the population of workers included in this study. As the thesis is qualitative, it seeks to explore the experiences and meanings of clients and support workers in their relationship with each other rather than provide a measurement of outcome. The chapter concludes with a synthesis of the literature and a series of questions that inform the research.

3.1 Introduction

The context for this thesis was in third sector non-therapy settings exploring the meaning and experience of the relationship between non-therapist worker and their clients. The settings for the thesis were youth and community centres for young people marginalised from mainstream education and mental health services, charities providing support to veterans marginalised from mainstream health and social care services, charities providing support to those with addictions, and a charity providing support to street sex workers.

3.1.1 Search strategy

3.1.1.1 Defining the review question

I utilised the PICO framework (Thompson et al, 2012) to define the review question. A number of iterations lead to the following PICO structure for the review question.

**How do marginalised individuals and their workers experience the relationship when brief therapy models are utilised by non-therapist workers in the voluntary sector?**

Population: Marginalised individuals (NEET adolescents, military veterans, homeless military veterans, drug users, street sex workers)

Intervention: Brief therapy models by non-therapist workers in the voluntary sector

Comparison: None

Outcome: Relationship factors

3.1.2 Database search strategy

The search strategy included the search of recognised academic research databases: Child Development and Adolescent Studies, CINAHL Criminal Justice Abstracts, Medline, Nursing and Allied health, Psycarticles, Psychbooks, Psycinfo, Psychology and Behavioural Sciences Collection, Ovid, and the NHS Research web database for the Cochrane Study of Systematic Reviews. The PICO structure was utilised to filter the results.
<table>
<thead>
<tr>
<th>Population</th>
<th>Search terms</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adolescen*; Youth*; Teen*, NEET*; Not in education, employment or training*; Veteran*; Homeless*; Drug addiction*; Drug use*; Marginalised*; Prostitute*; Sex worker*; Street sex worker*; PTSD*; Post traumatic stress*; Charit*; Third sector*; Voluntary*; Non profit organisations*</td>
<td>Nursing and Allied Health care – 247</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Child development and adolescent studies, CINAHL, Criminal Justice Abstracts, Medline, Psycinfo, Adolescent/Youth/Neet/Not in education, employment training – 30,737</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Prostitute/Sex worker/Street Sex worker – 53</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Veteran – 1982</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Homeless veteran -1010</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Drug addiction/drug use/substance misuse – 18,835</td>
</tr>
</tbody>
</table>

| Intervention | Brief Therap*; CBT*; Cognitive Behavioural*; Motivational Interview*; MI*; NLP* (not natural language processing); Neurolinguistic programming*; Neuro linguistic programming*; SFT*; Solution focus*; Non therapist*; Community worker*; Youth worker*; Case | Adolescent/Youth/Neet/Not in education, employment training – CBT (0), MI (2), NLP (1), SFT (3) |

<p>|            | Prostitute/Sex worker/Street Sex worker - CBT (0), MI (1), NLP (0), SFT (0) | Veteran – 1982 |
|            | Homeless veteran -1010 - CBT (0), MI (0), NLP (1), SFT (0) |</p>
<table>
<thead>
<tr>
<th>Search terms</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>work*; Outreach*; Addictions worker*; Substance misuse worker*; Volunteer*</td>
<td>Drug addiction/drug use/substance misuse – CBT (0), MI (1), NLP (0), SFT (0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Working relationship*;</td>
<td>Adolescent/Youth/Neet/Not in education, employment training – 4</td>
</tr>
<tr>
<td>Working alliance*</td>
<td></td>
</tr>
<tr>
<td>Therapeutic relationship*</td>
<td></td>
</tr>
<tr>
<td>Prostitute/Sex worker/Street Sex worker - 0</td>
<td></td>
</tr>
<tr>
<td>Veteran – 0</td>
<td></td>
</tr>
<tr>
<td>Drug addiction/drug use/substance misuse – 8</td>
<td></td>
</tr>
<tr>
<td>Others - 4</td>
<td></td>
</tr>
<tr>
<td>n=16</td>
<td></td>
</tr>
</tbody>
</table>
3.1.2.1 Search results

After removing duplicates, a total of 52,617 titles were identified for initial review. The diagram below summarises the findings.

![Diagram of search results](image-url)
3.2 Evaluation of search results
The CASP (Critical Appraisal Skills Programme, 2017) for both quantitative and qualitative methodologies was utilised to determine which studies to include in the final analysis. Five papers were identified that met the CASP criteria and are included in this systematic review. Three studies consider hard to reach clients in a third sector setting, one study reviews support to homeless client groups and a final study considers motivational interviewing and coaching in child welfare services. The following table summarises each of the 16 papers identified and records reason for exclusion utilising the CASP criteria. Studies included in the systematic review are marked in bold.
<table>
<thead>
<tr>
<th>Study</th>
<th>Relevant to this population</th>
<th>Reviewed against CASP criteria:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Countertransference in the Treatment of PTSD and Substance Abuse in</td>
<td></td>
<td>Excluded as therapists are trained.</td>
</tr>
<tr>
<td>and Behavioral Sciences Collection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Davies, R., Heslop, P., Onyett, S., &amp; Soteriou, T., (2014) Effective</td>
<td>Clients who drop out of mainstream services and are hard to engage, with severe mental</td>
<td>Quality design.</td>
</tr>
<tr>
<td>support for those who are 'hard to engage': a qualitative user-led</td>
<td>health problems. Study includes voluntary sector and NHS services.</td>
<td>Meets the CASP criteria for inclusion.</td>
</tr>
<tr>
<td>study, <em>Journal of Mental Health</em>, 23, 2, pp. 62-66, Psychology and</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral Sciences Collection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helm, D.J. (1994). Neuro-linguistic programming: Establishing</td>
<td>Non-therapist workers and young clients</td>
<td>A qualitative opinion article</td>
</tr>
<tr>
<td>rapport between school administrators and the students. <em>Education</em>,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>114, 4, p. 625, Psychology and Behavioral Sciences Collection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>between the school counselor and the student. <em>Journal of Instructional Psychiatry</em>, 18, 4, p. 255, Psychology and Behavioral Sciences Collection, EBSCOhost.</td>
<td></td>
<td>Excluded as workers are trained counsellors.</td>
</tr>
<tr>
<td>Study</td>
<td>Relevant to this population</td>
<td>Reviewed against CASP criteria: Meets/Does not meet criteria</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------</td>
</tr>
<tr>
<td>motivational interviewing: An interpersonal process recall study.</td>
<td></td>
<td>Methodology used to evaluate MI application did not meet the</td>
</tr>
<tr>
<td><em>Psychology &amp; Psychotherapy: Theory, Research &amp; Practice</em>, 89, 1,</td>
<td></td>
<td>identified criteria for clinician rating.</td>
</tr>
<tr>
<td>pp. 97-114, Psychology and Behavioral Sciences Collection</td>
<td></td>
<td>Excluded as workers are trained counsellors.</td>
</tr>
<tr>
<td>Kertesz, S., Crouch, K., Milby, J., Cusimano, R., &amp; Schumacher, J.</td>
<td>US context.</td>
<td>Meta-analysis of research studies undertaken by one homeless</td>
</tr>
<tr>
<td>(2009) Housing First for Homeless Persons with Active Addiction:</td>
<td>Clients are those with addictions and/or mental health problems and are homeless. Workers</td>
<td>charity compared with more traditional approaches. Provides</td>
</tr>
<tr>
<td>Are We Overreaching? <em>Milbank Quarterly</em>, 87, 2, pp. 495-534,</td>
<td>are housing charity workers.</td>
<td>economic evaluation only.</td>
</tr>
<tr>
<td>Psychology and Behavioral Sciences Collection</td>
<td>Non therapist workers. No clients included.</td>
<td>Does not explore the relationship between worker and client.</td>
</tr>
<tr>
<td>Kogut, D, &amp; Lynch, D., (1984) Therapists and Quasi-therapists in a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>therapy analogue situation. <em>Journal of Clinical Psychology</em>, 40, 1,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>pp. 72-78, Psychology and Behavioral Sciences Collection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Relevant to this population</td>
<td>Reviewed against CASP criteria:</td>
</tr>
<tr>
<td>---------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>an intervention with traumatised young people. *Journal of Social</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Work Practice*, 24, 4, pp. 409-427, Psychology and Behavioral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sciences Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>McMahon, J. (2009) Hard to reach and impossible to help: working at</td>
<td>Homeless client in a drop in centre. Worker is a mental health worker and not a counsellor or</td>
<td>Single Person Case Study design. Meets the initial CASP criteria for inclusion. Clearly stated purpose of</td>
</tr>
<tr>
<td>the rough end of social care. <em>Journal of Social Work Practice</em>, 23,</td>
<td>psychotherapist.</td>
<td>the study, population, interventions and outcome.</td>
</tr>
<tr>
<td>3, pp. 275-289, Psychology and Behavioral Sciences Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mcvey, R. (2010) A practitioner's commentary. *Drugs: Education,</td>
<td>Clients in a charity for those with addictions. Worker is a service manager. Clients are</td>
<td>Qualitative commentary. Excluded as it is a subjective view and does not meet the CASP</td>
</tr>
<tr>
<td>Prevention &amp; Policy*, 17, pp. 170-178, Psychology and Behavioral</td>
<td>substance users. Workers are both trained and not trained.</td>
<td>criteria. Literature review. Excluded as it does not follow meta-analysis or systematic</td>
</tr>
<tr>
<td>Sciences Collection</td>
<td></td>
<td>review process and includes studies of mainly trained counsellors.</td>
</tr>
<tr>
<td>therapeutic alliance in the treatment of substance misuse: a critical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>review of the literature. <em>Addiction</em>, 100, 3, pp. 304-316,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychology and Behavioral Sciences Collection</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study</td>
<td>Relevant to this population</td>
<td>Reviewed against CASP criteria: Meets/Does not meet criteria</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Miller, W., &amp; Moyers, T., (2015) The forest and the trees: relational and specific factors in addiction treatment' <em>Addiction</em>. 110, 3, pp. 401-413, Psychology and Behavioral Sciences Collection</td>
<td>Clients in receipt of addictions service</td>
<td>A limited literature review that critiques the relational and other factors in addiction treatment over 40 years. Excluded as does not follow systematic review process. Workers are trained.</td>
</tr>
<tr>
<td>Study</td>
<td>Relevant to this population</td>
<td>Reviewed against CASP criteria: Meets/Does not meet criteria</td>
</tr>
<tr>
<td>----------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------</td>
</tr>
</tbody>
</table>


3.2.1 Hard to reach and disengaged clients
Three studies were available that focused on hard to reach and disengaged clients. Each of these are considered relevant as this thesis is a process study of the development of the working relationship and what can happen as it develops.

1. Lemma (2010)
The most relevant study to this thesis is a grounded theory study by Lemma (2010). Her study explored the relationship between hard to reach young people and their case workers at a drop-in centre. Lemma did not state a clear research question however the study rationale, methodology, evaluation and results were described.

Lemma (2010) presented a ‘three phase model of intervention’ (p.409) that can aid self-development of the young person through case worker attunement.

**Phase 1** describes the young person finding safety in their physical environment through informal interaction with the staff at the drop-in centre. Lemma described this process as ‘hanging out’ (p. 422) and one that fosters ‘place attachment’ (p. 423).

**Phase 2** is described as one of ‘homeostatic attunement’ or ‘hanging on’ (p. 423). The basis of this attunement emerges through the bond with the key worker who supports the young person through validation and support to build ego strength. Increasing levels of stability within the relationship between young client and key worker is thought to have led to responsiveness by the worker to the young client’s infantile needs, i.e. the worker becomes a ‘parent who needs to be accessed to respond to crises as they unfold’ (p.424).

**Phase 3** is one of ‘moving on’ or ‘disruptive attunement’ (p. 424). In this phase the relationship between worker and young client develops towards the client accepting help alongside the worker offering more challenges to the young person. Lemma suggested that because the relationship was perceived as safe by both client and worker, any rupture in attachment relationship through challenge is able to be repaired.

The study was small, with participants consisting of staff (n=10, female n=9, male n=1) and young service users (n=8, male n=5, female n=3). Participants were recruited from a national Charity that provided a range of support services and interventions to traumatised and vulnerable inner city young people. The client group were reported to present with a complexity of problems including substance misuse, criminal activity, homelessness and
mental health problems. Interventions ranged from financial and practical support, social and educational support, through to therapeutic care.

Lemma (2010) described a clear methodology of 18 semi-structured interviews and data analysis using grounded theory. Her thematic coding supported her middle range theory of the three-phase model. Her core categories were described as:

- Titrating intimacy
- Power of the relationship
- Therapeutic function of hope (p.411)

Lemma gave a descriptive account of each of these core categories, supported by transcript quotations from interviews. These core categories and developed codes have been extracted from the study report and are summarised below.

<table>
<thead>
<tr>
<th>Young person</th>
<th>Key Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Titrating Intimacy</strong></td>
<td></td>
</tr>
<tr>
<td>Hard to acknowledge that they want help</td>
<td>How far is too close</td>
</tr>
<tr>
<td>Not wanting to seek help from statutory services</td>
<td>Gradual unfolding of attachment</td>
</tr>
<tr>
<td>Shame associated with help seeking</td>
<td>Playful, humorous exchange</td>
</tr>
<tr>
<td>Being vulnerable</td>
<td>Flexible availability</td>
</tr>
<tr>
<td>Not wanting charity</td>
<td>Therapeutic conversations through mobile conversations and informal chat</td>
</tr>
<tr>
<td><strong>A space to be</strong></td>
<td>Therapeutic role but not a therapist</td>
</tr>
<tr>
<td>A place to hang out</td>
<td></td>
</tr>
<tr>
<td>A place with a good vibe</td>
<td></td>
</tr>
<tr>
<td>Warmth of the place</td>
<td></td>
</tr>
<tr>
<td>Smell of food</td>
<td></td>
</tr>
<tr>
<td>Emotional support from the worker</td>
<td></td>
</tr>
<tr>
<td>More helpful than a therapist</td>
<td></td>
</tr>
<tr>
<td>Key worker is readily available</td>
<td></td>
</tr>
</tbody>
</table>
Key worker offers emotional support and challenge

Lemma (2010) suggested that the codes listed above lead to a number of concepts that provide a useful encounter through which intimacy can be titrated. These include:

- The physical environment as the first safe place for attachment
- The ‘brick’ mother (p. 412)
- Minimalisation of risk of exposure and vulnerability
- Gradual development of emotional attachment to the key worker
- A positively charged family environment
- A receptive hopeful state of mind in the client
- A surrogate home place leading to self-regulation and identity maintenance in the young person
- Continuity of self, leading to establishment of a new self by the young person
- A stable narrative of experience for the young person
- A meeting on a level playing field by worker and young client

<table>
<thead>
<tr>
<th>Young person</th>
<th>Key Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Power of relationship</strong></td>
<td><strong>Listening</strong></td>
</tr>
<tr>
<td>Sticking by me (p. 416) no matter what (p. 419)</td>
<td>Taking concerns seriously</td>
</tr>
<tr>
<td>A kind of family</td>
<td>Permission for the young person to be autonomous</td>
</tr>
<tr>
<td>A friend</td>
<td>Pursue self-building goals with the young person</td>
</tr>
<tr>
<td>Good supportive relationship</td>
<td>Attunement to others are building blocks to the mind (p. 415)</td>
</tr>
<tr>
<td>Warmth</td>
<td>Rehabilitative function of relationships</td>
</tr>
<tr>
<td>Consistency</td>
<td>Provision of practical help</td>
</tr>
<tr>
<td>Reliability</td>
<td>The young person gets it</td>
</tr>
<tr>
<td>Unconditionally accepting</td>
<td>Inherent challenges in the relationship</td>
</tr>
<tr>
<td>The young person evokes a ‘needed’ relationship (p. 417)</td>
<td></td>
</tr>
<tr>
<td>Young person</td>
<td>Key Worker</td>
</tr>
<tr>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>Young person</td>
<td>Key Worker</td>
</tr>
<tr>
<td>Expectation of a repetition of previous dysfunctional relationship dynamics</td>
<td></td>
</tr>
<tr>
<td>The young person evokes ‘<em>benign and therapeutically useful complimenting response</em>’ (p. 417)</td>
<td></td>
</tr>
<tr>
<td>Build trust</td>
<td></td>
</tr>
<tr>
<td>Being there</td>
<td></td>
</tr>
<tr>
<td>Provide a qualitatively different experience</td>
<td></td>
</tr>
<tr>
<td>Challenge implicit assumptions about self and others</td>
<td></td>
</tr>
</tbody>
</table>

Each of these elements were perceived by Lemma as important within the relationship. Lemma suggested that these were thought to lead to some developmental changes for the young person as it emerged from the interviews.

- A reparative emotional experience that can change lives
- Working through the relationship enables the young client to slowly re-enter ‘*a non-traumatising world of relationships*’ (p. 415)
- A new version of missed developmental experiences
- The key worker provides a transformational function
- The young person experiences the development of new affective experience
- Complements underlying relational needs

<table>
<thead>
<tr>
<th>Young person</th>
<th>Key Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Young person</td>
<td>Key Worker</td>
</tr>
<tr>
<td><strong>Therapeutic function of hope</strong></td>
<td><strong>Flexibility of approach</strong></td>
</tr>
<tr>
<td>Key worker as an ‘<em>object of hope</em>’ (p. 418)</td>
<td>Challenge and acceptance as ‘<em>tough love</em>’ (p. 421)</td>
</tr>
<tr>
<td>Key worker as a role model</td>
<td>Containing and holding</td>
</tr>
<tr>
<td>Key worker as an inspirational figure</td>
<td><strong>Mixing with positive energy</strong></td>
</tr>
<tr>
<td>Someone ‘<em>to look up to</em>’ (p. 418)</td>
<td><strong>Key Worker</strong></td>
</tr>
</tbody>
</table>

42
**Young person**

Someone who believes in their potential

Feeling more in control of their mind

Containing and holding

**Key Worker**

Experience with an ‘affectively-attuned other’ (p. 421)

Lemma (2010) suggested that the more challenging finding emerging out of the study were that this kind of relationship with a key worker that was flexible and offered a range of practical help as well was preferable to a formal therapeutic relationship for this client group. Lemma summarised the key implications of this study and proposed that this client group valued the importance of being able to drop into the service into adulthood. This would enable the continuation of perception of the family relationship with the drop-in service. She proposed that clients would require this availability particularly when life becomes difficult for the client. Lemma also offered the suggestion that current psychotherapy and statutory mental health services were too structured for this client group.

Lemma (2010) added a note at the end of her study that workers perceived that knowing your own ‘ghosts’ was an important aspect of their role, yet Lemma did not report any further on this, nor did she explain why these data had been omitted from her study.

There are some considerable limitations to Lemma’s study. One major limitation of the Lemma study for my own thesis is that the study does not report on specific brief therapy interventions utilised by each key worker with specific young person participants. Lemma did not address the ethical considerations for her study nor did she state her relationship with the Charity at the time of conducting the research. Lemma did not report on the process that she used to develop the core categories. The reporting of the developed codes was offered as a description throughout the text of her publication. I have been required to distil the codes from her text and it is unclear how she had used the codes to develop the grounded theory three phase model.

The study does have some strengths. It offers a grounded theory perspective on the relationship as it was perceived by both workers and clients. Lemma reported on some potentially significant findings including the power of the relationship. This provides some useful observations which can be explored further within this thesis, such as the worker
acting as a substitute family as perceived by the client. Lemma made some links in her analysis, suggesting that the therapeutic function of hope alongside containment and the relationship forged between client and worker offers the opportunity for developmental changes to occur for the client.


The second study reported is a qualitative study using thematic analysis for hard to reach or non-engaging groups (Davies et al, 2014). The aims of the study were clearly stated, to ‘explore the perceptions and needs of people often described as “hard to engage”’ (p.62). The purpose of the study was to develop an understanding of these perceptions such that ‘NHS mental health and voluntary sector services might engage with them more effectively’ (p. 62).

The study was developed by academics and health care professionals and utilised service user researchers. It is unclear why the decision to use service user researchers was made, however in the study findings a suggestion was made that utilising service user researchers enabled access to and trust of service users. In this study some of the service user researchers chose to disclose their own mental health history to study participants. The ethical considerations or implications of this were not discussed by Davies. Neither was any information provided to understand the experience, skills or history of the service user researchers. Or indeed whether the service user researchers had been recruited from the group being researched.

Some of the participants (n=33) of the Davies et al (2014) study are similar to the participants in this thesis, in that they were marginalised individuals with mental health problems and were accessing third sector services. 13/40 of the Davies study participants were accessing third sector services, compared to 16/40 who were accessing assertive mental health outreach services. In total, 22/40 of participants were not accessing any service and were recruited from BME communities (n=7) and local services user led support groups. All study participants were identified as having serious mental health problems, however diagnosis was not recorded. It was stated that some participants were users of drugs and alcohol and many were likely to have had previous admissions to acute mental health wards. This lack of participant profile makes it difficult to consider the relevance of the study variables for this thesis. Similar to those in this thesis, the diagnosis of study participants in the Davies study in
most instances is not known. Where it is reported for client participants in this thesis, it is based on self-report, including any formal psychiatric diagnoses.

The Davies et al (2014) study utilised Braun and Clarke’s (2006) thematic analysis, the same methodology used for studies 1 and 2 of this thesis. The reporting of the analysis process by Davies was very limited with no reporting of numbers of themes and how these were developed. Neither does the Davies (2014) study report frequency or number of participants representing a theme.

A number of factors were identified by Davies as being facilitative towards client engagement.

- Relationships with staff
  - An active and persistent presence
  - Going out of their way for the service user
  - Being available where the client was
  - Continuity
  - Only 1 or 2 workers seen (although some did not mind seeing several workers)
  - Really listened
  - Non-judgemental
  - Genuinely caring
  - Made an extra effort to keep in touch with the client
  - Professional relationship (for some)
  - A friend relationship (for some)
  - Disclosing life experiences

- Focus on services users’ priorities for support
  - Help with everyday things
  - Responding to service user’s priorities
  - Informal emotional support
  - Attending meetings with other health and social care staff

Less helpful factors were also identified with Davies suggesting that workers are able to conduct a balanced critical appraisal of their own work.

- Relationship
  - Difficulty trusting staff
  - Not being believed by staff
Not being taken seriously by staff
- Staff not respectful
- Feeling let down
- Feeling disconnected or alienated
- Staff just doing their job

- Service priorities
  - Imposing service objectives on the client
  - Focusing only on mental health issues
  - Mixed views on the benefit of talking therapies

- Less helpful factors regarding engagement
  - Focus on medication
  - Limited response to mental health crisis
  - Lack of holistic support to address complex needs

The Davies et al (2014) study reported on the consequences of these less helpful factors. In some instances, this resulted in 4 people out of the 15 who had disengaged from services ‘never wanting to use such services again because of….. a lack of trust’. (p.65). Two of these participants had placed themselves at risk because of their avoidance of services. This was not evidenced in any way in the study through quotations based on samples of interview transcript.

The Davies et al (2014) study suggested that the working relationship was essential to enabling and sustaining engagement. Their study did not however continue into a consideration of what this meant, and whether the relationship was essentially therapeutic. The elements considered to be most important to clients were ‘continuity, flexibility in duration, frequency and location of contact, and reliability of staff’. (p. 66). The study suggested that the relationship was as important as what services were delivered. The study concluded with a recommendation that outreach services were of value when they were designed with service users at the centre. Staff were most valued when they were ‘committed to making and maintaining positive relationship with services users’ (p. 66).

Davies et al (2014) have some potentially useful findings for this thesis when considering the relationship between worker and client. The study does have some significant weaknesses.
The reporting of the methodology, ethical considerations, data analysis and results lack the rigour required to provide a robust methodological backdrop to this thesis.


A single person time series qualitative case study approach was described by McMahon (2009) during her time as a support worker in a drop-in service for homeless people. The case study focused on ‘Joe’, a homeless client with a dual diagnosis of schizophrenia and alcohol addiction. McMahon presented the case through her own subjective experience, providing second person observations of Joe’s changes over a 10-month period, and in three time scales.

Utilising CBT (cognitive behavioural therapy), MI (motivational interviewing) and SFT (solution focussed therapy) approaches, McMahon (2009) identified Joe as a client who was ‘hard to engage’ (p. 275). The study reported themes that emerged over a 10-month period of interventions. Although McMahon did not report a structured research methodology for her case study, she referenced Quality of Life and Social Satisfaction rating scales resonating with the themes that developed in her work. She suggested that this resonance provided her case study approach with face validity (p. 277), however she did not use these scales with Joe. It is inappropriate for McMahon to suggest face validity against an instrument that was not utilised.

A number of problems on Joe’s entry to the service were identified by McMahon. These including poor engagement, no self-esteem, regular relapse into mental health illness, no sense of self and poor peer interaction. These problems were tracked over time and a number of changes were reported through McMahon’s observation of Joe. These included:

- positive engagement with the researcher as worker and other colleagues
- increased self-esteem observed through his improved pride in personal appearance
- stability in mental health with less angry reactions
- development of problem solving skills such as putting steps in place before problems arose
- self-insight into Joe’s behavioural impact on others including awareness of the consequences of his behaviour.
The time series evaluations were conducted over 3 periods: months 1-3, months 4-7, and months 8-10. The first evaluation reported on Joe’s ability to focus on his future self and the qualities that he wished to develop. McMahon reported this as a time that Joe learnt to develop alternative strategies for coping. McMahon also reported that Joe developed a relationship of trust with her. In the second evaluation McMahon stated that Joe appeared to be more insightful and was able to link his emotional reactions to his behaviour and to subsequent consequences to this behaviour. During this time McMahon reported how she utilised reframing with Joe. Her suggestion was that Joe’s self-esteem had increased, evidenced by his improved appearance and greater stability in his mental health. Joe was observed as becoming more proactive in seeking help for his alcohol problems. In the final evaluation Joe’s change was focussed towards his future plans and for McMahon, bringing the intervention to an end. McMahon suggested at this final evaluation that Joe’s thought processes had matured, and that Joe believed he deserved to be ‘treated in a humane way’ (p. 282).

McMahon (2009) reflected on the relationship between herself and Joe, and identified a number of factors that she observed as being present:

- Clear boundaries
- Good rapport
- Similar sense of humour
- Unconditional support towards Joe
- Non-judgemental

McMahon concluded her study with a report of Joe’s death, the cause or circumstances of which were not explained. McMahon’s summary of the strengths and limitations of the study offered no critique of the single person case study methodology or evaluation process, rather she provided a qualitative reflective observation of her experience of supporting Joe. McMahon offered no ethical consideration of her study, either prior to conducting the study or subsequently.

McMahon’s study lacks rigour, validity or reliability, therefore it has little to offer this thesis. Her study offers a limited second person commentary through a case study of the importance of the therapeutic alliance in a non-therapy setting with a hard to engage complex and vulnerable client with complex difficulties. My own thesis aims to bring further observation
of the client experience by conducting both thematic analysis and grounded theory exploration of both worker and client meaning of working together.

3.2.2 Homeless clients

A research study investigating social and recovery capital amongst homeless hostel residents with complex addiction problems provides some evidence of the importance and value of the relationship between service users and hostel staff (Neale & Stevenson, 2015). Clients in this study had co-occurring problems of relationship breakdown, poor physical and mental health, falls and accidents and children being taken into care. The aims of the study were to ‘explore the relationship of homeless drug and alcohol users who live in hostels in order to ascertain the nature and extent of their social recovery capital’ (pp. 475).

Social capital was defined in the paper as ‘the benefits gained by participating in social groups’ (p. 475). The study was mainly qualitative with some quantitative data gathered using the Important People Drug and Alcohol Interview (IPDA) (Zywiak, et al, 2009). Semi-structured interview and IPDA data were collected at initial interview (n=30, male n=21, female n=9) and repeated again at 4-6 weeks. The participant groups were selected through random sampling, with 10 participants recruited from each of 3 hostels. Although the authors reported random sampling, the study methodology identified that participants were recruited from current bed lists and selected to ensure a ‘good gender and ethnic mix’ (pp. 476).

Methodology consisted of individual interviews using a semi-structured interview schedule. The interview schedule included demographic information, current and previous housing circumstances, current and previous drug and drink use, and current and previous relationships. It is unclear how the interview proceeded utilised a semi-structured format. Individuals were also asked to complete the IPDA to enable the participant to recall key people who were important in their life. Core relationships were identified as family members, professionals, other hostel residents, friends outside of the hostel, current and former partners, and enemies.

Data coding was conducted using the MAXQDA software package for systematic coding. Coding was initially completed deductively using the interview schedule as a baseline. As new codes arose in the data, inductive coding was then utilised. Analysis of these codes was conducted using thematic analysis and Framework (Gale et al, 2013). Framework was
initially developed in large scale social policy research and follows a systematic process of data analysis using categories and codes.

The researchers triangulated data using the IPDA with the qualitative interview data. Data analysis was reported against each social group. The relevant comparison group for this thesis were the clients and their relationship with staff working in the hostel.

A number of themes emerged from the triangulated Framework and MAXQDA analysis. Themes that were considered to be important to the clients were:
- Hostel staff do more for the client than the job required
- Staff are flexible about hostel rules
- Staff seem to care about residents
- Staff make time to listen to problems
- Staff protect residents by warning them about fights occurring outside the hostel
- Allowing residents to make phone calls
- Responsiveness to individual needs

Negative perceptions were also reported:
- A desire for more help with problems
- Workers were idle and wasted time

The study concluded that the ‘most constant relationship types appeared to be with hostel staff and other residents’ (p. 481). The authors suggested that residents valued the interaction with hostel staff. Residents also perceived that where group focused brief therapeutic interventions were used they were considered more beneficial when hostel staff engaged with and delivered the group intervention.

Neale and Stevenson’s study has limited use for this thesis. Their study has a strength in that it utilises two forms of data analysis to triangulate the findings. The findings suggest that the relationship between workers and clients was considered to be important. The main reports though are behavioural, such as allowing residents to make calls or doing more than the job required. However, there is no exploration of the meaning making that comes from these interactions for both workers and their clients.
The study’s main weakness is that the authors suggest the use of a semi-structured interview yet appear to base the majority of their findings on the use of the IPDA questionnaire. It is unclear how the semi-structured interview was developed or what data emerged from the interviews, separate to the data from the IPDA questionnaire.

3.2.3 Using MI with substance misuse clients in family welfare

There is one study that meets the PICO structure and the CASP criteria utilising one of the brief therapy models, MI (motivational interviewing) utilised by some workers within this Research Thesis. Snyder et al (2012) evaluated the benefits of using MI in Comprehensive Family Assessments in child welfare in the USA. The study was qualitative in design and aimed to explore the ‘implementation of MI and long-term coaching in the child welfare system’ (p. 9).

Each participant (n=6 : male n=5, female n=1) was required to attend a multiday training in the use of MI techniques and the biological underpinnings of substance misuse. Participants in the study provided social work however they did not have a social work degree. Areas of foci for the MI and coaching intervention were the consequences of substance misuse impacting on child welfare, e.g. child neglect, inappropriate discipline, improper supervision, and domestic violence. Participants of the study were provided with ongoing coaching support to facilitate skill development during the study.

Methodology utilised was stratified sampling and included interviews and field observation. A single interviewer was used, and field notes were taken by a graduate student. Typological analysis (Hatch, 2002) was utilised, which meant that the study results were limited to codes specific to MI and coaching. The rationale for selecting typological analysis was not given and, in this paper, appeared to miss some of the richness within the samples of interview transcripts provided. These include (verbatim):

- When you really do go back and you get their history it does not justify anything they are doing, but it certainly explains their behaviours (p. 21)
- I did not see it as an excuse anymore coming from moms (p. 21)
- Family friendly and non-judgemental (p. 21)
- Listen to families (p. 23)
- They are their experts on their families (p. 23)
- *How to ask questions to engage families* (p. 23)
- *All about partnerships now* (p. 23)
- *Actively listening* (p. 23)
- *Restate the words to the client* (p. 23)
- *Clients felt like they were being heard* (p. 25)
- *Parents as partners* (p. 25)

The study summarised subjectively reported changes as implemented by the worker:
- Monitoring own body language
- More self-awareness
- Changed behaviour and attitude towards families
- Implementing systemic change
- Positive non-verbal communication
- Empathic listening
- Importance of ascertaining historical events
- Utilising open ended questions
- Affirmation of strengths
- Use of reflections

Snyder et al (2012) reported that they expected to observe some discussion about utilisation of MI techniques by the workers, however these were not observed. No discussion was offered as to why these were not explored at interview.

The study was limited in reporting of the data analysis process followed, and how the themes emerged through the typological analysis. The authors did not discuss credibility or validity of data. There was no report of ethical considerations of the study. The study offers only a limited perspective in a similar way to the McMahon (2009) study in that it only provides the worker perspective.

### 3.3 Synthesis of the studies
The studies reviewed here suggest that the relationship between key worker and client in a non-therapy setting has the potential to provide an environment whereby the client can develop a more mature self-model.
Even though the workers supporting clients in this thesis are not trained therapists the relationship appears to be therapeutic. In the McMahon (2009) study, the therapeutic relationship factors are offered from the worker’s perspective rather than providing any observations from the client. Whereas the Lemma (2010) study provides both worker and client perspectives. Lemma also offers a more systemic concept suggesting that the offer of a substitute family for the clients accessing the drop-in service provides a medium for the development of a positive relationship with the workers. Although McMahon’s study was a single person time series case study design, some of the reported observations of McMahon that she deemed to be important in the relationship between herself and Joe, align with the suggestions made by Lemma and Davies (2014). These were also found within the study (Neale & Stevenson, 2015) measuring the social capital within homeless hostels, where the relationship with worker was considered as important as the peer relationship.

In the therapeutic relationship literature reviewed in chapter 2, it is suggested that affective repair and working with underlying attachment problems has the potential to be offered through the relationship between therapist and client (Crittenden, 2000, 2006; Mikulincer, 2003; Pistole, 1999). Lemma and McMahon both report shifts in their clients’ self-confidence through the work with their case worker, albeit as an observed process by McMahon. Lemma additionally suggests that as the relationship progresses the young person is able to accept challenges and respond positively to these. This has been suggested in the maturational model of development theorised by Crittenden (2000) in chapter 2. Lemma’s study appears to support this, suggesting that the adolescent develops an awareness and attraction towards the positive attributes observed in their key worker. These are then taken on by the adolescent as part of their self-construct.

The client perspective of their experience of the relationship with their worker is developed as a grounded theory model by Lemma (2010). Lemma observed that workers considered ‘knowing your own ghosts’ was an important part of their relationship with their clients, yet Lemma does not expand on this finding. The Davies (2014) study also suggest that factors within the worker may affect how the worker is perceived by the client. Davies suggests that some clients did not trust their case worker and that their worker did not take them seriously at times. These relationship factors were not explored in any depth because of the methodology used by Davies which focused on technique not relationship. The client perception of their workers will be explored further in studies 1 and 3.
There was only one study (Snyder et al, 2012) that reported on any of the brief therapy techniques used by workers in this thesis. The Snyder study was somewhat limited in its usefulness as the focus of the research was on the benefits of using MI. The study report did provide some observation of the relationship between worker and client through sections of interview transcripts, however these were not analysed in any way.

Each of the studies reported in the systematic review have small samples sizes and some methodological flaws. They do however provide a potential from which to generate questions for further study. Exploration and understanding of the developmental nature of the relationship is identified as the primary aim of this thesis. The lack of exploration of trust, and, knowing your own ghosts will form part of the exploration of relationship factors in this thesis. Based on these factors and other findings of the studies reported in the systematic review, I aim to explore the relationship between non-therapist worker and client for both helpful and unhelpful factors. These are explored in study 1 (clients) and study 2 (workers), before moving towards developing a middle range grounded theory in study 3.

3.4 Summary
The systematic review has offered some insight into the nature of the relationship between worker and client in marginalised groups. The relationship appears to be on a spectrum from substitute family (Lemma, 2010) through to one of being there for the client (Davies, 2012) and being responsive to client needs (Neale & Stevenson, 2015). Each of the studies included in the review have significant weaknesses, from methodological flaws, lack of ethical considerations reported and incomplete or weakly evidenced findings. They do however point to the need to explore in further detail the experiences and relational meaning of workers and clients in the third sector. This is particularly so where individuals present for support with poor mental health history and lack of access to statutory services.

The range of development theories discussed in chapter 2 also place emphasis on the therapeutic alliance. The relationship with a support worker is key to the developmental needs of the clients in this thesis, and therefore requires further investigation.

There are a number of concepts that have emerged from the systematic review:
- The worker acts as a substitute family (Lemma, 2010)
- Disruptive attunement can be developed to aid development of sense of self (Lemma, 2010)
- Power of the relationship as building blocks to the mind (Lemma, 2010)
- The relationship allows the client to re-enter a non-traumatising world of relationships (Lemma, 2010)
- Key worker provides a transformational experience (Lemma, 2010)
- The worker acts as an active and persistent presence (Davies et al, 2012)
- Lack of trust in the worker leads to the client ending the relationship (Davies et al, 2012)
- The relationship between worker and client has a positive impact on self-esteem in the client (McMahon, 2009)
- Brief interventions are more helpful when staff engage with and deliver them (Neale & Stevenson, 2015)
- Motivational Interviewing leads to systemic change for the client (Snyder et al, 2012)

The thesis therefore will explore each of these elements through a series of studies, focussing initially on young people marginalised from main stream education (study 1), then workers supporting these young people (study 2), concluding with workers and clients in an adult age population who are marginalised from main stream statutory health and social care services (study 3).

- **Study 1 – Young people marginalised from main stream education**
  - Research question - how do young people experience the relationship and make use of brief therapy models of intervention with their non-therapist worker?
- **Study 2 – Supporting young people marginalised from main stream education**
  - Research Question - how does the non-therapist worker understand, experience and utilise the working relationship to support their young clients?
- **Study 3 - The relationship between adult clients marginalised from mainstream statutory health and social care services and non-therapy trained workers**
Research Question - How do adult clients marginalised from main stream health and social care services and their workers understand and experience the processes of “working together”?

Chapter 4 Study 1 Young people marginalised from main stream education

4.1 Orientation to the Chapter
Study 1 explores the experience of young people who are marginalised from mainstream education and are supported by their worker who uses brief therapy techniques. The chapter commences with an introduction to the study and ethical considerations. The chapter discusses and critiques the chosen methodology. I present the research findings from study 1 as a series of themes and sub-themes for:

a. each of the discrete participant groups
b. the combined data of young people

The chapter concludes with a discussion of the findings and the implications.

4.2 Research question and aims of the study
This thesis evolved out of the project conducted for Communities First and the findings of the evaluation reports produced by Tope et al (2010, 2012), and the extant literature. Lemma’s (2010) study holds particular relevance for this group, having found that the worker provides a substitute family for the young client, through a transformational relationship, as it is reported by the workers. Lemma proposes that key work by non-therapists can provide a relationship that is reparative with her grounded theory study. Her findings present some observations that are explored further in study 1.

- Young people marginalised from main stream education: how do they experience the relationship and use of brief therapy models of intervention with their non-therapist worker?

Aim of the study:

- To explore young people’s experience of how they understood and experienced their relationship with their key worker.
4.3 Method

4.3.1 Study Design
The study used a qualitative design with semi-structured interviews.

4.3.2 The IML Workbook

The IML workbook utilises theoretical frameworks from attachment theory and recent developments in neuroscience. The workbook consists of a series of guided exercises that are designed to enable young people think about their future choices, to foster the development of positive attachment relationships to their support worker or peers, and to promote the development of a more unified sense of self.

The guided exercises include:

- Principles – to highlight values or motivational factors that influence values.
- Thoughts in your head – to develop awareness of internal dialogue, multiple voices, negative and positive self-referencing language.
• Hopes and things that want to crush them – to develop awareness of future aspirations and potential blocks to success
• Action planning – to develop awareness of risk and commitment to change
### 4.3.3 Participant Demographics for Study 1

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age</th>
<th>Role</th>
<th>Background Summary (provided by the workers)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Helen</strong></td>
<td>Female</td>
<td>14</td>
<td>Pupil at state school</td>
<td>Only child to mother, multiple siblings with father. Has high potential, lacks confidence, poor family support structure. Some disruptive behaviour in school. Seen school counsellor for bereavement support. Articulate and engaging at interview.</td>
</tr>
<tr>
<td><strong>Jo</strong></td>
<td>Female</td>
<td>14</td>
<td>Pupil at state school</td>
<td>Peer group are those identified as ‘trouble makers’, seen as ‘easily led’. ‘Normal’ family, lives with parents and siblings. Incidence of parental separation when young. Monosyllabic at interview.</td>
</tr>
<tr>
<td><strong>Polly</strong></td>
<td>Female</td>
<td>16</td>
<td>Drugs/Alcohol charity client in secure Pupil Referral unit</td>
<td>Alcohol abuse from age 12. Self-harm injecting with bleach. Storing faeces, urine and used sanitary products in her room. In sexual relationships with older men. Excitable and chaotic at interview.</td>
</tr>
<tr>
<td><strong>Liz</strong></td>
<td>Female</td>
<td>16</td>
<td>Drug/Alcohol charity client. Not in Education/employment or Training (NEET).</td>
<td>Stopped formal education at 11. Abusing alcohol and drugs since 11. Mother died when Liz was 15, who discovered her dead. Youngest of three sisters. Regular user of heroin. Drug free, engaging and articulate at interview.</td>
</tr>
<tr>
<td>Pseudonym</td>
<td>Gender</td>
<td>Age</td>
<td>Role</td>
<td>Background Summary (provided by the workers)</td>
</tr>
<tr>
<td>-----------</td>
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<td>---------------------------------------------</td>
</tr>
</tbody>
</table>
| Maisie    | Female | 23  | Drug/Alcohol charity client. | Born outside of UK.  
Biological mother alcohol and drug abuse.  
Fostered then adopted before age 5 and no further contact with mother.  
Has completed an arts degree.  
Developed alcohol addiction while at College.  
Articulate and engaging at interview. |
| Jon       | Male   | 15  | Pupil | Intelligent but in the ‘wrong’ crowd.  
Recent parental separation.  
Emotionally vulnerable and identified as high risk at interview.  
Signposted to mental health worker post interview. |
| Liam      | Male   | 14  | Pupil at State School | Supported by education support staff for a diagnosis ADHD (Attention Deficit Hyperactivity Disorder).  
Psychologically immature behaviour at interview.  
Disruptive behaviour when others being interviewed. |
| Rob       | Male   | 16  | NEET | Excluded from school intermittently from age 11.  
No formal education attainment  
Involved in criminal behaviour.  
Drug taking history.  
Non-engaged at interview. |
4.3.4 Ethics

4.3.4.1 Professional codes of ethics and conduct

As a Registered General Nurse with the Nursing and Midwifery council (NMC) and Psychotherapist with the UK Council for Psychotherapy (UKCP) I have responsibility for influencing practice with evidence. Both roles have shaped my self-reflexive positioning throughout the studies. The NMC ethical code (2016) requires me to ensure the safety of all clients by confirming that any information and advice given to patients and colleagues is evidence based. Additionally, the NMC code of conduct requires me to evaluate the quality of work while protecting public safety. My code of ethics as a psychotherapist (UKCP 2016) requires me to operate in the best interests of the client including non-collusion with practices that may result in harm of the client, particularly those who are considered vulnerable.

My role in the Communities First project required me to support less trained workers to work with vulnerable clients. This raised some ethical concerns about supervision and containment which are directly related to the two ethical codes above (Tope et al 2010, 2012). I decided to build on this work and the subsequent evaluation to conduct a study to understand the experience of clients with the intention of utilising the findings to inform best practice in non-therapists working with vulnerable clients.

4.3.4.2 Ethical approval and permission

A full ethical application was submitted to and approved by the University ethics committee (see appendix A, pp.268-308), for all correspondences and ethical approval. I also sought permission from the charities whose workers were involved in the studies.

4.3.4.3 Risk management and safeguarding

Because of the nature of support being received by each of the young people, it was likely that they may have experienced trauma responses, family conflict or distress during childhood and were therefore deemed to be a vulnerable group. Case workers were informed of the date and time of the interview and were available immediately post interview to talk to and support the young person if required.

Managing risk was a significant consideration for the interviews with the young people as some of them would have experienced abuse in the past and may also have been using illegal
substances, as well as having been involved in criminal behaviour. Each client was risk assessed by their case worker prior to being included as a participant for interview. It was agreed with the workers and the young people that in the event of any material being disclosed during interview that may have required an onward referral for safeguarding, the interview would be terminated, and the worker informed. This information was provided verbally and in writing with each participant prior to interview (appendix A, pp. 268-308).

4.3.4.4 Anonymity

Participants were informed of the anonymity context of the interview, that they had the right to withdraw at any point, that their recording would only be heard by myself who would conduct the transcription, and that where their data were used it would be presented in such a way to protect their anonymity. As study 2 included the interviewing of the clients’ case workers there was the possibility that breaches of confidentiality could have occurred. Both workers and clients were assured that no client names would be used during interviews and that workers would not be informed of the content of the young people client interviews.

4.3.4.5 Valuing participants

To acknowledge the commitment of each young person in attending the interview, it was discussed with the commissioner and the case workers the most appropriate form of acknowledgement to be offered to the young people for participating in the study. As some of the young people participating in the study were known to be drug users it was agreed that the most appropriate form of acknowledgement was a £10 high street voucher to be given to the participant following the interview. Although this did not fully mitigate the risk of payment being used to support a drug habit, workers considered a high street voucher to be something that they could encourage their clients to spend on more essential items such as food or clothing.

4.3.5 Sampling

The client group (n=8) were young people aged between 15 and 25 selected from a series of group and individual workshops that had been delivered for Communities First. Participants for these workshops were selected through convenience sampling (McLeod, 2011) with young people being nominated to attend as part of the Youth Offending Service intervention programme, or through youth workers or conduct officers within schools who identified young people demonstrating antisocial behaviour.
Each person had been previously identified as experiencing challenges in transitioning through adolescence, and most were already involved in some form of support structure related to criminal or risk-taking behaviour. Each worker had attended a 5-day training programme to learn how to use the It’s My Life (IML) material, which included brief therapy techniques.

Convenience sampling was selected for the client participants as the clients being supported by their case workers were difficult to engage with and were inconsistent in attendance. Each of the young people were already struggling with attendance at school and many were leading chaotic lives. It was therefore important to access young people based on convenience of sampling and with the support of their case worker who could identify those young people who were more likely to engage with the interview process.

4.3.6 Data Collection
Data collection in qualitative studies can include any method that aids understanding of subjective processes. Methods can include observation, field notes, documents, interviews, historical records, art and artefacts, written and autobiographical accounts.

I have previously described my rationale for convenience sampling with this rapidly changing group. I chose to interview participants as the main method of data collection. I considered that my therapeutic skills would facilitate my engagement with the young person and ensured that I included self-reflexive processes to reduce bias as the sole interviewer. I did not include observational work as group dynamics are complex processes and Tope et al (2010, 2012) had identified that the observation process by themselves as researchers had influenced the group dynamic of this population. As I was also aware that the young person participants were at risk of offending behaviour and many had complex histories, I considered that offering one to one interviews offered myself and the participants the greatest degree of safety with regard to safeguarding. Interviews also protected the youth worker-adolescent relationship as neither party would be aware of what the other party was saying about their relationship.

4.3.6.1 The Semi Structured Interview Design
Bernard (1988) proposes that semi structured interviews are useful when you want a degree of control over the interview to ensure that specific areas are covered while allowing time to
explore topics that arise during the interview and emerging from the participant and in interaction between interviewer and interviewee. Additionally, Bernard advocates the use of a semi-structured interview when you are only able to interview the participant once, which was relevant to this population.

I developed a semi-structured interview protocol to help me explore clients' meaning, understanding and experience of working with their worker and using the IML material (Tope et al., 2010, 2012; Wake, 2011, 2013). The interview schedule was informed by my practice experience and the literature review. This was provided to all participants prior to their interview. I wanted to adhere to the interview protocol to ensure that I did not direct the participants to specific components of the workbook or their interaction with their worker other than to give them the opportunity to describe these two elements. I would then be able to use the semi-structured nature of the interview to focus on areas that the participant wanted to talk about. I wanted to explore and understand how client participants would report their experience of the workshop and their relationship with their worker to their peers. As Tope et al. (2010, 2012) had identified a number of reported changes that workers had observed in the young people attending the workshop, I wanted to gain a perspective from the participants on how they understood these reported changes.

Creating a structure whereby the participant and researcher can explore topics and experiences that arise in the interview enables higher face validity of data and method as the interviewer does not direct the interview beyond exploring those subjects related to the specific prepared questions. This process allowed for following each participant’s lead. The systematic use of an interview schedule for each participant ensures that each person is given an opportunity to cover the selected topic areas (DiCicco-Bloom & Gray, 2006).

Hitchcock and Hughes (1989) reflect on the use of probing in interview, suggesting that the semi-structured interview provides the ‘opportunity ... to probe and expand the interviewee’s responses... which can provide room for negotiation, discussion, and expansion of the interviewee’s responses’ (p.83).

Bernard (1988, pp 217-222) refers to seven different probing styles that aid the semi-structured interview process. I have discussed here how I used each one of these in the interviews.
The silent probe provides an opportunity for the participant to fill the gap, often sharing sensitive or reflective information with the interviewer. This was difficult to use with the young people as they had short attention spans, in some instances were hyperactive and for some of the young people, they appeared to experience emotional difficulty during the silences.

The echo probe is a familiar tool for psychotherapists and is a core therapy skill demonstrating active listening. This process is apparent in all the interviews where I sometimes repeat or paraphrase the last thing a participant has said and add an additional question at the end.

The uh-huh probe acts as a validation or affirmation probe, encouraging the speaker to continue to share their views further. This process is apparent in each of the interviews where I use prompts to encourage the participants to continue speaking rather than me offering another question.

The tell-me-more probe acts as a response to a narrative that is shared by the participant and the interviewer wants to understand the participants’ reflection further. I use this on occasion in the interviews, and rather than ask ‘tell me more’, I would ask ‘in what way’ or ‘what was that like’.

The long question probe is proposed by Bernard as a way of generating a wider range of responses from a question. This type of probe may include a paraphrase to remind the participant of the topic being discussed and may have a number of areas covered within the one question. I used this occasionally and found that this sometimes appeared to confuse participants who would ask me to repeat the question.

Probing by leading is a directive method of asking questions. It can be used to bring in additional information that has not arisen in the interview and is already known to the interviewer as a psychotherapist. I used this with the young people, particularly with those who were less articulate in interview.

Baiting – the phased assertion probe is different to the leading probe and involves acting as if you already know something. This process was not used in the interview as I wanted to
engender a relationship of trust with all participants and this would have felt untrustworthy and potentially manipulative with this vulnerable group of participants.

Rapport, listening skills and managing silences and pauses are all key skills held by myself as a psychotherapist and enabled supportive probing particularly when sensitive issues were being discussed. These were equally important in this context to allow the participant to fully explore their answers to questions posed (Green and Thorogood, 2004). Yet at the same time I was aware that my therapist skills may lead to greater levels of self-disclosure than a participant may have intended, and the potential of leaving the participant to manage their reaction to the disclosure after I had left. It was therefore important that I addressed this ethical issue by ensuring that the client participants had the opportunity for follow up with their worker.

4.3.6.2 Therapist as researcher

Burns and Grove (1993) identify the facets of the researcher as the research instrument, involved in the entire process of data gathering, ‘perceiving, reacting, interacting, reflecting, attaching meaning, recording’ (p.565). Field and Morse (1985) suggest that there are four participant-observer roles that the researcher can adopt.

Complete participation where the researcher becomes part of the group and their role as researcher is not known to the group.

Participant as observer where the researcher is part of the group and their role is known to the group.

Observer as participant where the researcher is involved in the group, however their primary focus is to listen and observe group processes, and

Complete observer, where the researcher has no involvement in the social interactions of the participants being studied. It is from this position that I had intended to conduct the interviews, although at times I found myself moving into a participant as observer role as my therapist role had been enacted during the interview process. This was specifically with regard to supporting vulnerable participants and enabling containment of non-conscious processes, or in signposting when the vulnerability of the participant required onwards referral and support.
The impact of my role of therapist as researcher was recognised as having influenced the process of interviews, the responses of participants and also the interpretation of data. To enable me to be aware of the possible impact of this I maintained a self-reflective diary. This is discussed further in the next section and in chapter 7.

4.3.6.2.1 Self-reflexivity

During the entire study process I maintained a reflective journal to ensure that I was reflexive and critical of my own role in the study (Dallos & Vetere, 2005). My observations of my own process were essential particularly during study 1. During this time, I had experienced a number of deaths in my close friends and family and my then husband had been diagnosed with an invasive cancer and underwent treatment. This was quickly followed by our separation and divorce, followed by me having a serious accident necessitating a week in hospital and three operations. This appeared to impact on my data analysis and is discussed further in the following paragraph. I ensured that I maintained close contact with my academic supervisors, my own clinical supervisor and my therapist during this time, as well as maintaining the reflective journal.

During my divorce I noted a closeness with my sister from whom I had been estranged for a number of years. My notes referred to the affinity that I felt towards the young people and particularly the young girls which I reflected as part of my own parallel process. Parallel processing is a reflection process that has emerged from the psychoanalytic, psychodynamic and systemic theories, with analysts using their own emotional processes to understand the non-conscious processes of their clients. This may include therapeutic resonance and mirroring responses. Searles (1955) first referred to parallel processing in supervision as ‘processes at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor’ (p.135). Russell, Crimings and Lent (1984) suggest that counsellors look for similarities between themselves and their clients to develop therapy strategies and may over identify with their clients. Doehrman (1976) considers that parallel processing is a universal phenomenon that enables people to make sense of their experiences. Cornell and Landaiche (2006) suggest that parallel process extends beyond that of the traditional supervisor/therapist. Mothersole (1998) refers to this wider influence of parallel processing as lateral seepage where processes can be reflective of other clients or even organisational dynamics. It is clear from my own
reflections that lateral seepage could have influenced my data analyses, particularly when thinking about the meaning of sisters within a family as my sister was very supportive to me during my personal challenges.

I noted a concern for one of the young boys Liam, who had been very vulnerable in interview and I had referred him on to support services through his youth worker. My reflections at this time refer to ‘their (the boys) noticing's are about the external world – paying attention to things like ‘being busy’, ‘running around’, ‘getting a job’. Whereas the girls are about the internal world – their own emotional perspective and development. I am finding it a challenge to relate to these two different ways of representing the world without beginning to form a conclusion.’ I was very aware at that time of my own internal world and the emotional support that I was seeking from my family and also from my own therapist. My own observation was that my ex-husband had managed his own emotional reaction to his father’s death and his own diagnosis of cancer in a similar way to my observation of the young men.

I decided to defer analysing Liam’s data until some of my own personal circumstances and emotions were more stable. I sought supervision support for this difficulty in analysing the data and my reflections refer to my self-questioning ‘is it that I empathise with the girls more? Was I different in how I questioned them? Is it because I knew their youth workers differently, although I did know the boys workers quite well’. I revisited the boys’ data after a few weeks and my notes reflect further on this as I observe differences in the boys and girls data ‘I am not sure if this is down to me now wanting to relate to the boys or if it is just that the same data keep appearing.’

As I continued to reflect on the data analysis process of the young people, I note that post resolution of my divorce and recovery following my accident, my data analysis becomes more reflective of the linguistic and felt sense of the data. I took the opportunity to revisit my data analysis and refine the codes further as I considered that my own process may have influenced my interpretation of their data.

4.3.6.3 The interview setting

The setting of the interview will have an impact on the willingness of the participant to share personal information. Green and Hart (1999) propose that the participant’s own setting is the
most useful environment for conducting an in-depth interview. This was not possible with the young people as it would have been inappropriate to see them in their own homes because of safeguarding and local lone worker policies. It was considered more appropriate to interview them in their usual community setting where they could have access to their youth worker if required during or after the interview. This was necessary in Liam’s case where he became distressed during the interview and required onward referral to psychological support services.

Each of the interviews was conducted at times suitable to the young people and their workers. The setting for the young people was in youth community centres in the locality and in a drugs and alcohol charity for two clients who were service users. One young person was interviewed in a secure pupil referral unit where she had been placed. All semi-structured interviews were conducted face to face with interviews lasting between 14 minutes with the young person with a diagnosis of ADHD and 48 minutes with one of the young girls who appeared to demonstrate insight into her own experience of working with her worker.

4.3.6.3.1 The audio recording
Two recording devices were used at each interview to ensure that I had a back-up device in the event of one failing to record. One device was an MP3 player and the other device was a Dictaphone. The Dictaphone developed problems and I quickly replaced the Dictaphone and identified a recording application that I could use on an IPAD.

4.3.6.4 Transcription
Each interview was transcribed by myself, read and re-read to ensure accuracy of transcription and any utterances, such as ‘um’s or ah’s’ were included in the transcript. I also noted in the margin any emphases or analogical markings such as smiling, frowning or gestures that I could recall of the interview process. Where the interview was difficult to hear a note was made in the transcript to identify this. Samples of transcriptions are provided throughout each study and offer a representation from each participant within the study.

4.3.7 Data Analysis
I had made no assumptions about a phenomenon for the study and wanted to ensure that I represented in an unbiased and non-interpretivist way as possible the experiences of client and worker. I therefore selected Braun and Clarke’s (2006) thematic analysis as the approach
to study 1 as this enabled exploration of lived experiences without trying to reduce assumptions to any pre-existing theory. Braun and Clarke (2006) define thematic analysis as ‘a method for identifying, analysing, and reporting patterns (themes) within data.’ (p. 6)

Thematic analysis was chosen as the aim of this study was to present the perceived experiences and meanings of the interaction between the young person’s worker and the young client through their own constructed experience of the world when using the IML (It’s My Life) workbook. This method appeared to be appropriate when considering the techniques being offered have come from some of the constructivist psychologies and would enable the recognition and identification of themes across a number of study participants.

Braun and Clarke’s (2006) thematic analysis allowed for an inductive approach without making links between themes, and with myself as the research instrument, also facilitated my preference for inductive thinking and reasoning. It is only as the themes emerge that the relationship between themes is considered.

I considered Interpretive Phenomenological Analysis (IPA) and but did not use this as this initial study was designed to be exploratory. IPA gives primacy to experience however it focuses on a phenomenon (McLeod, 2001).

4.3.7.1 Definitions for use with thematic analysis

Braun and Clarke (2006) provide a description of the definitions of terminology used within thematic analysis and these have been utilised in this study.

**Data Corpus** – all data
**Data Set** – data that are used for the analyses
**Data Item** – each individual piece of datum collected such as interview from one worker, interview from one client
**Data Extract** – a coded chunk of data from a data item. This may be a single word, partial sentence, full sentence, partial or full paragraph, or an analogically marked portion of a sentence.
**Code** – a feature of the data that is of interest to me and holds meaning at a basic level
**Theme** – a patterned response and meaning within a data set
Semantic Theme – explicit surface level meaning with no interpretation
Latent Theme – underlying ideas, assumptions and conceptualisations that emerge from the themes as they are linked.

4.3.7.2 The Six Phases of Thematic Analysis

Levels of theme development were identified at a semantic level until each of the data were analysed for each participant. It was only when the full data set were analysed that latent themes were considered. The research followed the six phases of thematic analysis as they are presented by Braun and Clarke (2006).

4.3.7.2.1 Phase 1 – familiarising yourself with the data.

I listened to each interview twice before commencing transcription. The data were transcribed and checked for accuracy. The interview was listened to again and verbal cues such as tonal emphasis or elements from my own recall of the interview were included in the margin to enable a more complete understanding of the context and process of the interview. I noted semantic themes that I observed as possibly present. I kept a reflective diary of my own process and psychological responses during this and subsequent stages of the analysis.

4.3.7.2.2 Phase 2 – generating initial codes.

The research generated initial codes for each of the participants’ data. I read each item of transcript and identified codes from phrases that were then transferred to an Excel spreadsheet. Codes represented as closely as possible a description of the data. Each set of codes were then reviewed against the interviews to ensure that all aspects had been captured. Data were then chunked up to look at similar codes and secondary codes were then generated. These were coded again into themes. Each participant’s data analysis was written up in its entirety. Data were coded using as much of the interview transcript as necessary to ensure that the context of the code was retained.

The following diagram provides an example of the process of categorisation into themes, followed by one example from a participant.
4.3.7.2.3 Phase 3 – Searching for themes.

The participants’ data were compared using a similar approach. The themes were coded using flip-charts and coloured post-it notes. Each of the themes from each participant was coded as a sub-theme on a specific colour post-it note identified to a specific participant. These sub-themes were then sorted onto flip-charts where there appeared to be a similar theme. These eventually formed a set of themes that could be seen to be theoretically significant. Themes
were coded according to similarities and were also noted when they were presented by only one participant. Some data were used in more than one theme.

4.3.7.2.4 Phase 4 – reviewing the themes.

The themes were checked against the interview transcripts. A very small number of themes did not fit and appeared to be inconsequential when compared to the remaining themes. These were from two of the young women. These data were retained for consideration in the comparison of data between all workers and all clients. For example, Maisie was keen to have a picture that she shared with me included in her data. The backstory that described the picture is included in her analysis and the theme that was omitted was that picture doesn’t describe it. It doesn’t go into high detail about my background. Maisie also used a pictorial description of a dream she had experienced. I was sitting on a bench, one of these wooden bench’s that you have in a beer garden. I sat along from her. She was sat with a group of people and she was waving at me and saying ‘A, we are family, come here’. This was referring to a teacher she had worked with at art college. This did not link to any of the other themes in the data. Helen also had one piece of data that did not fit with any of the themes Like with a lot of the girls here, referring to her relationship with her worker being similar to other girls in the youth centre. These were removed from the data set.

Other themes were recoded and refined further. This was particularly so where the presenting theme from the individual data set needed to be further reclassified to a higher order chunk of meaning to be considered in context with the other participants. It was clear that some themes and codes were unique to just one individual.

4.3.7.2.5 Phase 5 – defining and naming themes.

Themes were further refined and then named. The themes were checked against the objectives of study 1 and the literature review. The name for each of the themes were checked for face validity and credibility with two independent researchers and one non-participant young person’s worker who had been trained in the use of the IML workbook. Meetings were held with each of these people to discuss how I had identified the themes and feedback was sought on the appropriateness and representative meaning of each theme.
4.3.7.2.5.1 Credibility check
The study process and thematic map to this point was presented to an international conference of constructivist psychotherapists in Hamburg, Germany on 14th April 2012. Feedback was sought from participants and one individual recommended that the literature review included Seligman’s perspective on positive psychology and the effect that teachers have on their pupils. Another psychologist offered feedback proposing that there was close interaction between Jungian Theory and Object Relations Theory that would be worth investigating further. I had previously explored this in my Masters degree and acknowledged the psychologists view, I did however want to continue into study 2 without coming to any conclusions at this stage. Object relations theory and symbolic meaning is revisited in the discussion following the thematic analysis and again emerges through the data analyses in study 2.

4.3.7.3.6 Phase 6 – producing the report.
Braun and Clarke propose that the production of a report is the final step in conducting thematic analysis. The purpose of a report in this thesis for study 1 is to provide the reader with insight into the experience and understandings of these clients. The results as they are presented here have been checked with the interviews and there is a degree of coherence between the themes and the original transcripts. This process does not discount the fact that as a researcher I have a high theoretical knowledge and understanding of the models informing this study as well as psychosocial development from a number of theoretical perspectives, which will to some extent influence how the data have been analysed or understood.

On completion of the data analyses I critiqued the findings against the literature.

4.3.8 Credibility of the data
As a researcher I am explicit about my knowledge and experience both within NLPt and Solution Focused Therapy and in psychotherapy practice. I recognise that I have an interest in NLPt and have written academic books and papers that support its efficacy. In this study I have been researching the subjective experiences of participants on a workshop that I designed and initially led. This inevitably leads to a degree of researcher bias with myself as research instrument. For example, my theoretical model has a preference for looking for positive outcomes. To ensure that I have limited this as much as possible, I have maintained a
reflective diary throughout the process and this has already been referred to in this chapter. I continue to refer to this in chapter 5 as the thesis developed to study 3.

All qualitative data were subject to interpretation by the researcher in the analyses and development of the themes and then by the reader in their interpretation of the findings. I have used the transcripts to provide quotes from an equal distribution of participants to support the emerging hypotheses. Staying close to the narrative of each participant and relating patterns within the narrative provides the backdrop for this thematic analysis (Morse, 2002) thereby providing credibility and confirmability (Dallos & Vetere, 2005).

Using Green and Thorogood’s (2004) standards of rigour that include transparency, validity, reliability of credibility, comparability and reflexivity I provide transparency of the data by providing an audit trail of the study in this chapter with supporting appendices, a demographic of the participants in the study (pp: 58-59) and providing a selection of interview transcripts throughout the thesis. The interview process has been described fully and I returned to the interviews a number of times during the analysis process to ensure that I retained the participants’ accounts as much as possible.

The thematic analysis commenced with coding at the level of the data within the transcript which was then tabulated to give frequency counts. This is presented in the next section in this chapter. Data were included where the majority of participants referred to a theme and where the participants gave a clear description of their experience demonstrated in their quotations. Disconfirming data were noted and were checked against the final themes.

The entire data set were analysed with full coding stored on excel spreadsheets to maximise credibility of data. I have already reported earlier in this chapter on the supervisor and case worker credibility checks, and the peer check at the Hamburg psychotherapy conference in 2012. Further credibility checks have also been gained with the presentation of two papers in a peer reviewed Research Journal and the associated conferences (Wake, 2011, 2013). Additional credibility checks were conducted with one of the early team of originators of NLP, although not Bandler or Grinder, with a registered psychologist, a PhD level coach and supervisor, a drugs worker familiar with and utilising the It's My Life material in her practice, and two experienced trainers in the brief therapy field.
Reflexivity has been a constant theme throughout the data collection and analyses. I have taken my work to both academic and clinical supervision. I also maintained an ongoing reflective diary throughout the study, noting any themes that were occurring in my own life that may influence my subjective exploration of the data. This is discussed earlier in this chapter.

4.4 Results
In this section the data are presented as themes and sub-themes in the following order.

- the young girls’ data
- the young boys’ data
- the combined boys’ and girls’ data

Direct quotations from the interview transcripts are not given as they are utilised in the emerging themes in study 2 (chapter 5) and in the middle range grounded theory in chapter 9. The section concludes with the themes emerging from the data corpus and how these relate to the research question and aims.

4.4.1 The young girls’ data
In generating the themes, I coded each different topic or single descriptive word into a code. This resulted in 189 codes for the girl participants. Each of the codes were presented in terms of frequency count and how many participants referred to the code. Data were included in a code if it related to the code and some data were included in more than one code.

The codes were then categorised into a series of themes. This process was done using flip-charts and post it notes. The data were then transferred to excel spreadsheets. Themes were checked a number of times and moved around until they formed a coherent narrative that was reflected in the transcripts.

All of the girls spoke about loving their families, including either deceased parents or where parents had given the child up for adoption. Where the girls had siblings, they wanted to act as role models for their siblings. The girls discussed their relationship with their worker and the bond or connection that they have with her, wanting to be like her and noting similarities between themselves and their worker. Each of the girls described their worker as being like a family member. The girls referred minimally to the workbook and focussed more on how working with their worker had enabled them to develop a stronger sense of self.
4.4.2 The young boys’ data
A total of 133 themes were developed from the boys’ data using a similar analysis process to that of the girl participants.

Each of the boys described their own worker as being nice and someone who helped them. One young boy described how he could not work with a woman who was not his own worker who tried to use the workbook with him. All the boys communicated particular attributes in their worker that they valued such as being a worker or being strong, and some perceived these attributes as something that they would want for themselves. Another attribute that they role modelled was the identity of worker who they saw as being similar to them. Each of the boys stated that they wanted to be a ‘worker’ and for some this brought benefits such as being able to have a family or to have money. All boys voiced an affinity to their family, whether this was their relationship with their mother, their stepfather or uncle, or a desire to have their own family in the future. All three boys were keen to work with a male family member who had their own business. Two of the boys had low self-esteem and both were aware that their removal from school contributed to this. As each of these boys were interviewed further, both appeared to have a strong core sense of self that was a felt experience.

None of the boys placed emphasis on the value of the workbook and saw this as almost supplementary to their relationship with their worker.

4.4.3 The combined emerging themes and codes for the young people (n=8)

- Theme 1 – A complex relationship exists for the young person with the worker – the young person seeks similarities with their worker, alongside skills of managing boundaries and therapeutic empathy, that appears to lead to the development of a secure attachment.
  - Therapeutic empathy provided by the worker was acknowledged in some way by the young person
  - The young person appeared to be developing a secure relationship with their worker
  - The young person appeared to experience unconditional positive regard about who they were as young people and did not feel judged with respect to their drug taking and other risk-taking behaviours
The young person reported similarities between themselves and their worker and projected family/best friend roles onto the worker. The young person reported a felt connection with their worker. The young person was aware of processes that suggested that their worker held and managed relational boundaries.

- **Theme 2** - The young person demonstrates a developing self-awareness – including giving voice to negative emotions and a negative self-perception. This may include challenges with education and times when the young person has felt alone. The process appeared to help develop a sense of self for the young person.
  - The young person expressed negative emotions and negative self-perception
  - The young person had some challenges with education
  - The young person was developing their sense of self
  - The young person felt alone or isolated at times

- **Theme 3** – The crucial role of the family – the mother was often missing, and was in a couple of instances perceived as secure; the father was often missing or where they were present were valued for being a worker; siblings were referred to as absent figures.
  - The mother was a powerful if absent figure for the young person
  - The father was sometimes absent and where present was valued for being a worker
  - The sibling relationship influenced the young person and was often missing. Where the younger sibling was present, the young person wanted to be a role model for them
  - A family was an important and sometimes missing construct in the young person’s life

- **Theme 4** - The workbook was perceived as positive by the young people. It helped the young person develop goals and aspirations.
  - The worker and the father were both workers
  - The worker and the father were both strong
  - Perceptions of the It’s My Life workbook were positive
  - It’s My Life helped develop goals and aspirations
A comparison across the young persons’ data was conducted using Braun and Clarke’s methodology from the pooling of the higher order themes of the boys’ and girls’ data together. The girls’ data were revisited at this stage as the initial thematic analysis for this group had followed a slightly different process to that of the boys and the workers. I analysed the girls’ data by taking each data set up to the level of initial code and then grouped the data from this first level with the other girls’ data. With the boys, I took each data set up to the level of code before collating with the data with the remaining boys’ data. I revisited the girls’ data to ensure I had not missed higher order codes before combining the data. No new codes emerged although some of the descriptors became more explicit. Themes were included in this comparison if they were represented by all or most of the young people and if they were also a prominent theme in one young person’s data. Samples from transcripts representing the themes are included in the analyses sections of the thesis.

There appeared to be richer data emerging from the girls’ interviews. 4 of the 5 girls were easy to talk to and were open and straight forward in sharing their thoughts and feelings. The boys were more closed in their discussion, their data were less rich, and they were not spontaneous in their sharing of information. In some instances, the boys were also coerced by their worker to attend the interview with promises of going to the gym. This was a recognised reward contract between worker and young person as a way of encouraging good behaviour.

4.4.3.1 Theme 1 - A complex relationship with the worker exists for the young person – the young person seeks similarities with their worker alongside skills of managing boundaries and therapeutic empathy that appears to lead to the development of a secure attachment.

Each young person used a variety of different descriptors that would suggest valuing elements of therapeutic empathy with their worker. Attributes such as being ‘safe’ and feeling that the worker was ‘balanced and strong’ demonstrated how the worker appeared to be responding to the needs of the young person. Each young person had developed a close relationship with their worker because of these attributes and reported how they could turn to the worker in times of trouble and have certain needs met. This might include ‘letting me have a good cry and then giving me a cuddle’, or ‘just looking at her and knowing that I can speak to her about anything’.

The young people talked about the ‘vibe’ that the worker gave off and just feeling comfortable around them. When this was explored further, all of the girls described this as a
‘felt connection’, as if something ‘clicked’ or that they ‘just looked at her and felt the connection’.

As the interviews progressed further and the relationship between the young person and their worker was explored in more detail it appeared that attachment processes were being formed between the young person and their worker. The girls in some instances reported wanting a representation of their relationship with their worker, either by keeping items such as information leaflets that their worker had given to them or wanting to have something of the worker’s as a memento or reminder of their relationship.

There was also a sense of loss reported by some of the girls, when they found that things felt ‘horrid’ if they weren’t able to see their worker, or that they would deliberately call by the Centre in the hope that the worker would be there.

The boys’ attachment process appeared to be more externally focussed with them valuing that their worker appeared to intuitively know when something was ‘going on’. The boys reported that their worker ‘looked out’ for them, and also would help them with getting a job.

In some instances, this attachment led to the young person feeling a sense of non-judgemental positive regard by the worker for certain risk-taking behaviours such as drug taking. This was limited to those youngsters who were taking drugs and in some way appeared to encourage the young person to consider stopping taking drugs.

All the young people reported similarities between themselves and their worker by projecting assumed similarities between themselves or projecting a familial relationship with the worker onto them.

The familial relationship was particularly strong for the young people with both genders talking about their families. The girls had all experienced a sense of loss in their family, whether this was through the death of a family member, the perceived loss of not having a relationship with their biological mother or the fear of loss in the future. The girls then identified strongly with their female worker as either being a sister or maternal figure for them.
The boys did value the role of the mother in the family as a protective or supportive role however they did not project this role onto their worker (who in every instance was male). For the boys the family relationship centred more on the role of males in the family, the idea that males are workers and that this gave a perceived sense of independence and purpose.

The therapeutic relationship held between young person and their worker had clear boundaries that the young person recognised and discussed. This included awareness that the worker would treat the young person’s disclosure as confidential.

The young person was aware that their worker was supporting them to have a better future and that this was the worker’s rationale for challenging inappropriate behaviour. One young person also reported that she paid attention to things her worker said and read the leaflets she was given that would help the young person stop taking drugs. The young boys were aware that they could not ‘run their Worker around’.

4.4.3.2 Theme 2 - The young person demonstrates a developing self-awareness – including giving voice to negative emotions and a negative self-perception. This may include challenges with education and times when the young person has felt alone. The process appears to help develop the sense of self for the young person.

Most of the young people had a low or negative sense of self-worth and seemed to be using the relationship or work with their worker to develop an enhanced sense of identity. Both sets of youngsters had a strong desire to find their own sense of identity or uniqueness as an individual. For some this emerged from having low self-esteem, for others the young person’s emerging identity was something that working with their worker and the workbook had helped to crystallise. Both boys and girls were keen to develop meaning in their lives, for the boys this was something that took them away from getting into trouble or being bored or doing nothing. For the girls this was more about future orientation with respect to family relationships or to buying things for themselves and where it was relevant, coming off drugs. The boys had more focus on activity such as being a worker, whereas for the girls the focus was more on relationship.

Many of the young people had experienced challenges with education, with two of the young people having been excluded from school from an early age. Some had been asked to do the work with their worker because they had been excluded from school.
Some of the young people expressed their sense of isolation, which might be because they felt they had no-one to talk to, were feeling very different from their friends or stayed in control and found it difficult to share thoughts and feelings with others.

4.4.3.3 Theme 3 - Role of a family base— the mother is often missing, and is in a couple of instances, perceived as secure; the father is often missing or where they are present are valued for being a worker; siblings are referred to as absent figures. The young person wants to be a role model for their siblings.

The mother played a significant part in the interviews with the young person, either as a projected figure onto the relationship with the worker, or as someone who had significant influence on the young person’s life. This may be because they had been absent through drug use or death, or because they were caring and loving figures. It was interesting to note that all of the young girls who shared their perception of their mother had either been adopted and did not have contact with their birth mother, or their mother had died. Only one of the boys mentioned the role of his mother, who he perceived as loving and caring, who knew when he was down or depressed and with whom he could discuss anything.

The sibling relationship did influence the young person and was often missing. Where the sibling was present, the young person wanted to be a role model for them. This was particularly in the context of the filial relationship for the young girls. There appeared to be an awareness that young girls learnt from older girls and in some of the young girls interviewed, they demonstrated a personal responsibility for their own behaviour as a role model for their younger sisters.

The father featured minimally for the girls and where he was mentioned, he was perceived as an authoritarian figure, with whom the girl fought. The girl who mentioned this felt that her father was just trying to protect her. The father was more present for the boys, although in some instances this was a step-father. A consistent element for each of the young boys interviewed was the notion of the father as a ‘worker’, someone who was able to be successful through hard work, which the boys then aspired to model.

The family as a base was important to all of the young people. Some young people were aware of the fractured nature of their families. This may be because of multiple marriages and partnering’s by parents, resulting in half siblings, or it may be because parents had split up
and the young person had not maintained contact with the absent parent. Some of the young people aspired to having a family of their own in the future.

**4.4.3.4 Theme 4 - The workbook is perceived as positive by all of the young people. It helps the young person develop goals and aspirations.**

Each young person was asked about their experience of using the workbook. All responses were positive, although it is worth noting that the worker using the book was considered to be a positive or negative influence with some young people saying they would only use it if it was with their own worker. This suggests that it is the relationship with the worker that provides the alliance for the work to be helpful.

Young people reported that working with the workbook had helped develop their confidence, provided them with focus and has also helped them understand themselves better. Working with the workbook appeared to help develop goals and aspirations in the young person including going on to College, earning money and getting a job. For some young people the workbook has also helped them make some changes with regard to their drug habit.

In the role modelling element of the workbook, some of the young people were able to identify attributes in people who had positively influenced them in their lives. One area of commonality amongst the boys was the idea that someone was a worker, that they worked hard and generated their own success. Being strong was also a characteristic that was valued by two of the young people.

**4.5 Discussion**

This process of using thematic analysis has illuminated the subjective experience of the young person as client through the development of themes. The themes focused on

- The family dynamic of the young person and their projection of a desired family figure onto their worker
- The young person’s emerging sense of identity that included the development of self-esteem or confidence
- A relationship with their worker that appeared to be one of therapeutic alliance
- The workbook and subsequent work with their worked aided the development of meaning in life
Each of the young people attributed a familial role to their worker, either as an older sibling or as a maternal figure for the girls, or similar to an uncle for the boys. This supports the observations of Lemma (2010) who identified that the service acted as ‘brick mother’ initially, this was later transferred to the worker who became a family member role identity for the young person. The maternal role was present in both sets of interviews in this thesis, either as a projection from the young person to their worker or actual, in that the mother, for the boys at least, seen as a protective or supportive role

Within the context of their family of origin, the girls expressed a sense of loss, whether this was through the death of a family member, the perceived loss of not having a relationship with their birth mother or the fear of loss in the future. For the boys the family relationship centred more on the role of men in the family, the idea that men are workers and that this gave a perceived sense of independence, reinforcing the stereotypical male role model. One boy did talk about his mother understanding him. The girls referred more to their sibling relationship and some of them referred to their worker being like a sister. This was less present in the boys’ interviews, and none of them seemed to view their worker as being like a brother. None of the studies reviewed in the literature highlight loss being a significant factor for any of the client groups observed.

Both sets of young people had a strong desire to find their own sense of identity or uniqueness as an individual. This reflects Crittenden’s (2000) observation of maturational models of self-representation. For some young people in this thesis, it appeared to be driven by low self-esteem, for others it was something that working with the workbook had helped to crystallise. The boys did not find the workbook useful in developing a sense of their identity, whereas the girls found it useful in helping them structure their thoughts and understand more about themselves. Most of the young people who referred to low self-esteem or confidence seemed to be using the relationship or work with their worker to develop an enhanced sense of identity. For example, Rob referred to how he no longer wanted to mess around in the classroom and wanted to work. The attributes of the worker are identified by the young person as something that they could develop as they move towards adulthood. This appears to act as a positive resource for the young person who in some instances has lacked this in their own family of origin. Both role modelling and the development of self-identity
through the relationship with the key worker has been a recurring theme in the literature reviewed, again supporting Crittenden’s (2000) view of the self-maturational model of development.

The relationship between the young person and their worker was identified as very important by both genders. The relationship appears to be one that has some of the core components of therapeutic alliance even though the intent and context is not therapeutic per se. This suggests then that there is a requirement to consider the prospect of a therapeutic relationship and all that this entails for those working with vulnerable individuals in a non-therapy setting. For the girls within this thesis, the relationship was discussed openly and valued highly. For the boys, this information was not offered spontaneously and was discussed in very simple terms when asked about their relationship with their worker. The girls were able to utilise metaphorical descriptions to explain how they perceived their youth worker, whereas the boys found this quite difficult and, in some cases, impossible to conceptualise in a metaphorical manner.

The girls in some instances wanted something to represent their relationship with their worker. This was either keeping items such as information leaflets that their worker had given to them or wanting to have something of the workers as a memento or reminder of their relationship. The girls saw the role of the worker as being more than the initial given role, and being about affinity, trust and a connection, i.e. the therapeutic relationship and bond. This notion of a therapeutic relationship of empathy is supported in the literature and appears to be a core element of the non-therapist relationship in each of the studies reviewed.

The boys did value their worker however this was based on reward and affirmation, either being allowed to go to the gym or a direct connection between attending to complete the workbook and an increased probability that they would gain employment. This is not referred to in the literature.

**4.6 Summary**
As the relationship to the worker has been highlighted as important by each of the young people in study 1, the experiences and perceptions of the worker will be explored in study 2. Additional to this will be an exploration of other factors that are perceived to be present in the work between young person and their worker. Study 2 will also provide an opportunity to
explore the notion of ‘knowing your ghosts’, an awareness raised by workers in Lemma’s (2010) study but not included in any meaningful way.
Chapter 5 Study 2 - Supporting young people marginalised from mainstream education

5.1 Orientation to the Chapter
Research shows that non-therapist workers are able to create a therapeutic relationship with their clients (Lemma, 2010; Davies, et al, 2012; McMahon, 2009). Study 1 has highlighted further the therapeutic nature of the relationship as it is perceived by the vulnerable young person in receipt of support from non-therapist key workers. Study 2 provides an opportunity to explore the relationship from the worker’s perspective. This chapter introduces the aims of study 2, the sampling strategy and the demographics of the study participants. All study participants have been given pseudonyms. Study 2 continues with thematic analysis (Braun & Clarke, 2006) as the method of analysis. A brief summary of the approach is given, and the reader is referred to the more detailed discussion in chapter 4. The research findings from study 2 are presented as a series of themes and sub-themes for:

- each of the two discrete participant groups
- the combined data of workers

The chapter concludes with a critical reflection on the emerging themes and combined themes for the data corpus of study 1 and study 2. The themes and their contribution to the literature are discussed and the implications are utilised to make recommendations that informed further research in this thesis.

5.2 Research question and aims of the study
- How does the worker experience and utilise their relationship to support their young clients?

The aims of study 2 with the workers paralleled that of the study of the young people in exploring their experience of the interaction during the workshop and the subjective meaning given to those experiences. In addition, I wanted to explore the workers’ perspective of the brief therapy materials and particularly with which clients they found it most useful to use these. Following the findings of study 1 and the emphasis that the young people placed on the relationship with their worker, I wanted to include an exploration of the relationship elements
of the workers perception of the interaction with their clients. I also explored how they selected elements of the brief therapy materials in the workbook to use.

Aims of study 2:

- To explore and identify what the worker found useful about brief therapy techniques used with their client
- To explore and understand what difference they thought the brief therapy material had made with their work with the client and the impact in their relationship
- To explore and understand the workers’ perception of their relationship with their client
- To explore and understand what impact the relationship with the young person had on the worker

5.3 Method

5.3.1 The Study Design
Study 2 utilised qualitative methodology and semi structured interviews. Data analysis was conducted using thematic analysis (Braun & Clarke, 2006).
5.3.2 Participant Demographics for Study 2 (n=5)

Five workers were recruited for participation in study 2. These workers had either attended the workshop to deliver the IML programme or were actively involved in utilising the IML material with the support of those trained in use of the IML workbook.

<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age</th>
<th>Role</th>
<th>Background summary provided by the worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Betty</td>
<td>Female</td>
<td>26</td>
<td>Youth worker</td>
<td>Youth work direct from leaving College. No dependents. Single</td>
</tr>
<tr>
<td>Cathy</td>
<td>Female</td>
<td>32</td>
<td>Degree level youth worker</td>
<td>Youth work for 10 years. Married. No dependents.</td>
</tr>
<tr>
<td>Diane</td>
<td>Female</td>
<td>36</td>
<td>Community worker supporting street sex workers</td>
<td>No formal qualifications. Married. No dependents.</td>
</tr>
<tr>
<td>Frank</td>
<td>Male</td>
<td>42</td>
<td>Experienced youth worker</td>
<td>No formal qualifications. Single. No dependents.</td>
</tr>
<tr>
<td>Gabi</td>
<td>Male</td>
<td>43</td>
<td>Degree level youth worker</td>
<td>Youth work for more than 10 years. Ethnic minority background. Married. Has dependents.</td>
</tr>
</tbody>
</table>

5.3.3 Ethics

Ethical approval was sought and gained from the University ethics committee (appendix A, pp. 268-308) and each of the employers of the participants of the study. Workers were provided with an information sheet, consent form and guide to interview questions prior to their interview.

As study 2 included the interviewing of the clients’ case workers there was the possibility that breaches of confidentiality could have occurred. Both workers and clients were assured that no client names would be used during interviews and that workers would not be informed of the content of the young people client interviews.
The main ethical consideration was to recognise and respect the work of these case workers, some of whom worked in the third sector under difficult conditions. Each worker was assured anonymity with data changed to protect the identity of both worker and the client. Additionally, I recognised that the interviews may elicit potentially distressing material. To ensure that I maintained my responsibility as researcher and avoid the potential for the interview to become therapeutic, each worker was offered the opportunity to debrief following the interview. This was offered in a supervisory capacity as most of the workers did not have a formal supervisor who would normally help them manage this. I ensured that I remained accessible to these participants following the days after the interview. One worker participant contacted me after the interview and wanted to discuss with me some of her observations of her own process. Following our discussion, she made the decision to seek informal clinical supervision support for her work with a manager from a different service.

Another participant, Betty, seemed to be accessing previously non-conscious processes and a felt sense that something had been occurring in the session with her young client. I used interpersonal process recall (IPR) (Kagan, 1980, 1984) to assist Betty to both recall the information and to enable her own self-discovery about the meaning that she might make from this experience. Interpersonal process recall is a supervision strategy used with supervisees to aid self-learning and discovery. It can be developed using either a video recording of a session with a client or by asking the supervisee to run a video in their head of the session. The supervisor and the supervisee can select moments in the video to stop and comment paying particular attention to feelings and sensations. McLeod (2009) suggests that IPR can be used to explore covert processes during person centred research, and Mearns and Cooper (2005) propose that using IPR can elicit relational depth.

5.3.4 Sampling
Convenience sampling was used with workers selected from the group who had attended the trainers training in the use of the brief therapy material. Two other workers were recruited. These workers had been present during delivery of the material in the initial workshops but had not attended the trainers training. Convenience sampling was used to identify workers who were able to offer the time to be interviewed during their normal working hours. Other workers were either unavailable or had left the service. Two workers were excluded from the convenience sample as they had a prior relationship with myself as a colleague.
5.3.5 Data Collection

Data were collected through a semi-structured interview with audio recording of the interview, following the same process as study 1. Two recording devices were used at each interview to ensure that I had a back-up device in the event of one failing to record. One device was an MP3 player and the other device was an IPAD application.

5.3.5.1 The Semi Structured Interview Design

To remain consistent with the process used for young people, I used a semi-structured interview design (Bernard, 1988). The semi-structured interview protocol utilised prompt questions to explore and understand the workers’ perception of their relationship with the client when using brief therapy materials. My interview style was to work in similar ways to that described in chapter 4, giving participants the opportunity to explore concepts as they arose within the interview (DiCicco-Bloom and Gray, 2006; Green and Thorogood, 2004).

5.3.5.2 The interview setting

Workers were interviewed in their place of work which included community centres, a drugs and alcohol charity and a street sex workers charity. One worker preferred to meet offsite as he considered this to be more confidential as he felt he would not be overheard by his colleagues. This interview took place in the corner of a coffee shop which had a volume of background noise, making transcription difficult. I was concerned about retaining confidentiality in this public setting, and ensured we chose seating in a corner that could not be overheard by a nearby table. All interviews were conducted face to face with interviews lasting between 28 and 66 minutes.

5.3.5.3 Transcription

I followed the same process for transcription of interviews discussed in chapter 4. One worker’s interview was difficult to hear in places as this was conducted in a coffee shop and I make a note in the transcript to identify this.

5.3.6 Credibility and trustworthiness of the data

Credibility of the data has been discussed in chapter 4. I have provided sample quotations from participants and have used these transcripts to provide quotes from an equal distribution of participants to support the emerging themes. As described in study 1, I have maintained Green and Thorogood’s (2004) standards of rigour including transparency, validity, reliability
of credibility, comparability and reflexivity by providing an audit trail of the study with supporting appendices, a demographic of the participants in the study and quotations from participants in chapters 6 and 8. The findings of study 2 were presented to a peer audience of researchers and academics at an international research conference. These findings were subsequently published (Wake, 2013).

The thematic analysis (Braun & Clarke, 2006) commenced with coding at the level of the data within the transcript which was then tabulated to give frequency counts. This is presented in the next section in this chapter. Data were included where the majority of participants referred to a theme and where the participants gave a clear description of their experience demonstrated in their quotations. Disconfirming data were noted and were checked against the final themes.

5.4 Data analysis
Study 2 continued with the same methodology as study 1. Thematic analysis would enable contrast and integration of the data from study 1 and 2. A full consideration of the thematic analysis process is given in Chapter 4 (pp. 70-72).

5.5 Results
Analysis was conducted separately for the women and men workers before the data were combined to identify if there were any gender differences. These are reported at the end of the analysis. Female workers’ data are reported first, followed by male workers data, then the combined data set are reported.

5.5.1 Female workers
The research generated initial codes for each of the participant’s data. This resulted in a total of 219/125/187 codes for the female workers Betty, Cathy and Diane. Codes were generated manually using an Excel spread sheet. Codes represented as closely as possible a description of the data and included all data. Each set of codes were then reviewed against the interviews to ensure that all aspects had been captured. Data were then chunked up to look at similar codes and this resulted in 29/32/71 sets of secondary codes for each of the workers. These were coded again and resulted in 10/10/11 sets of common codes.
5.5.1.1 Codes in common for the 3 women workers

- **Code 1** – *The worker uses parallel processing* that may result in projection of the worker’s own psycho-emotional process onto the client. This was manifest through strong emotional reactions to clients and feeling responsible for clients such that they ‘take them home’ with them.

- **Code 2** – *The worker was the client’s advocate and kept her safe* pulling them through and keeping them safe. The worker focused on the clients, enabled them to talk to the worker, and the worker kept her emotions out of it. The worker found it hard to stay optimistic at times.

- **Code 3** – *The worker reframed the client’s ‘bad’ behaviour to something more positive*

- **Code 4** – *The worker developed a close relationship with the young person* which was aided by the course material. The worker used their knowledge to develop a close relationship with the young person which helped the young person to offload their emotions and talk about their problems.

- **Code 5** – *The worker got frustrated with her client and wanted to ‘throttle’ her*

- **Code 6** – *The worker saw similarities in her client* which may have enabled role modelling to occur between the worker and client.

- **Code 7** – *The worker became a mother figure to the young person*: the family was important to the client and worker, especially the mother. The worker became the person for the young person, even though the worker might not want to be so.

- **Code 8** – *Workers got entangled with their clients*: workers saw clients as being complex cases that sometimes needed more support than the worker could offer.

- **Code 9** – *Workers helped their clients develop self-confidence*. Change in confidence occurred for both worker and client. Clients moved on, they became confident and “bigger”. The worker had a big impact on them.

5.5.1.2 Similarities and Differences between the 3 women workers

Following analysis and coding, some codes were present for only two of the women workers and these are presented here.

- **Patience with their clients** – was present as a developed skill following the training in brief therapy techniques for both Cathy and Diane.
• **Lack of family members or a supportive family structure** – was reported by Betty and Diane in their client groups and was thought to be having a negative impact on their clients.

• **Girls were perceived by the worker to relate emotionally to the worker** – Betty and Diane perceived boys as being ‘stronger’ and less willing or able to talk about their emotions, whereas girls seemed to enjoy speaking about their emotions.

• **‘Digging and triggering stuff’ could occur when the brief therapy material was used** – Betty and Cathy enjoyed the new skills that they had developed as a result of doing the course and were using questioning techniques to open up dialogue in different ways with the young people, finding that they were triggering or ‘digging up stuff’ e.g. emotions or difficult experiences.

• **Worker sometimes had a negative self-perception** – Cathy and Diane both reflected on their own view of themselves, which was at times negative. They also expressed concern about how the researcher as interviewer may view them.

• **Professional workbook** – was reported by Cathy and Diane. Cathy also reflected on how other agencies were impressed with the level of training she had received.

• **Vulnerability was an observed trait within clients by the worker** – Betty and Diane observed their clients as being vulnerable and were able to utilise metaphor to describe this facet of a client’s personality.

• **Workers perceived that their clients used different mechanisms to hide their true ‘personality’** – Clients were perceived as trying to hide their ‘true personality’ by Betty and Cathy, who referred to them as having a mask or putting on a front.

• **Inaccessible or unchanging clients** – Both Betty and Diane reflected on clients where the brief therapy material appears not to be useful, or clients that they found inaccessible and unable to reach. Diane reported on how these clients may have been using a strategy of shutting someone out.

• **Clients were seen as individuals** – seeing each young person as different and unique was a core element to the work of Betty and Diane.

• **The training gave the worker greater confidence and coping mechanisms** – Cathy and Diane both reported feeling calmer since receiving their training in brief therapy techniques and more able to cope with some potentially daunting or challenging situations.
• **Honesty and boundaries were a key feature of the worker’s work** – Cathy and Diane both valued ‘honesty’ in their work with clients and used this as a way of setting and managing boundaries.

5.5.1.3 *Differences between the women workers*

Different codes were noted in the analyses for differences between each of the women workers and it appeared that Cathy had fewer similarities when her data were compared with that of Diane and Betty. Diane worked in a specialised setting with those at risk of sexual exploitation and street sex workers, so her client base was with both young and more mature clients. She was also outside of the Youth Service, so this may have influenced her responses as her clients could be seen as more vulnerable. Betty had not attended the full training therefore this may have influenced the difference in her responses, she was also younger than the other two workers. Contradictory themes that emerged were:

• **No expertise as a therapist** – Betty was very clear that it was not her role to provide therapeutic support, yet in reading the interviews there was some suggestion that both Diane and Cathy were providing elements of therapeutic support to their clients. This may have arisen in response to the training in brief therapy techniques as therapeutic processes and understanding were taught.

• **The worker was confused by the course content** – Cathy was the only worker to report being confused by the course content and attributed this to the course being different to any she has ever attended before.

• **The worker was scared of trying out some of the techniques** – Cathy also reported being scared of trying some of the techniques the first time and yet later on in her interview she demonstrated how beneficial she had found the training, including being able to work with considerably more complex cases.

• **The worker infrequently did child work** – Diane discussed how unusual it was for her to work with children, which was because her work was with clients working in the sex industry.

• **The worker perceived her client as naive** – Diane reported on how her clients very quickly believed that if they did certain things they would experience change quickly and that things would be fine. This may have been a reflection of the chaotic nature of her clients lives which she discussed in some detail.
The worker thought that the client should have ownership of her work – Diane considered ownership by the client of their brief therapy workbook to be essential to change. This again may be significant because of her specific client group. Her clients seemed to attribute a position of authority to Diane, expecting her to mark their work, almost as if they were in a pupil-teacher relationship.

The Workbook was not Cognitive Behavioural Therapy, flexible and effective – Diane clearly had an extensive skill set and knowledge base and was able to compare the brief therapy material to CBT and other approaches and seemed to demonstrate a preference for this material for specific clients. She was also able to adapt it for specific clients.

The worker considered it important that she was not a teacher – Betty worked in a youth club attached to a school and was very clear that not being a teacher was a useful role to have. She reported on some conflict with the school staff who sometimes expressed a reluctance for some young people to be in receipt of individual support but did not explain why.

Workers’ past history was not important as an attribute in youth work – Diane commented on her own past as influencing how she worked with her clients, however she did not see this as an essential attribute in a worker. This may have been a reflection of her unique client base (sex workers).

The worker saw that a client's needs were different to their wants – Diane’s work with chaotic clients was demonstrated in her understanding that often what a client wanted is not what they needed.

This worker had a different age group in her clients – Diane was the only worker that reported being younger than some of her clients, reflecting the unique context of her work.

Death of a family member was a trigger to work in a caring capacity – Diane discussed her decision to work with vulnerable clients and this being triggered by the death of a close family member.

The worker was non-conscious in her choice of intervention - Diane seemed to reflect a degree of unconscious competence choosing which tools to work with. She reported on not knowing why she used specific tools and finding that she used the right one at the right time.
• **Clients were allocated according to service need** – The chaotic nature of the lives of Diane’s service user group meant that she was sometimes allocated clients who were not her usual profile.

### 5.5.2 Male Workers

Initial coding generated 331/118 codes for the men workers Frank and Gabi. Both interviews lasted a similar length of time, however Frank’s answers were more descriptive than Gabi’s and were of greater length. My questions of Frank seemed to explore elements raised by each answer, whereas Gabi’s interview stayed closer to the semi-structured format. A set of secondary codes were generated resulting in 72/45 (F/G) sets of secondary codes for each of the workers. These were coded again into themes and resulted in 11/12 (F/G) sets of themes for Frank/Gabi. Patterns were coded according to the similarities across the men workers. Patterns were also noted when they were presented by only one worker. Some data were used in more than one code. For example, Frank’s data appeared to show a strong resonance between his own material and that of the young boys that he was working with. This resulted in some of his initial codes appearing in more than one code. For example, Frank referred to how he used to lay awake at night wishing he could die.

This one code appeared in four of the grouped codes from both workers, for example:

- The worker used role modelling to support young people on their journey;
- The worker saw similarities between himself and the young person;
- Use of the workbook and brief therapy techniques let the worker into the young person’s thinking so that there was no blame and shame;
- The worker might have taken the wrong approach with a young person and acknowledged that sometimes a young person was not ready to be responsible

### 5.5.2.1 Codes in common for the two men workers

Twelve similar codes emerged between both men workers.

- **Code 1 – The worker used himself as role model for the young person.** The worker reported that young people were on a journey towards realising their dreams and aspirations. The worker wanted to be a role model for them to help especially when they think the young person lacked one. The worker would also use older boys as role models for the younger ones.
• **Code 2** – *The worker developed a relationship of empathy with the young person.*
The worker wanted the boys to know that he cared, and he treated them all equally. The worker provided support outside of the family. When the worker saw the boys change, the worker got job satisfaction.

• **Code 3** – *The worker saw similarities in his clients through parallel processing.*
Parallel processing by the workers who saw similarities between their own early years and that of the young person. They brought in attributes from their own upbringing, such as respect, to inform their work.

• **Code 4** – *The worker did not blame and shame but understood the young person.*
Constructive dialogue opened up the real problem and the worker thought that the brief therapy techniques in the workbook helped the worker understand and explore the young person’s thinking. The worker understood where the young person was coming from. The worker could then make their work with the young person about what the real problems were for the young person rather than about blame and shame.

• **Code 5** – *The worker used reframing to understand ‘bad’ behaviour.*
Reframing behaviour of the young person by the worker, helped the young person see their own behaviour differently. The worker encouraged the young person to look at the positives and negatives of their own behaviour.

• **Code 6** – *The worker wanted to turn the young person’s dreams into reality.*
The worker felt duty and responsibility for the young person.

• **Code 7** – *The worker saw the underlying family problems of the young person.*
All of these appeared to be connected to the family and the impact that this had on the development of the young person.

• **Code 8** – *Partnering with other agencies was important to the worker* in helping the young person.

• **Code 9** – *The worker set realistic expectations for the young person* which included setting a realistic benchmark for the young person by the worker.

• **Code 10** – *The worker saw some people as resistant to change.*

• **Code 11** – *The worker gave ownership of changes made to the young person*
Change belonged to the young person with the worker making this central to his work, ensuring that it was never about himself as a worker.
• **Code 12 – The worker was fallible and sometimes got it wrong.** The worker recognises that he sometimes got it wrong and gave too much acknowledgement or responsibility to a young person.

5.5.2.2 Differences in codes: Frank

Following analysis and coding, some concepts were coded as unique to an individual man worker and these are summarised here.

Frank focussed inwards on his role demonstrating a high degree of personal awareness which he then used to understand troubled young people. The following codes emerged from his data analysis:

• **The worker should have a character of quality** which would aid his work with young people.
• **The worker believed his role was not understood** and that some people thought he was part of the education system.
• **The worker did not see it as his job to do outcomes and measures**
• **The worker believes someone would not know if they have had an impact on you** and he wanted these young people to know that they have had an impact on him and that he cared.
• **The worker believed skill and not life experience was important in this work**, yet he did recognise that having been through similar experiences to the young people that he worked with enhanced his relationship with them.
• **The worker saw the vulnerability of the young person and was keen to help.** The worker also owned his own vulnerability.

5.5.2.3 Differences in codes: Gabi

Gabi’s data were focused more on his relationship with the young person and in the analysis of his data, the following codes emerged.

• **Developing trust with the young person in front of the young person’s peers** enabled Gabi to have a relationship of equality and respect with the young person.
• **It was good when clients ‘moved on’** and the worker recognised this was an inevitable transition resulting from change in the young person.

• **The young person had to be ready to change; it was like a photographer knowing when to take a shot.** The worker remained sensitive to this and used opportunities when they arose.

• **The worker was trying to keep young people out of prison and** interrupt the pattern of trans-generational crime and unemployment.

• **The brief therapy materials were flexible and could lead to a change in attitude with the young person becoming confident and empowered.** The worker valued this flexibility as being different and complementary to other approaches.

• **The worker treated the client and their family as he would want to be treated.** Examples are where the worker might have intervened and contacted the family before or instead of contacting the police when the young person was in trouble.

• **The worker could recognise signs when a young person was in crisis,** paying attention to body language and attitude.

• **The worker thought others got it wrong by ignoring bad behaviour or got angry with the young person** and gave examples of this.

### 5.5.3 The combined data set of male and female workers

The thematic analysis (Braun and Clarke, 2006) process was used to analyse the combined data set of the male and female workers. Each worker participant’s data were reviewed at code and theme level and placed onto post-it notes. The codes were then placed onto flip charts according to emerging themes.

Themes were included in this comparison if they were represented in some way by all workers. Themes that were represented by 4 of the 5 workers and appeared to hold significant meaning for the workers are also presented here. There is one potentially theoretically significant theme that is only represented by the female workers.

As the analysis process concluded it appeared that some of the themes were unique to only one or two of the workers and these have been included in the combined thematic analysis of the adults and young people. These themes appeared to be similar to some of the themes that emerged from the young peoples’ analysis.
• **Theme 1** – Parallel processing has occurred for workers at both cognitive and non-conscious levels.

• **Theme 2** – There was a relationship of therapeutic empathy between the worker and the young person

• **Theme 3** – The worker has uncovered the ‘real problem’ by using questioning techniques

• **Theme 4** - The worker holds boundaries between themselves and the young person

• **Theme 5** - The worker has reframed the ‘bad behaviour’ of the young person

• **Theme 6** - The worker feels responsible for the young person

### 5.5.3.1 Theme 1 - Parallel processing has occurred for workers at both cognitive and non-conscious levels.

Each of the workers described their way of working with young people through their own lived experience. All workers reported having had similar experiences to the young people that they were supporting and demonstrated conscious and emotional awareness of these similarities. Betty and Diane described their own behaviour as a young person and how this manifested itself as either risk taking or ‘bolshie’ behaviour.

Diane gave a specific example where she saw some similarities between her own risk-taking behaviour as an adolescent and that of her clients. Diane reported that this helped her work however Diane was quite clear that this was not essential to be able to provide the kind of support that she did. Diane found that by having similar experiences to her clients she was able to feel a strong connection to them.

Betty identified areas where she perceived she was experiencing similar problems to the young person she was working with. This was also apparent in Betty’s observation of her non-conscious relationship with her client in session that she later reflected on during her interview. Betty highlighted that she considered one aspect of her working role was to be a role model for the young person.

Cathy described her parallel processing within the context of the relationship that she had with a young person. As she listened to him telling his own story of a relationship difficulty at home, she was aware of how this reminded her of a former relationship that she had
experienced. Cathy observed resonance between the young boy’s story and hers although the situations were different.

Diane had lost a Nephew, and this had led to her deciding that she wanted to work with vulnerable people. Diane was clear that she did not want to work with vulnerable children and decided to work with adults. Diane’s awareness of her client’s vulnerability appeared to influence her caring for her more vulnerable clients ending with Diane and Betty metaphorically ‘taking them home with them’.

Gabi’s work with young people was strongly influenced by his own upbringing which was within a minority ethnic group. He was taught respect and responsibility for his community when he was adolescent, and this had stayed with him and was a feature of his attitude in how he related to young people.

Frank’s parallel processing brought in awareness about his own vulnerable side and there were considerable similarities between how he saw himself as a young person and what he now perceived in the young people that he worked with.

The workers’ data were also suggestive of non-conscious parallel processing (Searles,1955) with the worker referring to material that might be shocking or emotionally challenging. For some it was resonant of their own experiences as a child and for others, like Cathy and Frank, the research interview became emotionally charged as both workers reflected on their own history. It would seem that neither of these workers had been aware of the similarities until this was explored in the research interview. Some workers expressed concern for the young person or feeling sorry for them. The only worker who did not express any obvious evidence of non-conscious processing was Gabi. This may have been because Gabi had many more years’ experience than the other workers, or his cultural background may not have allowed him to demonstrate emotion to myself whom he had only met briefly prior to the interview. Equally he may not have had any significant non-conscious material that resonated with the young people discussed at interview.
Frank became emotional during the interview as he shared his thoughts and feelings about the young people he worked with and shared the desperation he felt when he saw young people who reminded Frank of his younger self.

Cathy was very emotional as she shared her experience of working with one young person who disclosed a child protection situation to Cathy.

5.5.3.2 Theme 2 - A relationship of therapeutic empathy between the worker and the young person

Each of the workers shared their own perspective of the relationship that the worker developed with the young person. The workers used a range of descriptions to explain how they perceived the relationship. This included their own skills, values and attributes of equality, engagement, trust, understanding, connection, support, caring and validation. Each worker had their own description of what the relationship meant to them and how they worked to develop the relationship with the young person.

Gabi was enthusiastic when he talked about the relationship between himself and the young boys, which he identified as being outside of any familial relationship that the young boy might have. He saw each young person as equal and tried to treat them the same and with respect. Gabi reported on a sense of personal achievement when he saw a young person change.

Frank visibly expressed emotion as he described the young boys that he worked with and he wanted the young boy to know that he cared and that the young boy meant a lot to him.

Betty valued developing the relationship with the young person by doing one-to-one work with them. She recognised that by working one-to-one she was able to see the person for who they really were, and this enabled her to get the best out of them. This was Betty’s main motive however she sometimes found it hard to maintain her optimism and this troubled her.

Cathy was able to maintain a positive state in herself as she developed the relationship with a young person. She was able to self-contain such that she kept her own emotions out of the work with her clients. Cathy identified that the young person was able to open up to her. The young person would use the relationship with Cathy to offload specific problems or concerns.
and that sometimes this was of a very intense nature. This required Cathy to use her own personal resources of strength and honesty with the young person to enable a meaningful interaction to occur. This transformation appeared to be both for herself and the young person. This included a recognition and validation of her own skills and for those of the young person. Cathy perceived that the young person was able to maintain the relationship with Cathy after sharing personal material. Cathy perceived this was maintained despite instigating safeguarding procedures that could have had a significant impact on his family.

Diane appeared to have a contained relationship with her client. She witnessed their vulnerability and fragility and considered herself to be someone who could pull them through. She used a metaphor of the client being like a fragile flower in order to describe this.

5.5.3.3 Theme 3 - Uncovering of the real problem by the worker using questioning techniques

Each of the workers gained benefit from the questioning techniques that were taught to be used with the help of brief therapy techniques in the workbook. The workers valued the workbook and used this to enable them to gain access into the inner world of their clients. Workers were able to use their skills to open up dialogue and reported being quickly able to identify what the ‘real issues’ were for the young person, which were frequently about problems arising in the home environment.

5.5.3.4 Theme 4 - The worker holds some personal boundaries with the young person

The workers all had their own way of managing emotional, personal or psychological boundaries with clients. This was often about managing expectations and communicating with the young person about what they as a worker expected with regard to behaviour of the young person. All of the workers were very clear about not using deliberate self-disclosure in their work with young people. All workers were also very clear about their boundaries within the service and in how the worker related to the education system, preferring to be distinctly separate from teachers.

Betty was clear about the boundaries of her role and considered that it was important that specialised services such as counselling were provided to the young person, which Betty clearly identified as being outside of her role.
Frank was keen to provide clarity to the young person about his expectations and sets a benchmark for this in his work. He appeared to use this clarity of expectations to set boundaries. Gabi’s approach was to role model the kind of behaviours that he expected to see in the young people including being respectful when he challenged them.

Both Diane and Cathy valued honesty in their work with clients and used this as a way of setting and managing boundaries.

5.5.3.5 Theme 5 - The worker reframed the bad behaviour of the young person
All of the workers thought that it was the home life of the individual that was often the cause or influence on bad behaviour. Each worker then worked to reframe the behaviour of the young person. This would be by offering a reframe to the young person or teacher, or the worker may use their awareness of the young person’s family dynamics to reframe their own perception.

Diane held a perspective for the client that when the client saw themselves as bad, she would quickly use techniques to help them see that they were not as bad as they thought they were, sometimes asking them to compare themselves with Hitler!

Betty described the kind of issues that were occurring for the young person and Cathy referred to the trainers training as helping her reframe how she saw the young person. Frank reported on the challenges that he felt when a young person wanted to boast about their bad behaviour and expected Frank to be proud of this. Frank used a reframing process to help the young person look at the positive and negative implications of their behaviour. Frank explored with the young person how they felt about themselves and then assisted them in reframing their self-perception.

Gabi also looked at behaviour at different levels and used this to reframe the presenting problems that a young person might have.

5.5.3.6 Theme 6 - The worker felt responsible for the young person
Each of the workers felt a sense of responsibility for the young person. This then led to each of them taking action to keep the young person safe and providing support that the young person appeared to be lacking at home.
For Gabi, family and community responsibility were part of his cultural value set and he used this to inform how he managed his relationship with the young person and their family, with the aim of giving them a better future.

Frank was more emotion focused in his desire to help the young person and referred to turning their dreams into reality.

Betty valued the one-to-one work that she was doing with her clients. Betty recognised that by working one-to-one she was able to support the young person to be who they really were, and this enabled Betty to get the best out of them. This was Betty’s main motive however she sometimes found it hard to maintain her optimism.

Cathy was able to maintain a more positive state and seemed to have the ability to self-contain such that she kept her own emotional responses out of the work with her clients. Cathy identified that the young person was able to open up to her, would use this opportunity to ‘offload’ specific problems or concerns and that sometimes this was of a very intense nature.

Diane also had a more contained relationship with her clients. She witnessed their vulnerability and fragility and considered herself to be someone who could pull them through.

5.5.3.7 Themes represented by 4 of 5 Workers

3 themes emerged from the transcripts of four of the five workers using the same thematic analysis process described earlier in this chapter.

- Fallibility of the Worker
- Managing Endings
- Barriers to change – is this resistance?

5.5.3.7.1 Shared theme 1 - Fallibility of the Worker

All four workers spoke of their uncertainty in the interviews, about their own practice, about their own sense of self, or whether they would be believed by the researcher.
Cathy discussed how she had a negative perception of herself and was quite unsure of herself. This was manifest through her anxiety about using the brief therapy techniques the first time particularly with a young boy who was disclosing information that related to a child protection matter.

Both Diane and Frank seemed to voice uncertainty about themselves. Diane was concerned that she had answered ‘I don’t know’ to a number of the questions in the interview.

Frank wondered if he would be believed by the interviewer when he shared his view that he was able to influence young people and get positive reactions from them. Frank gave further insight about this when he discussed how he used to view men that he feared and respected. Frank described how acknowledging his own fear or respect to this figure may have affected his own ability to show his vulnerable side. Frank was mindful of this as he came into his current role.

Gabi shared how he sometimes made mistakes in his decisions, particularly with regard to whether someone was able to take on responsibility, which he might get wrong. Gabi also discussed how he had learnt from his mistakes and when he had not done this in the past, this has led to burn out.

5.5.3.7.2 Shared theme 2 - Managing Endings

Another theme that was apparent for 4 workers was how each of them managed endings.

Diane thought it was important that her clients ‘moved on’ and that she was aware of when the client was on the right path. Diane was able to give examples of when her clients became stronger and more confident. Diane used the metaphor of a flower to explain this process and how she had visibly seen the young person grow like a big daffodil.

Gabi also talked about his clients ‘moving on’ and reported how clients reacted when they saw that they had achieved something positive such as qualifications or a job.

Cathy reported the impact her clients had on her as they changed and developed. Cathy enjoyed using her learning from the course to work in a more intense way with her clients. Betty also talked about her clients changing and moving on to other aspirations beyond her service.
5.5.3.7.3 Shared theme 3 - Barriers to change – is this resistance?

Another theme that was apparent for the four workers was the notion of resistance. Diane described her client’s resistance through the use of metaphor. Diane wanted to get through her clients’ barriers and used a metaphor of a cart horse that pulled her client through. Betty also discussed her more challenging clients and the difficulty that Betty faced sometimes in ‘getting anything out of her clients’.

Gabi reflected that each person may take different lengths of time to change and that there were some who would not make it. For Frank he recognised that engaging with the young people was a problem.

5.5.3.8 Thematic differences according to the gender of the worker

5.5.3.8.1 Difference - Theme 1 - The male worker role models the father figure and the behaviours he wants the young person to adopt

The theme of modelling from their own experiences and using this to inform the work with young people was present in all workers’ interview data and there was potentially a practical and thematic significant difference between the men and women workers.

The men workers referred to using themselves or older boys to act as positive role models for the young boys, often being able to provide a father figure for them when their own father was absent. The men workers also referred to the family problems that they observed being an influence on the young boys. Frank saw it as his purpose to act as a role model for the boys because he could see them ending up in prison like their fathers.

Gabi shared his view that the young boys were on a journey, one to education, particularly where there had been a lack of educational vision within families. Gabi went on to say that his role was to help the young boys realise they could do what they wanted and the use of brief therapy techniques in the workbook gave them the ‘whole journey’.

Gabi discussed how he role modelled the kind of behaviour and attitudes that he wanted the young boys to adopt. Gabi’s use of role modelling extended to encouraging the older boys to act as role models for the younger boys which then had an impact on the wider community.
5.5.3.8.2 Difference - Theme 2 - The women workers model from their own emotional experiences and adopt the role of mother or elder sister for their clients

The women workers seemed to use more internal modelling of their own emotional responses, taking on the attributes and role identity of family members, particularly the nurturing roles of mother and sister.

Betty offered a number of examples where she saw herself getting very involved with the families of the young people that she worked with. Betty took on the role of a big sister for the young person and saw that it was her job to become a role model for her and stay positive for her. Betty described her feeling of connection with her client when she realised that she had become ‘part’ of the young girl’s family.

Cathy took on the role of the mother figure for some of her clients. Cathy highlighted that the young person really needed to talk to their mother yet saw that some of the young people did not have a mother figure in their life, so Cathy became this for them. Cathy acknowledged that she had become a mother figure for some of these young people and yet did not want to be this.

Diane also expressed her role as that of a mother for her clients. She referred to being like a disapproving mother or sometimes if her client was older than herself, a disapproving sister.

Diane discussed how the young people sometimes viewed their own mother, and this might have been that the clients thought that their own mother might have viewed them as a failure, or for Diane, that she herself saw her clients as different to their own mothers.

5.5.3.8.3 Difference - Theme 3 - Women workers describe a more emotional reaction to their clients

Women workers had more of an emotional reaction to their clients when they discussed them at the research interview, referring to their emotional frustration and previously wanting to ‘throttle’ their clients. This may be a contextual variable of the interview process with myself as a woman who was comfortable expressing my own emotions. Betty used a metaphor to explain how she dealt with her own frustrations. Betty described how this young girl seemed to have something missing and Betty appeared to be looking for the meaning of this.

Cathy found some of the young girls quite needy in their attention seeking behaviour and became frustrated with the young girls, wanting the girls to leave her alone. Diane was more
vocal in her description of the frustration she felt with her clients, where she described wanting to ‘throttle’ them.

5.5.4 The use of brief therapy techniques in case work
5.5.4.1 The brief therapy material had the potential to be life changing

The workbook was described by some of the workers as being professional, impressive and life changing, leading to more confident and empowered young people.

Gabi summarised his view of the workbook as being appropriate for a range of clients that enabled them to take the necessary steps to reach their goal. Cathy provided a summary of her experience of the workshop and using the Workbook as life changing.

5.6 Discussion

The study aimed to explore how the workers experienced and utilised the relationship with their young clients to provide support to those marginalised from mainstream education.

5.6.1 Evaluating the aims of the Study
5.6.1.1 To explore and identify what the worker found useful about brief therapy techniques used with their client

Each of the workers found that the brief therapy techniques were useful in enabling the structuring of questions that helped them to uncover the real problems that their client was experiencing. This was aided through the range of techniques within the workbook rather than by one specific technique. Workers were able to adapt their utilisation of the material to be responsive to specific client needs. Although there is only one study (Snyder et al, 2012) reviewed in the systematic review that includes the use of specific brief therapy techniques (motivational interviewing) some of the quotations given by participants in the Snyder study are also observed in this study. The interventions used and particularly the questioning techniques were effective at highlighting where particular issues have arisen from in the young person’s past.

5.6.1.2 To explore and understand what difference they thought the brief therapy material had made with their work with the client and the impact in their relationship

Through the uncovering of the client’s ‘real problems’, workers were able to explore the wider psycho-social context of their clients and support their client to focus on issues that were important to the client. This reflects the studies of Davies (2014) who identified that clients feel more connected to and supported by their worker when issues of concern to the
client are addressed, and Lemma (2010) who suggests that the environmental factors affecting the client should take precedence before addressing emotional issues. The brief therapy material aided the worker to support their clients in a more structured way, focussing on goals, reframing negative thoughts and changing behaviour. Reframing behaviour is reported by Lemma (2010) and McMahon (2009).

The brief therapy material was seen as a way of creating a journey or path for the clients to follow. Some workers also valued the opportunity that the workbook presented in focusing on what the client was good at and what was going well, rather than blaming the client. Workers reported observing improved confidence and greater empowerment of their clients and themselves. This is supported by Crittenden’s (2000) self-maturational model of development.

Workers were able to offer specific case examples of clients that the worker believed had been most impacted by the work. This appeared to be clients who were similar in some way to the worker, with the worker commenting that their client reminded the worker of themselves. This appears to suggest the development of a therapeutic alliance or bond and therapeutic resonance.

Workers had no set pattern of behaviour when selecting items to use from the brief therapy workbook. Each of them appeared to find different brief therapy techniques useful for different clients and were able to tailor their approach according to client needs.

5.6.1.3 To explore and understand the workers’ perception of their relationship with their client

Each worker developed a relationship that contained the core conditions of a working alliance or therapy relationship with their clients. Components that workers perceived aided this are presented in theme 2: equality, engagement, trust, understanding, connecting, support, caring and validation. Within this relationship of equality, workers were able to recognise when the young people were challenging personal boundaries of the worker, and in most instances were able to put boundaries in place. This is not discussed in any of the studies reviewed.

In some instance’s workers described potential fractures occurring in the relationship and where able to repair these through the bond that had already been developed. This is found in
the work of McMahon (2009) as she describes the shift in the relationship over time with Joe where she can offer more challenge, that is then accepted by Joe.

As reported in 4.6.3 workers relationships appeared to be closer with those clients who were perceived as being similar to the worker. Workers appear to view their clients through their own lived experience, finding resonances with their own material (theme 1 – parallel processing). This could be similar to Lemma’s (2010) reference to ‘knowing your ghosts’. Some workers such as Diane, Cathy and Frank identified that this helped their work with their clients. Some of this was held within the worker’s conscious awareness. The worker only became aware of less conscious parallel processing when they were asked to reflect on their experience during the interview process. This was particularly with reference to experiences that were perceived as shocking or challenging.

Workers appear to value their own experience of the relationship, wanting to know that the client is aware that the worker cares about the client and that they can be there for their clients. Workers expressed the responsibility they felt for their client and appeared to be able to act as a ‘stable third’, creating a bridge to assist the young person develop other constructive relationships. It may be that the worker is the first person that the young person has been able to trust. This element of trust is apparent in the literature of Lemma (2010), Davies (2014) and Snyder (2012). Davies et al (2014) study does also highlight the perception of clients when trust has been breached or not earned. Clients in the Davies study refer to not trusting their workers and not feeling as if they are taken seriously by workers.

Each worker within study 2 also valued the relationship being outside of the education or family system of the young person. Each worker referred to the importance of managing endings with their young clients. Gabi refers to the pride that he feels when he becomes aware of changes that young people have made later in their lives, with Gabi acknowledging that he had some impact on this. Lemma (2010) counters this notion of endings, suggesting that the relationship with the drop-in centre should continue into adulthood.

5.6.1.4 To explore and understand what impact the young person had on the worker
Workers appeared to experience their clients through their own parallel processes. This is experienced as seeing the young person as similar to the worker when they were younger.
Some workers also utilise their own process to aid the work with the young person by bringing their own experiences as resources to their work. This included becoming an emotionally holding and responsive mother figure by the female workers. This is referred to extensively by Lemma (2010), who also suggests that the drop-in centre itself could be seen as a ‘brick mother’. This is not referred to in any way by the worker participants in this study. Male workers identified that they acted as a role model for the young boys that they supported. The workers thought that this was important, particularly as most of the young people that they worked with did not have permanent father figures in their lives. This gender difference has not been apparent in the extant literature.

All of the workers experience an emotional connection with their client and feel responsibility and caring for the progress that the young person makes. Some of the workers report being disturbed by the work with their young client and refer to ‘taking this home with them’. This highlights further the need for supervision for these workers.
Chapter 6 Synthesis of data corpus for studies 1 and 2

6.1 Introduction
This chapter brings together the combined data from studies 1 and 2, from which six themes emerge through thematic analysis (Braun and Clarke, 2006). These themes give further rationale for exploring adult/worker relationships in similarly marginalised groups, which will then set the framework for study 3 in the following chapter.

6.2 Emerging themes from the data corpus
A final data analysis was conducted comparing the themes that emerged from the data corpus of studies 1 and 2. The data analysis process utilised Braun and Clarke’s (2006) thematic analysis methodology. The data are presented under each theme in discrete groups of:

- men workers
- women workers
- men and women workers combined
- young boys
- young girls
- young boys and girls combined.

As the men workers only worked with the young boys and the women workers only worked with the young girls with regard to the young person participants who have been included in this study, an initial comparison was conducted between the men and young boys, and then the women and young girls. Subsequent to this, analysis was conducted for the themes from the combined workers and the combined young people. This analysis has been used for the emerging themes reported below.

6.2.1 Themes
- Theme 1 - Projection process
- Theme 2 - Conscious and non-conscious modelling
- Theme 3 – The relationship is therapeutic
- Theme 4 - The worker acts as a therapeutic container
- Theme 5 – Earned security in the relationship
- Theme 6 - The brief therapy techniques
Each of the themes are summarised below, showing data as it emerged in themes from clients, workers, combined workers or combined young people.

To aid clarity and understanding, each of the themes is colour coded according to the participant grouping. The table below illustrates this coding scheme and reflects the ‘post-it’ note colour that was used as the data were analysed.

<table>
<thead>
<tr>
<th>Young boys</th>
<th>Men Worker</th>
<th>Young girls</th>
<th>Women Worker</th>
<th>Combined workers</th>
<th>Combined young people</th>
</tr>
</thead>
</table>

Each section below considers the themes as they emerged from the data and are presented as a framework to aid further exploration of these relationship factors in adults in marginalised roles for study 3 of this thesis.

Examples of quotations from the interview transcripts supporting each theme are included to illuminate the emerging themes.
### 6.2.1.1 Theme 1 - Projection process

<table>
<thead>
<tr>
<th>Young boys</th>
<th>Men Worker</th>
<th>Young girls</th>
<th>Women Worker</th>
<th>Combined workers</th>
<th>Combined young people</th>
</tr>
</thead>
</table>

- The Worker operates with a sense of duty, responsibility and safety for the young person. (5.5.3.4)
- The Worker feels duty and responsibility for the young person (5.5.2.1)

- My Mum is concerned about me. Family is important. I want a family (4.4.3)
- The father is sometimes absent and when present is valued for being a worker (4.4.3.3)
- The young person thinks her worker is like a family member. (4.4.3)
- A family is an important and missing construct (4.4.3.3)

- The Worker takes on the role of mother figure for her client (5.5.3.8.2)
- My Mum is concerned about me. Family is important. I want a family (4.4.3)
- The Worker feels duty and responsibility for the young person (5.5.2.1)

- The young person feels less rooted. They have lost or don’t know some of their family (4.4.3)
- The worker sees the problems in the young boys’ families. (5.5.2.1)
- The young person reports similarities between themselves and their worker. Or they project family or best friend roles onto the Worker. (4.4.3.1)

- The role of the family is important in some way. The mother is often missing and is in a couple of instances perceived as secure. The father is often missing and where they are present, are valued for being a worker. Siblings are referred to as absent figures. (4.4.3.3)
- The young person appears to be developing secure attachment with their Worker (4.4.3.1)

- There is parallel processing by the Worker at both cognitive and non-conscious levels (5.5.3.1)
- The mother is a powerful if absent figure for the young person (4.4.3.3)
- My Worker is nice. He is big. I do things for him, he is similar to my dad/stepdad. I don’t know my dad. (4.4.3)
Each of the workers described their way of working with young people through their own understanding and lived experience of their lives. All workers reported having had similar experiences to the young people that they were supporting and demonstrated their cognitive awareness of these similarities. Betty and Diane described their own behaviour as a young person and how this manifested itself as either risk taking or ‘bolshie’ behaviour.

“She has got issues about her body, she has got issues about her weight……. I personally am quite happy with my weight, but at the same time, it does get me down. But then I have taught myself to think ‘oh who cares’. It is like there are 2 sides to my personality. I have got quite a bolshie ‘I don’t care, I am happy enough’. And then sometimes I beat myself up about, I don’t know, the shape of my bum, or the size of my legs. But then I just pull myself back out of that. I never let it sort of get to me. But maybe there is something of that similarity between us.” (Betty)

Cathy described her parallel processing within the context of the relationship that Cathy had with a young person. As Cathy listened to him telling his own story of a relationship difficulty at home, Cathy was aware of how this reminded her of a former relationship that Cathy had been in. Cathy observed resonance between the young boy’s story and her own although the situations were different.

“yeah (there are parallels between me and the young person)….. definite, he was definitely feeling the pressure. ..... I’m a bad person, am I a bad person…….I just thought, when I was thinking that, it reminded me of being in a relationship which I think I said to you before. Not great”. (Cathy)

Gabi’s work with young people was strongly influenced by his own upbringing which was within a minority ethnic group. Gabi was taught respect and responsibility for his community when Gabi was young. This had stayed with Gabi and was a feature of his attitude in how Gabi related to young people.

Frank’s parallel processing brought in awareness about his own vulnerable side and there were considerable similarities between how Frank saw himself as a young person and what Frank now perceived in the young people with whom Frank worked.

“maybe I’m talking about my own insecurity now, I always thought that if I saw a man I had respect or that I feared or …. almost give too much acknowledgement to,
could I show him my vulnerable side, my weak side..... I think I was very much like the young people I work with. You know I had similar experiences, that lacking of male role modelling, nobody around, nobody to talk to or have any belief in you. I think that is a massive part in me personally” (Frank)

The workers’ data were also suggestive of non-conscious parallel processing with the worker making reference to material that might be shocking or emotionally challenging. Some workers also expressed concern for the young person or feeling sorry for them. The only worker who did not express any obvious or significant evidence of non-conscious processing in their discussion of their work was Gabi.

Both Betty and Diane referred to metaphorically taking their clients home with them.

“I would go home and cry some nights. I know you should keep your work at work. But I don’t think you can do that as a youth worker, not when you are developing relationships like that when someone comes to rely on you”. (Betty)

Frank also had an emotional reaction to the young people he worked with and shared the desperation he felt when Frank saw young people who reminded Frank of his younger self.

“There is a young person now who has been referred to me and he is almost a carbon copy of myself. His dreams, his goals, his attitudes, his moods, recognition amongst his group, wanting teachers to have a certain respect for him, and fear for him, it is hard. And what it does for me personally, I mean I’d like to think that every young person gets my enthusiasm, commitment and professionalism, but I think because there is a part of me, it’s almost like I am desperate to do what I can to ensure that I give all that support and all that encouragement within that small block of time”. (Frank)

I used interpersonal process recall (Kagan, 1980, 1984) in the interview with Cathy to assist her to identify her own emotions and sensations during one of her interactions with a young person. Cathy was able to describe the strong reaction that she had at that time.

“obviously I was quite shocked. I wasn’t panicking about it.........it was quite like .....an atmosphere in there. Because of what I had to deal with, not in there, but in
general.....you could cut it with a knife......I just need to get out, I just need 5 minutes to sort my head out, get some fresh air, so that I can move forward.” (Cathy)

The role of the mother figure played a significant part in the interviews with the young person, either as a projected figure onto the relationship with the worker, or as someone who has had significant influence on the young person’s life. This may have been because they had been absent through drug use or death, and/or because they were caring and loving figures. It was interesting to note that all of the young girls who shared their perception of the role of the mother had a missing mother who had either given the young girl up for adoption or had died. Only one of the boys mentioned the role of his mother, who he perceived as loving and caring, who knew when he was down or depressed and with whom he could discuss anything.

‘I think probably finding out more about my life, my biological family, what steps to take next because of it. Um....it does help my biological mum....she was quite disabled because she has gone through life with drugs and things, that’s why I have, I’ve never really met her either,’ (Maisie)

The sibling relationship appeared to influence the young person. The young person was either no longer in touch with their sibling, the sibling was now an adult and worked away, or there was no contact as they were half siblings. Where a younger sibling was present the young person wanted to be a role model for them. This was particularly in the context of the filial relationship for the young girls. There appeared to be an awareness that young girls did learn from older girls and in some of the young girls interviewed, they demonstrated a personal responsibility for their own behaviour as a role model for their younger sisters.

‘I’ve got 2 younger sisters that I want to be a role model for. If anyone can get through this, I feel I can get through this, then anyone can. Yeah, I feel like I damn well will. I want to be a role model for them ....... I want to encourage my sisters not to do drugs, not to smoke, not to drink.’ (Polly)

The father featured minimally for the girls and where he was mentioned, the father was perceived as an authoritarian figure with whom the girl fought. The girl who mentioned this thought that her father was just trying to protect her. The father was a more present representation for the boys, although in some instances this was a step-father. A consistent element for each of the young boys interviewed was the notion of the father as a ‘worker’.
someone who was able to be successful through hard work, which the boys then aspired to model.

‘my stepdad. He got his own business like….I would like to like do what he is doing, have a business and that. ……… I don’t want to be no one. I want to work for it’

(Rob)

The family as an emotional and cognitive construct was important to all of the young people. Some young people were aware of the complex nature of their families. This may have been because of multiple marriages and partnering’s by parents, resulting in half siblings, or it may have been because parents had split up and the young person had not maintained contact with the absent parent.

Some of the young people aspired to having a family of their own in the future.

‘I want kids like, I know I ain’t gonna have kids if I have no money and that like, so I know I want to have kids, so…. I want family like’ (Rob)
### 6.2.1.2 Theme 2 - Conscious and non-conscious modelling

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<tr>
<th>Young boys</th>
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<th>Young girls</th>
<th>Women Worker</th>
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**The Worker sees similarities with her clients’ perceived problem or presenting story (4.4.3.1)**

**Parallel processing by the worker (5.5.2.1)**

**My worker is more like me because he is younger. I want to be like him (4.4.3)**

**My Worker is nice. He is big. I do things for him, he is similar to my dad/stepdad. I don’t know my dad (4.4.3)**

**Use of Self as a role model (5.5.2.1)**

**I didn’t understand the workbook. I didn’t get anything off the worker because she was a woman (4.4.3)**

**There appeared to be parallel processing by the Worker at both cognitive and non-conscious levels (5.5.3.1)**

**A complex relationship exists with the Worker for the young person. The young person seeks similarities with their Worker alongside skills of managing boundaries and therapeutic empathy. This appears to lead to the development of secure attachment to the Worker (4.4.3.1)**

**The Worker experiences parallel processing with the Young person (5.5.1.1)**

**The Worker sees similarities with her clients’ perceived problem or presenting story (4.4.3.1)**

**Parallel processing by the worker (5.5.2.1)**
All workers suggested that they perceived the cause of most of the young person’s problems to stem from their family background. Frequently the worker observed a missing or troubled father who sometimes may be serving a custodial sentence. Some workers reported that the young person’s mother expressed concern that the young person may end up like his father and, at the same time, the young person also expressed this concern. Gabi had been a community leader for a number of years and had a long history of working with the families of the young people that he supported. He used this knowledge to inform his work to try and ensure that the young person and the family were supported.

“when they get to know you as somebody who is not part of their family structure, but is someone who is there to support them, and you are giving them something ….. that they can take with them …. And that young person …..will always carry that with them …. I’ve recently put two young brothers on the course, um ….. on a railway course, and these two young people are one of 6…4 boys, and single parents, and …….. (the) family have had many many issues with the authority” (Gabi)

Frank’s observation of the young people also provided insight into the family dynamic of the young person. Frank held a systemic perspective and supported the young person to reframe how the young person perceived himself with the aim of positively influencing generational criminal behaviour, focussing on making the person’s dreams a reality.

“his father has been in prison for the last fourteen years, his mum says he is being like his dad. He sees that he is being like his dad. He doesn’t show what he feels, and part of him likes that. His dad being arrested, and part of him is unsure. But he has that kind of innate quality I think, that says ‘I know I can be more’ and it almost challenges that negativity inside him and I had that, which is bizarre, and I didn’t know what to do with that ….. I know he has that need or want to change. So it’s about trying to show him a bit more of that or how that could be the reality”. (Frank)

The young boys focussed on the role of men within the family, perceiving these as being workers. They then appeared to make parallel links to the attribute of being a ‘worker’ to their own young person’s worker.

The women workers seemed to represent a mother figure for the young person, even though the worker might not have wanted to at times. When Cathy was asked in the research interview about her feeling response to the young person, Cathy was asked whether there
were any parallels between her own life and her observations of the young person she was working with. Cathy described some parallels in her own experience that she was using to help her support this young person, and within this was becoming a mother figure to her client.

“his mother probably. I don’t want to be a mother, because it makes me feel old. (laughs)…….I think maybe it was a conversation he needed to have with his mother, but there was issues there, which he couldn’t speak to his mother about…….. I have just thought of another one. ..... a young person, a young girl who was in middle school. Very attention seeking, clings to me terrible...... ..........yeah I think she sees me as a mother figure and there is no mother figure in her life only a father figure.

…….terribly frustrating at times. Cos sometimes I just think ‘get off me, leave me be’. ..........I didn’t really need to be a mother figure did I? .......... maybe it was because I was always the eldest cousin, there were like 8 of us, I was the oldest quite far..........I would look after the youngest...because maybe that is the relationship I have with my mother......she always thinks I am not very close to her. I think I am close to her.”
(Cathy)

Diane reported her experience of using the intervention of role modelling as a key element of her work with clients, particularly as a mother figure, or in some instances as a big sister, which was similar to the experience of Betty.

“I would always be like ‘look’, a bit like a disapproving mother really. (laughs) which I think she quite likes......... Maybe her mother or a supporter, a family member, a friend or something. A social support......Probably my mother, because my mother is very, she does my ironing..... (I am) always supportive and quite intelligent.... And quite.........firm with her really” (Diane)

Each young girl had experienced some sense of loss with family member(s). These included experiences of death of a family member, being adopted or fostered, having half siblings that they had either met infrequently or had never met.

“Well, my nan passing. Um...she was like, ‘I know how you feel and stuff’. And then, if needed a cry she would give me a cuddle and stuff, she would just like let me speak for ages and like ramble on about how I felt about it. And she would be like ‘do you want a piece of cake?’ ‘yes!’” (Helen)
This sense of loss carried into a recognition for Polly that the path she had taken could result in her killing herself, and she decided that she did not want her sisters to follow her path, that she could be a positive role model for them instead.

“I fell out with a lot of my family…. I’ve got 2 younger sisters that I want to be a role model for. If anyone can get through this, I feel I can get through this, then anyone can. Yeah, I feel like I damn well will. I want to be a role model for them, and I have got a nephew now who has just turned 2, and I want to encourage my sisters not to do drugs, not to smoke, not to drink….. From those booklets. Looking at them. That is where I got the idea from. I really really thought about it hard, thinking of all the things I could be doing with my life, if I wasn’t wasting money on drugs, on cigarettes, on alcohol, what I am taking and that it could kill me. I really thought about it, and if I want to come back and be a role model.” (Polly)

Gabi shared his view that the young boys were on a journey, one to education, particularly where there had been a lack of educational vision within families. Gabi went on to say that his role was to help the young boys realise they could do what they wanted, and the brief therapy techniques included in the workbook gave them the whole journey.

“It’s the whole journey ….. You can’t start off with the goal setting. You gotta be able to give them it slow. It’s like ….. training up to be a burglar, you don’t start from the top burglary, you gradually step up to the mark. ….. I think it’s gradual, it’s the whole process…… That young person has got the capability. However, as an adult and as a professional worker you have still got to be able to judge that balance and…. mentor that person throughout the journey… So it’s … a journey….of education.” (Gabi)

Gabi discussed how he role modelled the kind of behaviour and attitudes that he wanted to encourage the young boys to adopt.

“It’s balance in that respect … because I often don’t let them get away with what they can often get away with at home ….. You have got to be able to have that mutual respect and say ‘right, ok, you can get as much as you like from this Centre, but…… there are expectations from you, you know, to carry out.’ However, if a young person is usually swearing quite a lot, or using foul language, you know, I don’t say get,
leave the building, you know, because this young person, this became a kind of vocabulary.” (Gabi)

Gabi’s use of role modelling extended to encouraging the older boys to act as role models for the younger boys which then had an impact on the wider community.

“I think balance comes from …. giving responsibility to the younger people in groups, so they have a role model..... for the 12 or 13 year olds ...... he can be a role model to his age group from a distance......because he is earning money, he’s volunteering or he’s participating or going away to represent street games or so forth.” (Gabi)

The women workers seemed to use more emotionally constructed modelling compared to the men workers who were focused more on behaviour. The women workers took on the attributes and role identity of family members particularly mothers and sisters. Betty offered a number of examples where she saw herself getting very involved with the families of the young people with whom Betty worked. Betty took on the role of a big sister for the young person and saw that it was Betty’s job to become a role model for her client and stay positive for her client.

“So basically we almost became part of the family with R. And I think I definitely had the best relationship with her........I was almost like the big sister that she never had..... I think both (other youth worker) and I served as that role model of real life.” (Betty)

Betty went on to describe how she felt that she had become part of the young girls’ family.

“We had a really good relationship. Through uni I did my placement and things where she worked, and then because if she was with her school during her 6th form course and teachers not turning up, and the mother got very involved with them. And then I might see her mother up at (location) and she would say ‘oh yeah, I have just come out of hospital’. So basically we almost became part of the family with R. And I think I definitely had the best relationship with her.” (Betty)

Cathy took on the role of the mother for some of her clients. Cathy highlighted that the young person really needed to talk to their mother yet saw that some of the young people did not
have a mother figure in their life, so Cathy assumed this role. Cathy acknowledged that she had become a mother figure for some of these young people and yet did not want to be this. Diane also expressed her role as that of a mother for her clients. She referred to being like a disapproving mother or sometimes if her client was older than herself, a disapproving sister.

“I’d be quite challenging if she would say something like ‘oh, I only drunk a bottle of vodka’ and I would go ‘no, really’ and then you’d go ‘if I was your younger sister’ she hasn’t got a younger sister, ‘if I was your younger sister, do you think that is an appropriate thing to do?’ I would be quite challenging and ..... I’d never be too challenging so she wouldn’t come back. I would always be like ‘look’, a bit like a disapproving mother really.....which I think she quite likes.” (Diane)

Diane discussed how the young people sometimes viewed their own mother, and this might have been that the clients thought that their own mother might view them as a failure, or for Diane, that she herself saw her clients as different to their own mothers.

“we were talking about her mum actually. She was getting really upset cos she’s only just started contact with her mother again and she was saying, she doesn’t want to fail it second time and she’s really worried she’s gonna fail and upset her mother. Her mother will see her as a failure cos her mother is so amazing and that’s why actually.” (Diane)

Each young person used a variety of different descriptors that suggested valuing elements of the relationship with their worker. Attributes such as being ‘safe’ and feeling that the worker was ‘balanced and strong’ demonstrated how the worker appears to be responding to the needs of the young person. Each young person had developed a close relationship with their worker because of these attributes and reported how they could turn to the worker in times of trouble and have certain needs met. This included ‘letting me have a good cry and then giving me a cuddle’, or ‘just looking at her and knowing that I can speak to her about anything’.

“you could just tell him, ‘oh, I am depressed’ and he looks out for you like.” (Jon)

The young people, both boys and girls, talked about the ‘vibe’ that the worker gave off and just feeling ‘comfortable’ around them. When this was explored further, all of the girls
described this as a ‘felt connection’, as if something ‘clicked’ or that they ‘just looked at her and felt the connection’.

As the interviews progressed further and the relationship between the young person and their worker was explored in more detail it appeared that attachment processes were being formed between the young person and their worker. The girls in some instances reported wanting to hold on to their relationship with their worker, either by keeping items such as information leaflets that their worker had given to them or wanting to have something of the worker’s as a memento or reminder of their relationship. These may have represented transitional objects for the young girls.

‘If someone else gives me a drug leaflet, I had loads before, I think when (worker) gives me it, I just take it with me, down the club and stuff like that and I read it….. when I listen to someone like (worker), I know, she would give me the leaflet and she would say, like try it, I did try it. If anyone else had given it to me I would have thrown it away’ (Liz)

There was also a sense of loss reported by some of the girls, with them finding that things felt ‘horrid’ if they weren’t able to see their worker, or that they would deliberately call by the Centre in the hope that the worker would be there.

‘then I came here to (location), and obviously (the home) is like a long way away, but she did come up once or twice…. I was happy that she had seen me…. No. I didn’t really want to be there, cos she was in (location), they said I had to wait until I come back to (location)…. It was like horrid, I wanted to see her.’ (Liz)

The boys’ attachment process appeared to be more externally focussed with them valuing that their worker appeared to intuitively know when something was ‘going on’. The boys reported that their worker ‘looked out’ for them, and also would help them with getting a job.

‘because he knows more what’s going on like, cos we are younger’ (Jon)

The attachment appeared to enable the young person to accept support from their worker without feeling judged about some of their risk taking behaviours such as drug taking. This was limited to those youngsters who were taking drugs and in some way appeared to encourage the young person to consider stopping taking drugs.
All of the young people reported similarities between themselves and their worker by projecting assumed similarities between themselves and their worker or by projecting a familial relationship with the worker onto them.

’she is quite excited about things all the time. I am quite excited about life myself……… very positive attitude…. We have got an interest in dreams and dream interpretation, …. that we have got in common. She likes art, she did a degree in. some of the more general. She has got that interest as well’ (Maisie)

The familial relationship was particularly strong for the young people with both genders talking about their families. The girls had all experienced a sense of loss in their family, whether this was through the death of a family member, the perceived loss of not having a relationship with their birth mother or the fear of loss in the future.

‘Like, since I lost my mum, and like, I was using drugs and mum died and then my life has been a bit messed up and I spoke to her about my mum and I don’t do drugs now.’ (Liz)

They then identified strongly with their female worker as either being a sister or maternal figure for them.

‘I think we are quite close. I can speak to her about lots of things. She is like an older sister….. There are loads of different ways you can see (youth worker). Like as an older sister, as well as work and stuff. Loads of different layers’ (Helen)

The boys did value the role of the mother in the family as a protective or supportive role however they did not project this role onto their worker (who in every instance was a man).

‘mum is like, obviously she is more concerned about me like, when things are. I dunno, I’m not sure how to put it, but obviously like, I look up to my mother, as much as my dad. She has done loads of things for me, she does everything for me.’ (Jon)

For the boys the family relationship centred more on the role of men in the family, the idea that males are workers and that this gave a perceived sense of independence.

‘there is always an ally from my uncle. Where he does jobs for all my family like….. And he goes and does jobs like, all over the place for my family…. like and I goes and helps him. I’ve learnt a lot of stuff from it, I do know a lot of stuff. But I don’t use it. I knows like……….. but he’s disabled like, he got a crutch, so he only does jobs for the
family. Like if he had his own business, I reckon if he didn’t have a crutch he would have his own business like and I would have been in there....... he just does jobs for the family. He gets paid by them and then he pays me..... he is doing alright really, he knows everything about computers. He knows quite a lot.’ (Liam)

The young person was aware that their worker was supporting them to have a better future and that this was the worker’s rationale for challenging inappropriate behaviour. One young person also reported that she paid attention to things her worker said and read the leaflets she was given that would help the young stop taking drugs. The young boys were aware that they could not ‘run their worker around’.
6.2.1.3 Theme 3 – The Relationship is Therapeutic

Young boys | Men Worker | Young girls | Women Worker | Combined workers | Combined young people

The Worker reframes ‘bad behaviour’ of the young person. (5.5.3.5)

There is a relationship of therapeutic empathy between the Worker and the young person. (5.5.3.2)

A partnering approach is important (5.5.2.1)

My worker helps me out, he checks up on me and is interested in me. He is important to have around. I would mess around if it wasn’t for him (4.4.3)

Reframing behaviour of the young person by the Worker (5.5.2.1)

The young person appears to experience unconditional positive regard with respect to their drug taking behaviour (4.4.3.1)

The man worker has and sets clear and realistic expectations with the young person (5.5.2.1)

Therapeutic empathy provided by the Worker is acknowledged in some way by the Young Person. (4.4.3.1)

Working empathically within the relationship with the young person (5.5.2.1)

Constructive dialogue opens up the real problem and no blame and shame. (5.5.2.1)

The young person reports a felt connection with their worker. (4.4.3.1)
Each of the workers explored with myself as the researcher their own perspective of the relationship that the worker developed with the young person. The workers used a range of descriptions to explain how they perceived the relationship. This included attributes, values and skills such as equality, engagement, trust, understanding, connection, support, caring and validation. Each worker had their own story to tell as they described what the relationship meant to them and how they worked to develop the relationship with the young.

Gabi was enthusiastic when he talked about the relationship between himself and the young boys, which he clearly identified as being outside of any familial relationship that the young person might have. He saw each young person as equal and tried to treat them the same and with respect. Gabi reported on a sense of personal achievement when he saw a young person change.

“I don’t see them as less, ….. I give them the same and treat them equally, I give them equality ….. and that’s why I get, you know, satisfaction out of the job ….. it gives me that sort of ….. sense of achievement I don’t show it to them, I just walk past them as though I haven’t done anything for them” (Gabi)

Frank had a more emotional reaction to the young boys that he worked with and although the relationship was as important to him as Gabi, Frank wanted the person to know that he cared and that the young person meant a lot to Frank.

“If I can make a positive difference to the life of a young person at that early point, sometime in their life they will remember that that person actually cared. I kept thinking ….. what did the relationship mean to me ….. There is something that means something to me and to him”. (Frank)

Betty valued developing the relationship with the young person by doing one to one work with them. Betty recognised that by working one-to-one she was able to see the young person for who they really were, and this enabled Betty to get the best out of them. This was Betty’s main motive however she sometimes found it hard to maintain her optimism and this bothered Betty.

“I try to encourage her as much as possible. I think she needs more one on one work. ……….I just keep positive, I just think well I can help her. And I realise that there are things I can to make it better. I am quite a positive thinker anyway……. But there is only so much optimism and it does run out in the end.” (Betty)
Cathy was able to maintain a positive state in herself as Cathy developed the relationship with a young person. Cathy was able to self-contain such that she said she kept her own emotional reactions out of the work with her clients. Cathy identified that the young person was able to open up to her. The young person would use the relationship with Cathy to offload specific problems or concerns and that sometimes this was of a very intense nature. This required Cathy to use her own personal resources of strength and honesty with the young person to enable a transformational interaction to occur.

“I was a little bit scared at first, I was just kind of…..overwhelmed really to see how he had changed…… I thought the relationship of young person/youth worker had been ruined straight away, but now I have found it is not even an issue. If anything it is better……. I just felt that the spark of a good relationship that I had built for maybe for 3 or 4 years of working with young person. I partially just wanted to know he was ok and that I hadn’t done any more damage. I felt as if……I questioned if I had done anything to harm him. But afterwards I know now everything is fine.” (Cathy)

Diane also had a more contained relationship with her client. She witnessed their vulnerability and fragility and considered herself to be someone who could pull them through. Diane used a metaphor to describe this.

“it would be something was really little and pretty, fragile flower, …… she was just so vulnerable and ....nobody was looking out for her…… and, now she is like a big daffodil or something, a bit bigger, a bit straighter, a bit bolder and her confidence level has soared. (My role is) A cart horse (laughs)…….. yeah, trying to sort of, something that is trying to pull her through........ head down, trying to batter, ... the barriers that she can’t go through.” (Diane)

All of the workers thought that it was the home life of the individual that was often the cause or influence on bad behaviour. Each worker then worked to reframe the behaviour of the young person. This might have been by offering a reframe to the young person or teacher, or the worker may have used their awareness of the young person’s family dynamics to reframe their own perception.
Diane held a perspective for the client that when the client saw themselves as bad, Diane would quickly use brief therapy techniques such as scaling to help them see that they were not as bad as they thought they were.

“I like to choose Hitler as the really bad person, you know, that they are not far away from Hitler …….. a lot of people say things like my role model, a lot them are like ‘my mother or my aunty people like them. I am so far away from them and I am not anything like them’. So I am like ‘let’s put your aunty on this scale with your mam up here, so who’s the worst person in the world’ and they go ‘like Hitler’. So ‘where are you in the scale’, so they put themselves there and I go ‘so where’s Hitler’ and then they go, ‘oh, I’m not that bad’…..I hope it made her feel more useful and she’s not really as bad as she actually thinks she is. It’s just her feeling as opposed to reality.” (Diane)

Betty described the kind of issues that were occurring for the young person and Cathy referred to the Course material of reframing behaviour as helping Cathy reframe how Cathy saw the young person.

“it has definitely made me change the way I work with young people. In respect that whereas before I possibly……sometimes I would brush their issues under the carpet. The fact that they are maybe behaving in a certain way, I was maybe quite naive or negative about it. I just thought, that’s how they are, or how they have been brought up. And yeah there is quite a lot of it because it is how they have been brought up, but not to the same depth as I know now. From this stuff. Um……. and the fact that this has made me a lot more patient with young people.” (Cathy)

Frank reported on the challenges that he felt when a young person wanted to boast about their bad behaviour and expected Frank to be proud of this. Frank used a reframing process to help the young person look at the positive and negative implications of their behaviour. Frank explored with the young person how they felt about themselves and then assisted them in reframing their self-perception.

“Because I think in a young man who wants to be recognised possibly or wants affirmation …….. It’s almost like a ‘be proud of me’. You know and that is one of the most difficult things to manage really ..... even when they are not sorry, it is something like they can develop and learn to be sorry.” (Frank)
Gabi also looked at behaviour as being symptomatic of something else going on for the young person and used this to reframe the presenting problems that a young person might have.

“In that crisis moment you know when that young person is in fear……. there is 2 levels isn’t there. One is being homeless and not knowing where to go when you have literally been shepherded for all your life, and when another young person shows a level of behaviour or you know just randomly throwing stones at cars as they drive by, or randomly being picked up by the police or, there is always signs you can pick up. You have got to be able to judge it carefully.” (Gabi)

Each young person had developed a close relationship with their worker because the worker appeared to be responding to the needs of the young person. The young people reported how they could turn to the worker in times of trouble and have certain needs met. This might have included ‘letting me have a good cry and then giving me a cuddle’, or ‘just looking at her and knowing that I can speak to her about anything’.

The young people talked about the ‘vibe’ that the worker gave off and just feeling comfortable around them. When this was explored further, all of the girls described this as a ‘felt connection’, as if something ‘clicked’ or that they ‘just looked at her and felt the connection’.

‘It’s got to be some kind of connection to it, to us all together. You know, like a porridge…. A is a bit younger than I, …….um………………..yeah, I think er…. It is more like a friend or sister to this ‘I’, she is more strict, there is great hope in her as well. I felt really affected by her. Like if you were doing something wrong she would tell me and I would listen to her…. when I met her I felt supported, she felt like she was a person that I knew when I saw her for the first time, very strange’ (Maisie)

As the interviews progressed further and the relationship between the young person and their worker was explored in more detail it appeared that attachment processes were being formed between the young person and their worker.

‘When we just looked at each other and we knew that bond was still there, the facial expressions were there, it still comes down to that’ (Maisie)
The boys’ attachment process appeared to be more externally focussed with them valuing that their worker appeared to intuitively know when something was ‘going on’. The boys reported that their worker ‘looked out’ for them, and also would help them with getting a job.

‘but I don’t listen (laughs). My mum says to me, ‘look for a job’, and I go on her computer but I say, ‘yes I will’, but I just don’t do it…….(I listen to) both of them really (workers)….. I have done a lot of things with him as well.’ (Liam)

In some instances, this attachment led to the young person feeling a sense of unconditional positive regard by the worker for certain risk taking behaviours such as drug taking.

‘I would say that I have to be honest about all the drugs and the alcohol and everything I was using, but I think she is the only one I have ever been able to do that to……when I first met her, she was asking all the kids in the youth club, like what have you tried, and all the dangers of it, this that and the other, and um, after a while, I just sat there and I wouldn’t, and when she asked me how much alcohol I was drinking, I wouldn’t tell her, because I was ashamed of it. And then I started meeting her and then we would have an hour or so and talk and she was just, ……. she’s …..trying to avoid me from doing what you are doing….. but……….. She is still on my team’ (Polly)
6.2.1.4 Theme 4 The worker acts as a therapeutic container

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- The young person is aware of processes that suggest their worker holds and manages boundaries. (4.4.3.1)
- The Worker manages their own boundaries and works to develop agreed expectations between themselves and the young person (5.5.3.4)
- The young person demonstrates a developing self-awareness including giving voice to negative emotions and a negative self-perception. This may include challenges with education or times when the young person has felt alone. The process appears to develop a more compassionate sense of self. (4.4.3.2)
- The young person values their worker for being strong and a worker (4.4.3.1)
The workers all had their own way of managing boundaries with clients. This was often about managing expectations and communicating with the young person about what they as a worker expected with regard to behaviour of the young person. All of the workers were very clear about not using deliberate self-disclosure in their work with young people, yet some of the young people did refer to personal information that their worker had disclosed to them.

“Like, she was telling me like, how she reacted, she has been through the same things herself. Like with her dad.” (Liz)

All workers were also very clear about their boundaries within the service and how the worker related to the education system, preferring to be distinctly separate from teachers.

Betty was clear about the boundaries of her role and considered that it was important that specialised services such as counselling were provided to the person, which Betty clearly identified as being outside of her role.

“I don’t know whether she does need counselling. I am not an expert on that…….But we weren’t teachers, we weren’t the academics from school that are only there for one purpose. We kind of, if she only wanted to have a chat, we were here for a chat. If she wanted help with work we were here for that, if she just wanted to talk we were here for that” (Betty)

Frank was keen to provide clarity to the young person about his expectations and set a benchmark for this in his work. He appeared to use this clarity of expectations to set boundaries.

“So it is good to have that discussion with the young person, so I go over that with them and create some sort of benchmark and say ’look this is what they expect, you know, and what are your thoughts on that?’”(Frank)

Gabi’s approach was to role model the kind of behaviours that he expected to see in the young people including being respectful when he challenged them.

“You know, because I often don’t let them get away with what they can often get away with at home. Which is, you know, the swearing etc. You have got to be able to have that mutual respect and say ’right, ok, you can get as much as you like from this Centre, but…… there are expectations from you, you know, to carry out.’ However, if a young person is usually swearing quite a lot, or using foul language …. I don’t say
Both Diane and Cathy valued honesty in their work with clients and used this as a way of setting and managing boundaries. Both workers appeared to be trying to help the young person reflect on their behaviour through the management of boundaries.

"Nobody’s trying to stop you doing what you want to do. I want you to be fully aware of the consequences so you can make an informed decision about what you do”.

(Diane)

The therapeutic relationship held between the young person and their worker had clear boundaries that the young person recognised and discussed in their interview. This included awareness that the worker would treat the young person’s disclosure as confidential.

‘I can trust (worker). She is like, I realised she is confidential. Like in my hostel, I saw the owner, I said, like is it confidential and she said yeah, and then I told her I had a heroin habit, and I wasn’t going anymore and then she told my social worker, and then the thing is, she stopped me seeing my nephew’ (Liz)

The young person was aware that their worker was supporting them to have a better future and that this was the worker’s rationale for challenging inappropriate behaviour. One young person also reported that she paid attention to things her worker says and reads the leaflets she was given that would help the young person stop taking drugs. The young boys were aware that they cannot ‘run their worker around’.

‘A lot of people will mess around in the youth club. If I mess around in the youth club, E will notice it straight away. He’d be like ‘what are you doing, why are you doing this for’. He would know straight away. If he weren’t here, obviously people would, people like me would run riot. The youth club would be getting closed all the time.’

(Jon)

Most of the young people had low self-esteem and seemed to be using the relationship or work with their worker to develop a more confident or improved sense of who they were. Both sets of young people had a strong desire to find their own sense of identity or uniqueness as an individual. For some this was driven by their low self-esteem, for others the
young person’s emerging identity was something that the workbook had helped to develop further. Both boys and girls were keen to develop more meaning in their lives and by either avoiding trouble and stopping using drugs or developing a better relationship with their family.

‘(the workbook) helps…………more confidence….to speak to people’ (Jo)

‘I still do drugs, amphetamine and that but not the heroin, I’ve changed……. I just used to do shoplifting and that just to feed my habit and now, you know I am just don’t need to do it. I can now save some money…. to get my nephew some stuff’ (Liz)

Many of the young people had experienced challenges with education, with two of the young people having been excluded from school from an early age. Some had been asked to do the work with their worker because they had been excluded from School.

‘I’ve done hundreds of courses all over ‘location’, I have been to about 5 different colleges. I have been to a couple of schools. I have never ever finished it, never ever and I have nothing to show for it.’ (Liam)

Some of the young people expressed their sense of isolation, which might be because they felt they had no-one to talk to, were feeling very different from their friends or stayed in control and found it difficult to share thoughts and feelings with others.

‘I would say I was quite secretive anyway so I never really share control, share how I feel, share how I am …..I know I am if I am going to do something that no one else will do, I know I like will worry and worry and think about it, and I am still like I know everyone is….. I just feel completely different to everyone else, I don’t know anybody who I have many things in common with’ (Helen)
Frank discussed his own journey in managing his vulnerability and this may have led to him giving ‘too much acknowledgement’ to a young person.

“I always felt coming into this role ….. maybe I’m talking about my own insecurity now, I always thought that if I saw a man I had respect or that I feared ..I…would almost give too much acknowledgement to, could I show him my vulnerable side, my weak side, would I refrain from saying an example, maybe, at 18 he is a strong character ….. because you are in trouble and things are having a massive impact at that level…. where they want to tell you about the beatings they are giving other people, or about the street job they did or the drugs they have sold. It’s almost like a ‘be proud of me’. You know and that is one of the most difficult things to manage really.” (Frank)

Gabi’s sense of community came through when he talked about the role modelling that he did in his Centre. Gabi would encourage a young person to take responsibility in the Centre and he sometimes found that he got this wrong.
“I think you have got to be able to examine them from when they go on trips with you, when they, you know, when they become a helper, they collect consent forms. So, you can see the journey. Slowly but surely. That young person has got the capability. However, as an adult and as a professional worker you have still got to be able to judge that balance … and, mentor that person throughout the journey. You often can make the mistake of thinking the young person can be responsible” (Gabi)

This fallibility also extended to the worker’s self-perception with Gabi reporting his own ‘burn-out’ from his role in the past and Frank being concerned that his view may not be believed by myself as interviewer.

Some of the boys had low self-esteem and seemed to be using the relationship or work with their worker to develop an enhanced sense of self. The boys had a strong desire to find their own sense of self or uniqueness as an individual and in the case of Liam this was driven by very low self-esteem.

“The way I am. Like I am a little shit, look for a job…I just am….. just a pain in the arse.…… I done loads of stuff with G and the youth club and that. I did this through all my life like….. right from being young, I have done everything like, I just never seem to finish it.  I just want to get somewhere and finish it…. I’m getting older. Just chilling on the street, all I do is stand on the street all day. doing nothing. Like what are you learning like. Nothing, I just want to get somewhere” (Liam)

Rob also identified a lack of focus for himself and that he wanted to be himself and to work for it.

“I was messing round in the classroom….. I want to be me….. I don’t want to be no one. I want to work for it” (Rob)
### 6.2.1.6 Theme 6 – Brief therapy techniques

<table>
<thead>
<tr>
<th>Young boys</th>
<th>Men Worker</th>
<th>Young girls</th>
<th>Women Worker</th>
<th>Combined workers</th>
<th>Combined young people</th>
</tr>
</thead>
</table>

- **The young person has some challenges with education (4.4.3.28)**
- **The Worker uncovers the ‘real problem’ by using questioning techniques (5.5.3.3)**
- **Perceptions by the young person of IML are positive (4.4.3.4)**
- **The young person has negative emotions and a negative self-perception (4.4.3.2)**
- **IML helps the young person develop goals and aspirations (4.4.3.4)**

Each of the workers gained benefit from the questioning techniques that were taught to be used with the IML workbook. The workers valued the IML workbook and used this to enable them to gain access into the inner world of their clients. Workers were able to use their skills to open up dialogue and were quickly able to identify what the real issues were for the young person, which were frequently about problems arising from the home environment.

Betty and Cathy enjoyed the new skills that they had developed as a result of doing the course and were now using questioning techniques to open up dialogue in different ways with the young people, finding that they were now triggering or ‘digging up’ previously non-conscious material.

“and then he told me, he told me, it makes me feel like this because and then he told me the reasons why. Whereas, he could have said, he could have told me how he felt and I could have said, ‘I know what you mean, everyone feels like that’. But I didn’t put any of my emotion into it. I just kept on digging until I got it out, and then it did all come out. I would say he is a totally different person”. (Cathy)

Betty reported how the questions within the programme were open questions that were designed to explore the subjective experience of the young person. Betty identified that the questions would bring up things that the young person would not normally talk about, which helped Betty to put the puzzle together about a young person.
“I found the best thing from it, it was great to use as a tool, because the questions are so open that they did lead to something as well …… questions brought out answers and conversations that they would not have naturally brought up themselves ………. It was only when we looked at the page, circle something that you want to change. That then some quite, well, alarming issues, came up about her and her relationship with her father…….. you know she was crying by the end of it, and she had never spoken to me about any of those issues and it was only through that that she actually started to talk about him and her relationship and him………. we are pinpointing areas that would not naturally come into conversation” (Betty)

Diane used the brief therapy material to manage the emotional reactions of her clients more effectively. Diane valued the structure that this gave to her in her work with clients.

“Um……it’s made me be a lot more sort of patient, to be fair. A lot more patient……Where before I would get frustrated if people weren’t sort of not making changes quick enough, that’s not the right word, but going on the right path, you can sort of use something and say ‘right, let’s look at this’. And you can sort of get more out of them………..it doesn’t seem so hopeless really. It is more structured and more, don’t get me wrong, it’s not gonna work out every time and I think people liked it as well because it is not so.” (Diane)

Gabi focussed on the conversation that he had with a young person as the main area where Gabi thinks that he gained access to how somebody was progressing. Gabi was then able to work out through their attitude and body language if there was a problem and used this to find out the cause of a young person’s problems.

“you know the story line, what happened over the weekend you don’t go ‘come into my office’. You have got to be able to find out the reasons through conversation ‘oh, you know’, I often do it by saying ‘oh, can you get something from the office for me’ and I will walk in and say ‘oh, I heard something, is it true?’ You got to be able to know when you can strike up that conversation…..it’s knowing by the attitude and body language ..... and then they might disclose it to you …. because they know they got that trust within you, and they can, they often tell you the cause of something” (Gabi)
Frank used the workbook and dialogue slightly differently, in that Frank focussed on things that the young person was good at. Frank believed that this may then lead to the young person disclosing things that are happening at home. Frank strongly believed that his work was about supporting the young person and not blaming and shaming them.

“Look at their behaviour and what’s good about their behaviour or bad, what the issue is or addiction or whatever they are into…looking at the positives and negatives of that, the worse thing that can happen, how they see that looking if nothing changes over a set period of time, where they are going to go from here …. You get to know what a young person feels, what the issues are, which are sometimes wrong and it turns out it is about something else..... So labelling as anger management or he has difficulties managing his anger occasionally, it just structures it differently. So when the young person sits there and talks about that, I think we need to be more open, and not so much a finger wagging, problem waving”  (Frank)

Each young person was asked about their experience of using the brief therapy material in the workbook. All responses were positive, although it was worth noting that the worker using the techniques was considered a positive or negative influence with some young people saying they would only use it if it was with their own worker, inferring that in some way the workbook represents the relationship with their worker. The therapeutic relationship appears to provide the vehicle for change.

‘I done the booklet before…. but I knew I had the booklet. You know x, the lady. She done it with me..... I didn’t understand it like. It was a bit confusing..... I just done it like and I got nothing back off her like..... I don’t mind doing it with E. I didn’t want to do it with x.... cos like, he is one of the boys like. X like she is a woman like, basically E, he is more like me..... I would rather do it with him.... he understands like, without, if I got confused like, he would help sort it out’  (Rob)

Young people reported that the workbook had helped develop their confidence, provided them with focus and has also helped them understand themselves better.

‘More confidence .... To speak to people....open up more’ (Jo)

The brief therapy techniques in the workbook appeared to help develop goals and aspirations in the young person including going on to college, earning money and getting a job. For some
young people the techniques have also helped them make some changes with regard to their drug habit.

‘to get a job. instead of standing on the streets. Like I said, it gets you into stuff you don’t want to get into like and gets you into stupid stuff and like,’ (Liam)

In the role modelling element of the workbook, some of the young people were able to identify attributes in positive influencers in their lives. One area of commonality amongst the boys was the idea that someone was a ‘worker’, that they worked hard and generated their own success.

Being strong was also a characteristic that was valued by three of the young people.

‘he’s strong and he’s fast in’t he. He like, he just works like…. he would be running backwards and forwards….. they are both good workers like. E is a good worker helping here.’ (Jon)

6.3 Discussion
The aim of study 1 was to elicit and understand the clients’ perspective of change as the client experienced it within a therapeutically informed personal development workshop, facilitated by their youth or community worker. The research question for study 1 asked ‘Young people marginalised from main stream education: how do they experience the relationship and make use of brief therapy models of intervention with their non-therapist worker?’

Thematic analysis was used to analyse the data of young people (n=8) and identified four themes:

• Theme 1 – A complex relationship exists with the worker for the young person – the young person seeks similarities with their worker alongside skills of managing boundaries and therapeutic empathy that appears to lead to the development of secure attachment.

• Theme 2 - The young person demonstrates a developing self-awareness – including giving voice to negative emotions and a negative self-perception. This may include challenges with education and times when the young person has felt alone. The process appears to help develop the sense of self for the young person.
• Theme 3 - Role of the family – the mother is often missing, and is in a couple of instances perceived as secure; the father is often missing or where they are present are valued for being a worker; siblings are referred to as absent figures
• Theme 4 - The workbook is perceived as positive by all of the young people. It helps the young person develop goals and aspirations.

Study 1 continued into study 2, which focused on the perceptions of youth and community workers and their experiences of working with young people using the therapeutically informed workbook. The research question for study 2 was ‘Supporting young people marginalised from mainstream education: how does the worker understand, experience and utilise the working relationship to support their young clients?’

Thematic analysis was also used for study 2 and analysed the data of workers (n=5) who were supporting some of the young people in study 1. Six themes emerged from the workers’ data.

• Theme 1 – Parallel processing has occurred for workers at both cognitive and non-conscious levels.
• Theme 2 – There was a relationship of therapeutic empathy between the worker and the young person
• Theme 3 – The worker has uncovered the ‘real problem’ by using questioning techniques
• Theme 4 - The worker holds boundaries between themselves and the young person
• Theme 5 - The worker has reframed the ‘bad behaviour’ of the young person
• Theme 6 - The worker feels responsible for the young person

Following completion of the analyses of study 1 and study 2, the data were integrated and analysed across all study participants in study 1 and study 2. The methodology continued with thematic analysis and the following themes emerged.

• Projection process
• Conscious and non-conscious modelling
• The relationship is therapeutic
• The worker as a therapeutic container
• Earned security in the relationship
• The brief therapy techniques

All of the young people in study 1 appeared to be using either deactivating or hyper-activating strategies such as risk taking behaviour, hyperactivity in the classroom, absconding from school and not coping well with boredom. It is suggested that the purpose of these strategies is to bring towards the insecure adolescent an attachment figure who demonstrates availability and security (Cassidy and Kobak, 1988; Crittenden, 2000; Gerhardt, 2004; Mikulincer, and Shaver, 2001; Mikulincer, Shaver, and Pereg, 2003; Schore, 2003; Shaver and Hazan, 1993). Crittenden’s (2000) theory suggests that these adolescents are using this strategy to develop a relationship with someone who does demonstrate care for them such as the youth worker, which then enables the young person to develop their own sense of security. Crittenden (2006) also proposes that adolescents have a dynamic maturational model of attachment, seeking a relationship with their worker based on sharing similarities to enable them to develop a mature sense of self. Within this study young people are consciously seeking similarities with their worker, whether this be similar to a perceived or actual attachment figure, or a similarity to themselves. This is then reciprocated by the worker through what appears to be a projection process that occurs between client and worker. Crittenden (2006) goes on to suggest that the behavioural strategies of bringing an attachment figure closer will change when the strategy stops being effective, where the individual is given the opportunity to respond differently, and when the person feels sufficiently safe to trial behaving in a different way. This is demonstrated in some of the young people who report that they feel more confident and have developed greater confidence. This is reported in McMahon’s (2009) case report with Joe. McMahon suggests that as the relationship matures between herself and Joe, he is able to cope with some of the challenges that McMahon offers, and is also able to move on to manage his own addictive behaviour. Some of the young people have remained attached to their worker, requiring transitional objects to maintain contact with their worker when the worker was unavailable. Lemma (2010) suggest that this should be an ongoing process, through into adulthood, with the client maintaining access for as long as the client wants. It is beyond the bounds of this thesis to consider the implications of this.
The nature of the relationship between these young clients and their workers is not intentionally or contractually therapeutic, yet it is clear from the experiences of both client and worker that it is inherently a therapeutic alliance. Therapeutic work should therefore be constructed around these development dimensions highlighted by Crittenden, with ‘conscious recognition of preconscious procedural enactments during therapy sessions being crucial to change’ (p.112) with the therapist functioning as ‘transitional attachment figures…..therapy is co-created’ (p 113). (Crittenden, 2006). Preconscious procedural enactments appear to be occurring in the themes representing the projection process that occurs between worker and their young client, and the conscious and non-conscious modelling that was observed in each of the workers. The modelling is predominantly offering an alternative parental model, creating a space for the young person to mature within a containing quasi-family setting. This supports the findings of Lemma (2010) who suggests that the attachment relationship can be both created and developed in this less formal setting and for young people is seen as preferable to that of structured therapy. Davies (2014) refers to the worker being an active and persistent presence who can provide a safe and non-judgemental environment for chaotic clients.

Within study 1 the young clients refer to their worker holding the boundaries and wanting the client to be on the right path. The young clients appear to view any boundary reinforcement by the worker as in the best interests of the client. McMahon (2009) refers to this in her work with Joe and suggests that Joe is able to recognise that McMahon is trying to help Joe. Davies (2014) has a different perspective on this for the chaotic homeless clients in this study. Davies findings note that some clients perceive that their worker does not care or does not listen to the client. The Davies data lacks any critique of this.

Workers in this thesis report being aware of boundaries and refer to avoiding self-disclosure. Cathy describes how she maintained empathy with a young boy as he disclosed distressing material. Cathy was aware that this had some resonances with her own history and was able to contain both herself and her client during this interaction. Cathy goes on to report how she initially thought that the relationship between herself and her client would be damaged by this disclosure. When Cathy meets the boy again, she reports how she thinks the relationship has become stronger for the interaction and the boy appeared to be managing the difficult situation that he was experiencing.
Personal disclosure is traditionally avoided in therapeutic interactions, yet the Davies (2014) study appears to use disclosure as a way for the researcher to gain information from study participants. The Davies study utilises service user researchers and the ethics of this are not discussed by the authors.

There is no research or literature to support the utilisation of the IML material in the uncovering of psycho-social problems.

### 6.4 Conclusion

This chapter has summarised the combined analyses of the data from study 1 and 2 and the development of six themes. Thematic analysis (Braun & Clarke, 2006) was used to analyse participants’ interview data and through this process there emerged a number of themes.

- there appeared to be a **projection process** occurring that created a symbolic familial relationship between the worker and client
- the worker appeared to be using **conscious and non-conscious modelling** to enable change in the young person, and through parallel processing the worker and young person saw similarities in each other
- the **therapeutic relationship** appeared to support and enable change in the clients
- the worker appeared to **act as a container** for the young person leading to development of a more integrated sense of self
- **earned security** in the worker and their ability to see lack of security in the young person appeared to be an important factor in the relationship between client and worker
- brief therapy techniques used in the workshop helped to uncover problems that were difficult to disclose and/or deal with

These themes give further rationale for exploring adult/worker relationships in similarly marginalised groups in study 3.
Chapter 7 – Study 3: The relationship between adult clients marginalised from mainstream statutory health and social care services and non-therapy trained third sector workers

7.1 Overview
This chapter commences with the research question and aims for study 3. A flow diagram is then given of the research process map for study 3. The chosen methodology, Grounded Theory, is critiqued alongside other methodologies that can illuminate the dynamic relationship processes between client and case worker. A full description of the research methodology for study 3 is provided.

The chapter concludes with a comprehensive critique of the ethical issues raised by the research and the validity of the research.

7.2 Research question and aims of Study 3

7.2.1 Rationale for study 3
Each of the young person participants in study 1 were marginalised from mainstream education and mental health services. Many of the young people were known to the criminal justice system and some were utilising drugs or alcohol on a regular basis. The young person’s workers in study 2 were not trained to work with complex psychological problems. The young people appeared to be developing relationships with their workers such that the young person was sharing complex mental health problems with their worker and were finding meaning in the relationship with their worker.

My aim in study 3 was to explore whether there were similar relationship dynamics occurring between worker and client in other older marginalised groups where their workers were similar to those in study 2, in not being therapeutically trained. The workers in study 3 were using brief therapy techniques in their interactions with their clients, the purpose of which was to enable improved well-being.
7.2.2 Research question – Study 3

How do adult clients marginalised from mainstream statutory health and social care services and non-therapy trained third sector workers experience the processes of “working together”?

7.2.3 Aims of study 3

A number of aims for study 3 were identified subsequent from the systematic literature review and subsequent literature review following studies 1 and 2.

My aim was to identify if processes observed in a young group in study 1 and 2 were present in brief therapy informed intervention work in similarly marginalised adult groups, including:

- The role of familial symbolism and projection between worker and client within the relationship
- How self-maturation models of development may be enabled in non-therapeutic work
- What are the elements of the therapeutic relationship in a non-therapeutic contract?
- What is the role of dealing with one’s ‘ghosts’ and the development of earned security as a “wounded healer” in the worker and if it influences how they work with clients?
- The role of parallel processing for the worker as a positive resource
- Processes of containment that may positively influence therapeutic affect for client and worker
### 7.3 Process map for Study 3 (n=11)

**Client 1 (Jane) to open coding**
- Sept - Nov 2014

**Client 2 (Tom) to open coding**
- March - April 2015

**Client 3 (Mike) to open coding**
- Jan – April 2015

**Constant comparison clients 1 & 2**
- May 2015

**Client 4 (Charlie) to open coding**
- Aug - Oct 2015

**Axial coding & constant comparison clients 1,2 & 3**
- Aug 15 - Mar 2016

**Client 5 (Bob) to open code**
- Mar 2016

**Focused coding all clients**
- April – May 2016

**June 2016**

**Focused coding all workers**
- May – Sept 2016

**Sept 2016**

**Focused coding clients & workers**

**Worker 1 (Peter) to open coding**
- June 2015

**Worker 2 (Harry) to open coding**
- Worker 3 (Simon) to open coding
- Worker 4 (Graham) to open coding
- Aug - Nov 2015

**Constant comparison workers 1 & 2**
- July 2015

**Axial coding & constant comparison workers 1, 2 & 3**
- Worker 5 (Jenny) to open coding
- Worker 6 (Louise) to open coding
- Sept 2016

**Focused coding all workers**
- Aug - Nov 2015

**Focused coding all clients**
- June 2016

**Focused coding all clients**
- Worker 3 (Simon) to open coding
- Worker 4 (Graham) to open coding
- Worker 5 (Jenny) to open coding

**Veterans - home less**

**PTSD**

**ADDITIONS**
7.4 Participant demographics
Eleven participants were recruited for study 3. Participants were recruited utilising theoretical sampling to stay within the grounded theory research methodology. Five clients were recruited from the military veterans’ sector, and 6 workers were recruited. Workers were initially recruited from the veterans’ charities, and as the theoretical sampling continued further participants were recruited from addictions charities.
<table>
<thead>
<tr>
<th>Pseudonym</th>
<th>Gender</th>
<th>Age</th>
<th>Role</th>
<th>Background Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane</td>
<td>Female</td>
<td>40</td>
<td>Military Veteran – Army.</td>
<td>Had been diagnosed with PTSD and physical trauma leading to physical disability post combat. Self-employed. Lives with partner. Previously divorced. No dependents.</td>
</tr>
<tr>
<td>Tom</td>
<td>Male</td>
<td>Late 30’s</td>
<td>Serving Personnel - Army</td>
<td>Seen by a psychiatrist and diagnosed with PTSD. Now worked as a fitness instructor in the army. Previously divorced, now remarried. One dependent.</td>
</tr>
<tr>
<td>Mike</td>
<td>Male</td>
<td>Early 40’s</td>
<td>Military Veteran - Army</td>
<td>Diagnosed with PTSD post combat. Lorry driver. Married, dependents not known.</td>
</tr>
<tr>
<td>Bob</td>
<td>Male</td>
<td>Late 50’s</td>
<td>Military Veteran - Army</td>
<td>Diagnosed with PTSD post combat. Retired. Married. No dependents.</td>
</tr>
<tr>
<td>Charlie</td>
<td>Male</td>
<td>Early 40’s</td>
<td>Military Veteran - Army</td>
<td>Diagnosed PTSD post combat. Previously divorced. Remarried. 2 dependents and one teenage child from former marriage. Works full time in the NHS.</td>
</tr>
<tr>
<td>Pseudonym</td>
<td>Gender</td>
<td>Age</td>
<td>Role</td>
<td>Background Summary</td>
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</tr>
<tr>
<td>Peter</td>
<td>Male</td>
<td>Early 40’s</td>
<td>Charity worker at veterans’ PTSD charity</td>
<td>Had left army and suffered with PTSD. Had sought help from the charity that he now works for. Divorced. No dependents. One young adult daughter.</td>
</tr>
<tr>
<td>Harry</td>
<td>Male</td>
<td>Mid 40’s</td>
<td>Charity worker at veterans’ PTSD charity</td>
<td>Had left army and suffered with PTSD. Had experienced NLP as extremely helpful in aiding his symptoms. Worked for veterans’ charity. Divorced.</td>
</tr>
<tr>
<td>Simon</td>
<td>Male</td>
<td>Mid 50’s</td>
<td>Charity worker at homeless veterans’ charity</td>
<td>Left army and had PTSD. Made homeless due to drink problems and divorce. Worked for homeless veterans’ charity.</td>
</tr>
<tr>
<td>Graham</td>
<td>Male</td>
<td>Early 50’s</td>
<td>Education support worker at veterans’ PTSD charity</td>
<td>Left army. No history of PTSD. Went into higher education and then consultancy to education sector.</td>
</tr>
<tr>
<td>Jenny</td>
<td>Female</td>
<td>Mid 30’s</td>
<td>Drugs worker – Addictions charity</td>
<td>Has health sciences degree. History of social drug use and heaving drinking as a teenager. Decided to use her experiences to support others through addictions charity.</td>
</tr>
<tr>
<td>Louise</td>
<td>Female</td>
<td>Mid 30’s</td>
<td>Drugs worker – Addictions charity</td>
<td>Former service user at the same charity. Became peer mentor. Now a recovery coach.</td>
</tr>
</tbody>
</table>
7.5 Ethical considerations
A research proposal was submitted to the ethics committee of the University of Surrey prior to data collection and received full approval (appendix A, pp. 268-308). I was asked by the ethics committee to conduct a full risk assessment for the study prior to approval being granted (appendix A). Permission from each of the Charities to approach the clients and workers was sought and gained.

Similar safeguarding processes to study 1 and 2 were put in place (see page 68). Workers supported their clients to attend the interview and ensured that they were accessible post interview if required. This was not required by any of the client participants.

A challenge arose with regard to referring workers onwards particularly in one instance with a worker participant from the veterans’ charity. A client reported being very distressed by his experience of working with one worker and raised some ethical issues about this worker. I raised this ethical concern with my academic supervisor and decided to discuss the ethical concern with the worker’s supervisor. The worker’s supervisor accepted responsibility for addressing this with the worker concerned.

7.6 Methodology

7.6.1 Introduction
Studies 1 and 2 used thematic analysis (Braun & Clarke, 2006) to highlight the experience of young people and their workers during their use of a therapeutic workbook in a personal development workshop informed by some brief therapy techniques. Some evidence emerged that was suggestive of relational and theorised psychodynamic processes being present within the relationship. The analysis suggested there might be a relationship between a dynamic maturational model for the young person and earned security in the worker.

My aims of study 3 required a deeper and more detailed exploration of the subjective relationship processes between client and their worker and Grounded Theory Methodology was selected as the most appropriate approach (see pp. 163-66).
7.6.2 Rationale for a qualitative methodology

Strauss and Corbin (1990) recommend the use of qualitative methodologies for describing the experiences and behaviours of, and the interactions between people within a social context. As processes within relationships are interpretivist and subjective according to an individual’s experience and are held within a negotiated, shared social reality, a qualitative methodology would be able to illuminate the experience of individuals in this thesis more clearly than quantitative methods.

Green and Thorogood (2004) propose that where process is to be understood qualitative methodologies provide the opportunity to explore relational areas that are not easily measured by quantitative methods. This opens up the possibility of a ‘plurality of truths’ where different versions of reality can be experienced and explored (Fraser, 2004 p.181), and contribute to a richer systemic understanding with a chosen methodology i.e. Grounded Theory. The concept therefore of a constructivist and interpretivist approach offers the potential to explore at a deeper level the subjective experience of both client and worker.

I was governed by the core characteristics of qualitative methodologies outlined by Snape and Spencer (2003, p.5) to determine my approach for study 3.

- Aims which are directed at providing an in-depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives and histories.
- Samples that are small in scale and purposively selected on the basis of salient criteria
- Data collection methods which usually involve close contact between the researcher and the research participants which are interactive and developmental and allow for emergent issues to be explored
- Data which are very detailed, information rich and extensive
- Analysis which is open to emergent concepts and ideas, which may produce detailed description and classification, identify patterns of association or develop typologies or explanations
- Outputs which tend to focus on the interpretations of social meaning through mapping and representing the social world of participants

My own personal philosophical framework is one of many truths, each truth held by a somewhat different version of reality held by the billions of personalities inhabiting this
planet. Yet at the same time I believe we require a commonality of meaning and sharing of social constructs that enable communication and co-operation. My preference therefore is to understand and explore the many versions of perceived truth that exist. I believe in social justice and equality for all therefore by adopting a constructivist stance, if I can begin to explain how marginalised groups benefit from the interactions that they share with their third sector workers by illuminating their shared experiences, the thesis has the potential to inform and influence the wider system as outlined in chapter 1.

7.6.3 Grounded Theory
Grounded theory enables the exploration, illumination and understanding of the social world of participants and is considered an effective methodology for understanding psychotherapy and counselling processes (Elliott, et al, 1994; Hill, 2012; Levitt, et al, 2006; Rennie, 1994d, 2002).

Although Braun and Clarke (2006) suggest that thematic analysis and grounded theory are broadly similar in that both approaches code themes from the data, grounded theory (Glaser & Strauss, 1967; McLeod, 2001) offers the opportunity for data analysis to be conducted at the same time as data collection. The grounded theory method of constant comparison enabled me to be responsive to the data as it emerged and to develop core categories as data collection progressed. I was then able to gather further data based on the data analyses of the subjective experience of each participant (Strauss & Corbin, 1990).

I considered my own philosophical stance and how this might affect my interpretation of the data. I recognised that my approach to research provided an interpretivist backdrop with the broader use of a range of brief therapy techniques, including NLPt belonging to the constructivist psychologies. In considering some of the early influencers on NLP, Bateson (1972, 1979) and Erickson (1954, 1958, 1965) both provided a constructivist approach to researching in Bateson’s case, and observing in Erickson’s case, their clients’ subjective worlds. Both Bateson and Erickson limited their interpretation of meaning and tried to reflect as accurately as possible the client’s experience as they observed it.

I recognised that as the researcher I am the predominant influence on grounded theory methodology. It is my own interpretation of the data that will determine any emerging theory and the use of brief therapy methods with therapeutically untrained workers. This is discussed
further in this chapter when I consider reflexivity. The grounded theory method of line by line coding helped me to stay close to the data, with my reflections on the data contained in grounded theory memo writing.

7.6.3.1 Principles of grounded theory methodology

Glaser and Strauss (1967) determine three principles for grounded theory methodology.

- The researcher discovers new ways of making sense of the world.
- Analysis is used to generate a hypothetical framework that enables understanding of a phenomenon
- Theorising is grounded in the data, with middle range theory emerging from the data.

All of these are principles relevant for the field of brief therapies e.g. CBT, MI, NLP, SFT which currently have scant theory of the therapeutic relationship bond.

Urquhart (2013) identifies 12 features of grounded theory as they are outlined by Cresswell and Dey (pp.4-5). I have reflected on these and discussed how they apply to study 3.

- *The aim of grounded theory is to generate or discover a theory* (p.4). As I have highlighted in chapter 2 use of brief therapy methods offer a limited theory of therapeutic relationship. My aim then was to generate or discover a theory from practitioners who were utilising brief therapy methods and were not working as trained therapists with a pre-existing theoretical understanding of the therapeutic relationship. I was able to identify only 5 studies researching the therapeutic relationship using brief therapy methods by non-therapist workers with marginalised groups in society.

- *The researcher has set aside theoretical ideas in order to let the substantive theory emerge* (p4). My interviews have focussed on the experience of both client and worker. I have attempted to limit any influence that my existing knowledge of theory might have on the analysis by utilising memos, a research diary and supervision to acknowledge and bracket off these influences. I have been transparent in my literature review in chapters 2 and 3 conducted prior to study 1 and 2 and subsequent to the development of themes emerging from these studies. I conduct a further literature review after study 3 and the development of the grounded theory.
• *Theory focuses on how individuals interact with the phenomena under study* (p5). The phenomena under study was the interaction between non-therapist worker and their client in a third sector environment where clients had been marginalised from mainstream services.

• *Theory asserts a plausible relationship between concepts and sets of concepts* (p5). As my study continued I was able to develop an understanding of the hypothetical relationship between the concepts that emerged from both clients and workers. I was also able to explore possible relationships between these concepts, offering a multi-dimensional map of these in Chapter 8.

• *Theory is derived from data acquired in field work interviews, observation and documents* (p.5). Data in this study have been derived from field work interviews only. It was not possible with the vulnerable and sometimes psychologically chaotic clients included in the study to conduct observational studies. I utilised my observations of interactions between client and worker when being introduced to clients and my memos and process notes made throughout the study.

• *Data analysis is systematic and begins as soon as data are available* (p.5). I conducted analysis of data as it emerged from each client and worker and this analysis then informed the next data collection, based on the process of constant comparison and the hypothesised emerging concepts.

• *Data analysis proceeds through identifying categories and connecting them* (p.5). Each participant’s data set were analysed at the level of code, selective code and theoretical code. As each subsequent data set were analysed, categories emerged and were refined as further data were included in the study and different themes emerged or existing themes were reinforced by the data. Themes were then grouped to form axial codes for each participant before data were compared between participants.

• *Further data collection (or sampling) is based on emerging concepts* (p.5). As data emerged and concepts were considered, I looked for confirming and disconfirming data. This included conducting further interviews and analyses in a different sector to the original context of veterans’ charities. I sought worker participants from two addictions charity as they were also not trained as therapists and were working with marginalised groups in society, using brief therapy techniques.

• *These concepts are developed through constant comparison with additional data* (p.5). I continued to move back and forth between the data and the concepts as they
emerged, checking and rechecking, classifying and reclassifying concepts. I used flipcharts and coloured post-it notes as data emerged to ensure I had flexibility in moving the data around. I piloted using NVivo software as an alternative to my manual analysis method. I found that NVivo was too restrictive in requiring data to be coded under a number of predetermined subheadings of consequences, conditions and actions/interactions/emotions. This would have required me to make a number of assumptions about the meaning that could be given to any item of data through an interpretivist stance. When I compared the NVivo analysis with my own paper version, the paper version appeared to be more reflective of the participants’ experience. I then transferred my flip chart data to a mind mapping application – Mindomo. This enabled me to capture the data without risk of flip charts losing post it notes.

- Data collection can stop when no new conceptualisations emerge (p.5). I continued data collection and analyses until themes and concepts became repetitive. I also sought disconfirming data. Within this process I noted cases that highlighted more extreme examples of some of the themes that were emerging.

- Data analysis proceeds from open coding (identifying categories, properties and dimensions) through selective coding (clustering around categories) to theoretical coding (p.5). The data as they are presented offer an exploration and audit trail of the move through open coding, to selective coding to theoretical coding. This was done at individual participant level for workers, clients and contexts.

- The resulting theory can be reported in a narrative framework or a set of propositions (p.5). I have presented a set of propositions followed by a narrative framework for the emerging theory in chapter 9.

7.6.3.2 The rationale for grounded theory methodology

I reviewed a number of qualitative methodologies prior to deciding to utilise grounded theory. My reflections on this choice are outlined below.

7.6.3.2.1 Thematic analysis

Braun and Clarke (2006) identify thematic analysis as a qualitative research methodology for ‘identifying, analysing and reporting themes (patterns) within data’ (p.6). Thematic analysis is interpretive at semantic and latent theme level enabling the development of whole meaning
from the data corpus as well as discrete meaning within specific data sets, thereby allowing for an understanding of relationships between themes (Marks & Yardley, 2004). My literature review highlighted the lack of relationship theory within all the brief therapies e.g. solution focussed therapy, CBT, NLP and support worker in general. Therefore, a methodology was required to develop a depth understanding of both client and workers’ experiences of their relationship without making too many prior assumptions about what might be happening for both worker and client and between them. Braun and Clark suggest that thematic analysis is more appropriate for studies that are towards theory development (2006, p.8) as utilised in study 1 and 2. Thematic analysis however does not use the potential explanatory power of constant comparison and theoretical sampling in the systematic manner that is offered by Grounded Theory.

7.6.3.2.2 Interpretive Phenomenological Analysis (IPA)

IPA is a research methodology that allows for an understanding of how participants in a study are making sense of their experiences and their context (Biggerstaff & Thompson, 2008; Smith, 2004).

IPA offers a philosophical viewpoint that is based in Husserl’s ‘philosophy of consciousness, with hermeneutics (the theory of interpretation), and with symbolic-interactionism’ (Biggerstaff & Thompson, 2008, p.177). This philosophical viewpoint leads to the researcher interpreting the text as theories emerge. IPA allows for bracketing off assumptions as they arise during the data analyses. Any assumptions by the researcher are explored through reflective journaling so that the phenomenon can be allowed to speak for itself. The researcher returns to the bracketed assumptions as the data analyses are concluded and the phenomenon are fully described.

IPA encourages the researcher to interpret the data by trying to understand what it is like to be the study participant and interpret meaning from this position (Smith & Osborn, 2008). I wanted to avoid the risk of bringing my own assumptions to the data and therefore discounted this methodology as it requires interpretation from an early stage of data analysis. I did however decide to utilise reflective journaling as a self-supervision process and in research supervision to ensure that I was aware of my own process as I analysed data from the study.
7.6.3.2.3 Narrative, conversation or discourse analysis
Qualitative research methodologies offer a number of different approaches to understand how people use language to describe their experiences. These methods include conversation, discourse and narrative analysis. Conversation analysis (Sacks, 1992) focusses on the meaning of conversation and the constructs or principles that are present within conversation. This may include turn taking, conversational sequence and interaction, and lexical choice. Discourse analysis (Gilbert & Mulkay, 1984) is a methodology that allows for sense making of concepts that appear in written and spoken word. Narrative analysis explores how people make sense of their experience through the communication of stories (Bruner, 1990). As I was focussing on the relationship between worker and client and the subjective experience of each participant, I wanted to explore factors that would not be picked up during conversation such as a felt experience and other non-conscious processes.

7.6.3.2.4 Philosophical Inquiry
This method was discounted for similar reasons to those for IPA (7.6.3.2.2). Philosophical inquiry (Russell, 1992) uses intellectual analysis to explore values, ethics and meaning. I did not want to make assumptions that the relationship between worker and client was based on a philosophical construct hence discounting this method.

7.6.4 Research design
I have utilised Urquhart’s (2013) headings that were developed by Eisenhardt (Urquhart, 2013, p.67) to provide a comprehensive explanation of the research design.

7.6.4.1 Getting started
Charity 1 – veterans’ PTSD charity (n=8)
Charity 2 – homeless veterans’ charity (n=1 worker)
Charity 3 – addictions charity (England) (n=1 worker)
Charity 4 – addictions charity (Wales) (n=1 worker)

I identified a charity based in England (charity 1) who were offering emotional and psychological support to military veterans who had PTSD. Some of these veterans had received a clinical diagnosis of PTSD, others were self-diagnosed. The charity had been set up by a military veteran who had experienced PTSD during active combat and who had
found that NLP had helped him deal with his symptoms. Subsequent to this he decided to offer support to others similar to himself. The charity was small with just two case workers, an administrator and some volunteers. The charity was using NLP as its main approach and both case workers had been trained in NLP, one to Practitioner level and the other to Master Practitioner level. Neither worker had been trained as psychotherapists.

I met with the head of the veterans’ PTSD charity and explained the purpose of my study. The charity staff were given a copy of the participant information pack and consent form (appendix A, pp. 268-308), and I shared with the charity my own DBS (disclosure and barring service) clearance, my professional registration status with the UKCP and NMC, as well as the ethics approval that I had received from the University for this study. The charity shared with me their lone working policy and asked that I agreed to adhere to this.

As required by the ethical approval process, I sought agreement with the charity that as each client participant was approached for their interest and assigned to the study, their worker would be notified and be available to meet with their client after the interview if required.

I followed the same process for the three additional charities that were later included in this study, a homeless veterans’ charity (charity 2) based in England that had been set up by a non-therapist homeless veteran following his experiences leaving the military, a drug addiction services charity (charity 3) in England, and a drug addictions services charity in Wales (charity 4). The addictions service charities were providing a range of commissioned services to vulnerable service users who were not in receipt of statutory health services other than methadone prescriptions for some users. None of the workers in these 3 charities were trained as therapists, however they had received some previous training in brief therapy methods.

7.6.4.2 Selecting cases

Initial selection of study participants was through opportunistic sampling for the first worker and client. The sample size for workers in charity 1 was limited to two workers, with both interviewed and their data analysed. Client participants from the veterans’ PTSD charity were selected through opportunistic sampling throughout the study. Sampling for the workers then became theoretical, with each subsequent study participant selected based on the analysis of
the preceding Client and/or Worker. This process enabled constant comparison which would “densify’ particular categories .(to follow) a particular path” (Urquhart, 2013, p63).

All charity workers were asked to identify clients suitable for the study and utilised inclusion criteria of each client having sufficient mental capacity to be interviewed and were not dangerous to self and/or others. Those who were considered to be dangerous to self and/or others, and those who were intoxicated through alcohol or drugs were excluded. Exclusion criteria were shared with the workers selecting client participants and the workers took responsibility for assessing suitability for inclusion.

Charmaz (2014) suggests that theoretical sampling in grounded theory enables the refinement of data analysis and systematic checking of emerging theory, continuing with theoretical sampling until no new properties emerge (p.192). Theoretical sampling also supported my own preference for inductive reasoning, considering all possible explanations for an emerging concept leading to an inference of what might be being portrayed by the participant. This would then be checked with the next participant, enabling refining and inclusion of data, as well as noting exceptions.

7.6.4.3 Crafting instruments and protocols

My primary instrument for data collection was the use of a semi structured interview developed from the findings of study 1 and 2, conducted by myself as researcher and interviewer. I have discussed the role of myself as interviewer in 3.4.3.2.2.

Each of the study participants was provided with a study information sheet outlining the purposes of the study, list of semi-structured questions that would guide the interview, how the data from the study would be used, confidentiality, data protection and safeguarding procedures (appendix A, pp. 268-308).

Participants were asked to sign a consent form giving permission for interview and for data elicited within the interview to be used for research and publication purposes. All participants retained the right to withdraw from the study at any point. Client participants were also offered the opportunity to talk to their worker after the interview should any material arise that was distressing.
I was aware of the need to balance exploration of concepts during the interview with the risk of being intrusive (Charmaz, 2014). I pre-framed potentially difficult questions with an option for the participant to refrain from answering if they wished. Only one participant, Louise, opted to refrain at one point during the interview.

I had a set of questions that guided the semi structured interviews for the initial interviews with client and worker participants. These questions were informed by the observations that emerged from study 1 and 2, and literature review. My initial focus for the client interviews centred on any relationship factors that were considered both helpful and unhelpful. One question explored whether the client’s history had influenced their choice of worker. My initial focus for the worker interviews explored the worker’s sense of self, their history that influenced their decision to work in their chosen field, and also explored the helpful and unhelpful elements of their work with clients.

Questions for the worker:
- Can you tell me about your background and any issues that you think may have had a bearing on your career and why you might work with this client group?
- Tell me about your sense of who you are and if this influences your work with your clients
- How comfortable are you in who you are and what impact might this have on your work with clients?
- What are the most helpful things for your clients in your work with them?
- What are the least helpful things for your clients in your work with them?

Questions for the client
- Can you tell me about your background and any issues that you think might have had a bearing on why you have ended up working with your key worker?
- What are the most helpful things that your worker does for or with you?
- What are the not so helpful things that your worker does for or with you?

As I was following a grounded theory methodology, my interview protocol changed as I continued to develop the axial codes with my interview being used to refine codes or explore emerging themes, and to seek disconfirming data. Following the first three clients interviews
I amended my questions to focus on specific aspects that had emerged in the initial interviews. These included an exploration of the following examples: notion of choice; early childhood history; what ‘acting out’ behaviour meant to the client. As the interviews and analyses progressed further my reflective journaling raised questions about how the work together enabled the transmutation of early childhood defence mechanisms for the client into something that appeared to give the client choice. The workers interviewed initially had learnt to live with their trauma responses and described being able to choose how they reacted to situations. This was reflected in the initial clients interviewed. I explored these elements in subsequent interviews where parallel processing by the worker became more apparent.

**7.6.4.4 Entering the field**

I was very aware that the role of myself as researcher was one that could raise issues of power and control for both worker and client participants (Presser, 2005). I utilised my therapist skills of active listening and rapport to engage with each participant throughout the interview. Each interview was conducted face to face and was up to 60 minutes.

The use of language and awareness of key terms within interviews was an important component of how I approached each study participant (Charmaz, 2014, p.60). I had never served in the military neither had any of my immediate family. I had also only had very few psychotherapy clients who had served in military life. It was important that I was respectful of language used and checked for any key terms that may have a different meaning according to context.

It was recognised that some of the study participants wished to only speak for short periods of time and some client participants had difficulty maintaining their concentration for long periods therefore flexibility, rapport, empathy and active listening were essential to facilitate the gathering of meaningful data that respected the social world of the participant (Green and Hart, 1999). Some participants were seen in their own homes and I made sure that I demonstrated respect towards family members who were present either before or during the interview. One of the workers, Simon, wanted to have his wife present throughout the interview and he deferred to her for her view on a couple of occasions. I did not include her response in my transcription, however I did note that she had responded at his request.
It was important that I maintained confidentiality of data between each of the workers and their clients. Each worker was aware of which client I had interviewed as we had already agreed that the client’s case worker would be available post interview if required. Clients were not aware which workers I had interviewed, although it is probable that they were able to ascertain this as there were only two case workers at the veterans’ charity. I have changed names and some details in transcripts such as military tours, place names and classified information to protect the identity of those involved. Samples from transcripts are included in this thesis.

7.6.4.5 Analysing the data

7.6.4.5.1 Recording the interviews

I utilised two recording devices for each interview, an MP3 recorder and a software recording application on an IPAD. Both recordings were then transferred onto a computer and were retained in a locked secure data file for the entirety of the study, through to examination of the thesis.

7.6.4.5.2 Transcribing the interviews

The interviews were transcribed by myself, allowing me to become immersed in the data. I coded any unintelligible speech and all utterances and emphases where they were obvious. I made memos regarding any recall I had of pertinent points during the interview, such as when a participant became upset or if there were any particular gestures made to describe a particular point during the interview. In some instances, I referred to the gesture during the interview to ensure that I remembered to capture this data during the transcription process.

I listened to each interview a number of times following transcription, firstly to check for accuracy and then to make grounded theory memos, and to ensure that I referred back to the client’s story as I continued their analysis.

7.6.4.5.3 Coding the data

I analysed the data following Strauss and Corbin’s (1990) theory ‘breaking down, examining, comparing, conceptualising, and categorising data’ (pp. 61). The initial open coding (Urquhart, 2013) was conducted line by line and each section of text from the transcript was transferred to an excel spreadsheet for each participant. Each initial code focussed on words
and phrases ensuring that the categories were developed around social processes rather than static ideas.

These initial codes were then grouped into a higher level of selective code and checked for areas of commonality (Angus and Rennie, 1988; Rennie et al, 1988; Rennie 1990, 1992, 1994a, 1994b, 1994c, 1994d, 1996, 1998; Urquhart, 2013; Watson and Rennie, 1994).

I referred back to the participant’s transcript to ensure that the meaning for the client remained present within each open code. Each higher level selective code was then developed into a set of overarching categories or theoretical code for each participant (Urquhart, 2013). McLeod (2001) proposes developing ‘overarching and lower-level categories’ (p. 79) as a way of demonstrating the main categories that emerge and refining these further into concepts within each category.

7.6.4.5.4 Developing the axial codes
Following the development of theoretical categories, axial coding was then undertaken that related categories to subcategories (Charmaz, 2014). Strauss (1987) refers to this as a way of generating and understanding relationships around a central category.

Axial codes were generated for each participant in turn. The data were then returned to at the level of selective code to develop axial codes for each group of worker and participant clients before generating a set of axial codes for the data corpus.

An emerging set of axial codes were explored separately for the client and worker participants, before being explored for the combined participants. As axial codes were developed for the client participants, this was checked against the developing axial codes for the worker participants.

A further client was then recruited from the veterans’ PTSD charity to check the validity of emerging axial codes and this client offered a set of confirming data.

The workers’ data were then revisited, and I decided to conduct another interview with a different worker who was providing employment support in the veterans’ PTSD charity. This interview provided both confirming and disconfirming data. Disconfirming data included:
• No mention of self-insight
• No mention of in-session awareness
• No awareness of sharing similar childhood experiences as his clients
• No history of PTSD
• No history of own personal therapy
• Positive recall of parents
• Army is not considered a substitute family
• History of high motivation and rapid career success in the military without the setbacks reported by other workers
• Sees similarities with myself as interviewer

I therefore decided to check the emerging axial codes with a different group of workers. I recruited a worker from within an addiction services charity. Her data provided some extreme examples of some of the axial codes. I then checked her data by interviewing another worker from a different addictions charity and was provided with some further different but extreme examples of some of the other axial codes. These extreme examples included the lack of containment of clients’ psychological material, and boundary violations.

I returned to the client data and recruited a further client participant from the veterans’ PTSD charity. His data offered disconfirming data and some supportive data. Although he was not within the addictions service, his data highlighted some of the extreme examples that emerged from the data of the two addictions workers. Disconfirming data were considered and included in the emerging theory.

7.6.4.5.5 Shaping the theory
As each set of axial codes for workers and client participants were developed and finalised, I returned to the selective codes to develop axial codes and an emerging theory for all workers and clients.

7.6.4.5.6 Enfolding literature
A further literature search was conducted subsequent to the development of the grounded theory. This is reported in chapter 8.
7.6.4.5.7 Reaching closure

I see this study as a small step towards developing a theory for the therapeutic relationship in third sector practice where workers have brief training in a range of brief therapy methods and more importantly within workers who are not trained or employed as therapists but are providing valuable support to vulnerable clients in society. The emerging theory provides a framework for ongoing research, study and exploration and is discussed further in chapter 9.

7.6.5 Evaluating the Study

Evaluating qualitative studies requires different processes to that of quantitative methodologies because of the subjective nature of human interpretation of both the interview and analysis processes. Glaser (1978) suggests that qualitative research should be assessed against criteria of fit, work, relevance and modifiability. Charmaz (2014 pp 337-338) offers four specific criteria for evaluating grounded theory studies and I have used these to critique the validity of this study.

7.6.5.1 Credibility

<table>
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<th>Criteria</th>
<th>Commentary</th>
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<tr>
<td>Has your research achieved familiarity with the setting or topic?</td>
<td>I continued data collection and analysis with the worker group (n=6) until data sufficiency was reached which occurred when no new codes emerged. With the client participant group (n=5) I continued with clients in the veterans’ PTSD context until sufficiency was reached. I did not conduct further data collection and analyses in the veterans homeless or addictions sector as I did not want to introduce further variables. Data emerging from the workers suggested similar themes to study 2, hence I continued with a further check of emerging theory with a set of workers in a different context, who were also working with vulnerable individuals who were marginalised from mainstream statutory services.</td>
</tr>
<tr>
<td>Are the data sufficient to merit your claims?</td>
<td>I believe that there are sufficient data to merit my claims for the worker participants. See the previous comment. I do not believe that I have sufficient data to merit claims for participant clients. I deliberately focussed in on the client participants’ experience of working with their worker and recognise that there will have been</td>
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<tr>
<td>depth of observations contained in the data.</td>
<td>many variables influencing their entry into the service and the perceived failure of the statutory services in providing support. This would ideally be explored in a separate and depth study. The nature of this client group and the fact that there were only two case workers in the veterans’ PTSD charity would have created a number of ethical and validity concerns had I conducted observational work. In Chapter 6 I explore the ethically sensitive data that emerged from some of the workers. Had I been conducting observational studies of one or more of these interactions, my professional code of ethics and conduct would have required me to intervene. I did proceed with the most appropriate action to deal with the ethical issues that arose.</td>
</tr>
<tr>
<td>Have you made systematic comparisons between observations and between categories?</td>
<td>A full systematic comparison is reported in chapter 8.</td>
</tr>
<tr>
<td>Do the categories cover a wide range of empirical observations?</td>
<td>I have reported an extensive number of empirical observations from study 3 in Chapter 7. I have ensured that all participants data are represented equally in reporting observations and have included quotations throughout the thesis.</td>
</tr>
<tr>
<td>Are there strong logical links between the gathered data and your argument and analysis?</td>
<td>I have conducted a number of validity checks with a drugs worker employed in the non-statutory sector; several members of the NLP community, including some who were closely involved with the development of NLP, and also the Association for NLP. (ANLP).</td>
</tr>
<tr>
<td>Has your research provided enough evidence for your claims to allow</td>
<td>I believe that I have provided sufficient evidence in this thesis. I have published two academic peer reviewed papers from study 1 and 2, included some of my observations as contributor and lead editor in an academic peer reviewed book on the clinical applications of NLP, and</td>
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<td>the reader to form an independent assessment - and agree with your claims?</td>
<td>have presented early observations and theory at a British Psychological Society conference. Clearly this thesis is the next stage in an independent assessment of my research.</td>
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### 7.6.5.2 Originality

<table>
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<th>Criteria</th>
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<tr>
<td>Are your categories fresh? Do they offer new</td>
<td>Brief therapy modalities have scant theoretical models for the therapeutic relationship where utilised by non-therapist. The categories in this study emerged as fresh ideas emerging from an exploration of the subjective relationship. There were both existing and new theories emerging in the data analysis. Although there is a significant body of literature to support the factors present within a therapeutic relationship for counsellors and psychotherapists, there is scant literature researching how these factors may be present in non-therapist workers and their relationship with the client. Marginalised groups in society are little represented in therapeutic literature and research, other than outcome measures using specific modalities of therapy by therapists.</td>
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<td>insights?</td>
<td></td>
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<tr>
<td>Does your analysis provide a new conceptual</td>
<td>As this topic had not been researched before, my analysis does present a new conceptual rendering of the role of the therapeutic relationship in non-therapist workers and their vulnerable clients, marginalised in society. This includes a perspective on the brief therapeutic approaches adopted by many third sector charity organisations.</td>
</tr>
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<td>rendering of the data?</td>
<td></td>
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<tr>
<td>What is the social and theoretical</td>
<td>This is explored further in chapters 8 and 9.</td>
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<tr>
<td>significance of this work?</td>
<td>In summary brief therapies have a limited framework for a therapeutic relationship as outlined in chapter 2.</td>
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<td></td>
<td>In chapter 1 I provide a contextual background to the roles of the NHS and Local Authorities in supporting vulnerable groups, and how those who slip through the net of statutory services are required to seek support from third sector agencies. These agencies do not face the rigour and controls of the statutory sector which gives the third sector both advantages and disadvantages. Charities are able to be more creative in how they provide services, yet because they are not regulated there may be occasions of poor or less than ideal practice. This is discussed in chapters 8 and 9.</td>
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<td>Criteria</td>
<td>Commentary</td>
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<tr>
<td>How does your grounded theory challenge, extend or refine current ideas, concepts and practices?</td>
<td>The findings challenge the assumption within brief therapies of CBT, MI, SFT and NLP that the individual is a self-system that has every resource required. This study has found that the non-conscious interpersonal dynamic between client and worker is a core element of enabling change. The study may also have implications for the selection, training and supervision of youth and community workers both within the statutory and the voluntary sectors.</td>
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</table>

### 7.6.5.3 Resonance

<table>
<thead>
<tr>
<th>Criteria</th>
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<tbody>
<tr>
<td>Do the categories portray the fullness of the studied experience?</td>
<td>I have provided an audit trail of the data analyses from interview through to the development of the grounded theory categories. I have given voice to all participants as equally as possible. I have ensured that where a theme is reflected by a majority of participants, I have provided an audit trail of alternative disconfirming views.</td>
</tr>
<tr>
<td>Have you revealed both liminal and taken for granted meanings?</td>
<td>I was very aware that my initial participants were from a sector that I was unfamiliar with. I therefore checked for both verbal and non-verbal meaning. Within the interview transcripts, I reflect the ability to focus on and explore sensory based experience and to highlight and bring to conscious awareness liminal processes.</td>
</tr>
<tr>
<td>Have you drawn links between larger collectives or institutional or individual lives, when the data so indicate?</td>
<td>I have made links with and between categories and between worker and client participants. I did consider making links between individual workers and their clients in both studies. I decided not to do this because of the potential of breaching client confidentiality and also because of some of the ethical concerns that arose in study 3.</td>
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<td>Criteria</td>
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<tr>
<td>Does your grounded theory make sense to your participants or people who share their circumstances?</td>
<td>As I continued the theoretical sampling, I sometimes supported what clients where saying by highlighting some of my earlier emerging concepts and categories. This resonated with study participants and we were able to explore some concepts in much greater detail because of this shared insight. Where I have shared my findings with commissioners, peers and other workers, they have reported valuing the insight that they have gained about their work. I have not been able to take my findings back to the original client group interviewed as I do not have contact details for them and they are no longer in receipt of services from the Charity. I shared my findings with the initial contact at the Welsh Council who recruited my services for the Its My Life programme. She is keen to explore this in more detail on completion of the thesis and has agreed to consider how the findings might influence and address some of the concern raised. I have also shared my findings with a research project being developed at Kings College, London. The project is exploring the use of NLP by veterans’ charities supporting those with PTSD.</td>
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</table>
### 7.6.5.4 Usefulness

<table>
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<th>Criteria</th>
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<tbody>
<tr>
<td>Does your analysis offer interpretations that people can use in their everyday worlds?</td>
<td>I have found it challenging to ensure that my findings speak to a range of audiences. I wanted to value and honour the contribution of all participants of the studies which requires the ability to communicate the findings to vulnerable clients while at the same time communicating to their workers. Because there have been some ethical concerns raised during the study, I have wanted to ensure that I respected the contribution of the workers who have been so open and straightforward in their discussion. I also recognised that they were not taking deliberate action to operate in an unsafe way. Rather they were working hard to give everything to their clients and in some way were being failed by the third sector commissioned system. My findings also needed to speak to commissioners. One of my concerns has been that the data may be used to negatively bias against those from disadvantaged and dysfunctional backgrounds from entering this kind of work. I have addressed this further in chapter 9. The NLP community to which I belong remains a challenge when I considered how to present the findings. Most people who take training in NLP do so for reasons other than to offer therapeutic work. However, some of the techniques alongside those from CBT, MI and SFT are being utilised by those with no therapist training. My ongoing aim is to continue to work in a supportive and non-challenging way to enable each of these audiences to make sense of the findings in a way that furthers each of their respective fields. This has already commenced with my recent publication with Gray and Bourke (Wake, Gray and Bourke, 2012)</td>
</tr>
<tr>
<td>Do your analytic categories suggest any generic processes?</td>
<td>Some generic processes have emerged and are reported in chapter 7. Some of these are already known within the therapeutic world but are new to this sector.</td>
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<tr>
<td>Criteria</td>
<td>Commentary</td>
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<tr>
<td>Can the analysis spark further research in substantive areas?</td>
<td>This is reported in chapter 9 and has extensive potential.</td>
</tr>
<tr>
<td>How does your work contribute to knowledge? How does it contribute to making a better world?</td>
<td>This work contributes to knowledge by extending what is known about the therapeutic relationship into non-therapist contexts. This work makes a significant contribution to the use of brief therapy techniques by non-therapists and the subjective co-created relationship between client and worker. The work also explores in considerable detail the factors present in a worker that enables change in their clients. My own values of social justice and equality have been refined further through this thesis. I believe that the findings can be used to influence commissioners and developers of services for those who are socially disadvantaged and marginalised.</td>
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</table>

**7.7 Summary**

This chapter has addressed the research question and aims for study 3. The study process is diagrammed in a process map.

A comprehensive consideration of the chosen methodology including my rationale for choosing grounded theory is given. A full audit trail of the research process has been described with supporting appendices referenced.

I have concluded the chapter with my own evaluation of the value of this research before presenting my findings in the next chapter.
Chapter 8 – Study 3 Results

8.1 Orientation to the Results Chapter
This chapter commences with a report of the core categories that emerged from the Grounded Theory data analyses for study 3. A map of the core categories and axial codes are presented, and the core categories are discussed with examples given from participant interviews. I then provide an audit trail of the development of the axial codes for the clients and workers in study 3 as separate pieces of work that occurred prior to the combining of the data sets. Quotations for the axial codes for each of the separate groups of clients and workers are omitted to avoid repetition, instead the data are presented in the appendices as a series of mind maps.

The chapter continues with an exploration of the development of the axial codes. The grounded theory findings are then considered with reference to relevant literature, making links to the participants’ experiences from study 3.

The chapter concludes with a summary of the core categories and major considerations for the subsequent chapter of recommendations for practice, training, policy and further research implications.

8.1 Results

8.1.1 Core Categories
Study 3 was complex and involved the exploration of the subjective experiences of clients (n=5) and workers (n=6), both separately and as a combined data set (n=11). As the study progressed the client’s voice became part of the workers’ stories, with the role of the worker influencing significantly the experience of the client. Using grounded theory methodology, I am proposing an overarching core category of ‘self referencing wounded workers seek similarities in their clients to aid their own healing journey’.

This theme was chosen because it runs through each of the workers and clients’ accounts and directly influences how the client experiences the relationship with their worker. The other core categories are:

- Poor attachment history and adult age trauma can lead to the development of a wounded healer (8.2.1)
• Clients seek similar wounds in healers which leads to therapeutic empathy (8.2.2)
• Unsupervised wounded healers offer poor containment of clients leading to risk of further mental health problems for the client (8.2.3a)
• The third sector system does not appear to offer appropriate levels of training, supervision and personal development for workers supporting clients with complex psychological needs (8.2.3b)

The relationship between worker and client appears to meet the clients’ perceived needs at conscious and non-conscious levels. This meeting of needs is reciprocal and is of both the healthy and less healthy aspects of the relationship. Both clients and workers actively use conscious and non-conscious defence mechanisms of denial and dissociation from distressing psychological and emotional material, including the relationship dynamics between worker and client.

The overarching core category, additional core categories, theoretical and focused codes from all participants are represented in the following table.
<table>
<thead>
<tr>
<th>Overarching core category</th>
<th>Disrupted or fragmented attachment history, a disrupted education and adult age significant emotional trauma may result in a resilient and self-referencing ‘wounded’ worker 8.2.1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Category</td>
<td>Clients seek similar wounds in healers which leads to therapeutic empathy 8.2.2</td>
</tr>
<tr>
<td></td>
<td>Unsupervised wounded healers offer poor containment of clients leading to risk of further mental health problems to clients 8.2.3a</td>
</tr>
<tr>
<td></td>
<td>The third sector system does not appear to offer appropriate levels of training, supervision and personal development for workers supporting clients with complex psychological needs 8.2.3b</td>
</tr>
<tr>
<td>Theoretical Code</td>
<td>The self – referencing wounded worker 8.2.1.1</td>
</tr>
<tr>
<td></td>
<td>Relational resonance 8.2.2.1</td>
</tr>
<tr>
<td></td>
<td>Conscious congruence or resonance 8.2.2.2</td>
</tr>
<tr>
<td></td>
<td>Non Conscious congruence or resonance 8.2.3.1</td>
</tr>
<tr>
<td></td>
<td>Relational Repression or Disavowal 8.2.3.2</td>
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<tr>
<td></td>
<td>Non-conscious Dissociation 8.2.3.3</td>
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<tr>
<td>Overarching core category</td>
<td>Self-referencing wounded workers seek similarities in their clients to aid their own healing journey</td>
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</tr>
<tr>
<td>Focused Code</td>
<td>Poor attachment history 8.2.1.1</td>
</tr>
<tr>
<td></td>
<td>Therapeutic rapport 8.2.2.1.1</td>
</tr>
<tr>
<td></td>
<td>Self-aware of negative emotions 8.2.2.2.1</td>
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<tr>
<td></td>
<td>Working with non-conscious material can lead to disturbance for the client 8.2.3.1.1</td>
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<tr>
<td></td>
<td>The army brainwashes you and stigmatises mental illness 8.2.3.2.1</td>
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<tr>
<td></td>
<td>The worker focuses on the here and now, enabling the clients to dissociate from their traumatic experiences and not speak about the bad times with their worker 8.2.3.3.1</td>
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<tr>
<td>Disrupted education 8.2.1.1.2</td>
<td>Reflexivity by the worker 8.2.2.2.1</td>
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<tr>
<td></td>
<td>Self learning and feedback 8.2.2.2.2</td>
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<tr>
<td></td>
<td>Clients do not believe they are cured 8.2.3.1.2</td>
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<tr>
<td></td>
<td>Different therapies/therapists have not worked 8.2.3.2.2</td>
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<tr>
<td></td>
<td>Workers and clients both used denial or repression to cope. Clients also used distancing 8.2.3.3.2</td>
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<tr>
<td></td>
<td>A systemic perspective 8.2.2.3.1</td>
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<td></td>
<td>Self modelling by the worker 8.2.2.2.3</td>
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<tr>
<td></td>
<td>Parallel processing can result in negative consequences for the client 8.2.3.1.3</td>
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<tr>
<td>Overarching core category</td>
<td>Self-referencing wounded workers seek similarities in their clients to aid their own healing journey</td>
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<tr>
<td></td>
<td>Workers interested in their clients 8.2.2.1.4</td>
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<tr>
<td></td>
<td>Workers are complex and self-aware 8.2.2.2.4</td>
</tr>
<tr>
<td></td>
<td>Workers and clients are contradictory between self-effacing and egotistical states 8.2.3.1.4</td>
</tr>
<tr>
<td></td>
<td>Some positive early years’ history 8.2.2.1.5</td>
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<td></td>
<td>Worker as a parent 8.2.2.1.6</td>
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<tr>
<td>Overarching core category</td>
<td>Self-referring wounded workers seek similarities in their clients to aid their own healing journey</td>
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<tr>
<td></td>
<td>The family bond of military life 8.2.2.1.7</td>
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<td></td>
<td>Army preys on those from broken homes or in care 8.2.2.1.8</td>
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<tr>
<td></td>
<td>Military life gives you opportunities 8.2.2.1.9</td>
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<tr>
<td></td>
<td>PTSD post combat 8.2.2.1.10</td>
</tr>
<tr>
<td>Overarching core category</td>
<td>Self-referencing wounded workers seek similarities in their clients to aid their own healing journey</td>
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<td>---------------------------</td>
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<tr>
<td></td>
<td>NLP helps reprogramme PTSD responses 8.2.2.1.11</td>
</tr>
<tr>
<td></td>
<td>Marital break-up 8.2.2.1.12</td>
</tr>
</tbody>
</table>
8.1.1 Core category 1 - Disrupted or fragmented attachment history, a disrupted education and adult age significant emotional trauma may result in a resilient and self-referencing ‘wounded’ worker

(Clients quotations are in blue text)

<table>
<thead>
<tr>
<th>Participants (n=11)</th>
<th>Clients</th>
<th>Workers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Veterans PTSD</td>
<td>Jane</td>
<td>Peter</td>
</tr>
<tr>
<td></td>
<td>Tom</td>
<td>Harry</td>
</tr>
<tr>
<td></td>
<td>Mike</td>
<td>Graham</td>
</tr>
<tr>
<td></td>
<td>Bob</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Charlie</td>
<td></td>
</tr>
<tr>
<td>Homeless veterans</td>
<td></td>
<td>Simon</td>
</tr>
<tr>
<td>Addictions charity England</td>
<td></td>
<td>Jenny</td>
</tr>
<tr>
<td>Addictions charity Wales</td>
<td></td>
<td>Louise</td>
</tr>
</tbody>
</table>

8.1.2 Theoretical code 1 - The self-referencing wounded worker

Each of the workers had come into this work in the third sector through their own experiences of trauma and emotional pain. Peter and Harry had both had support in dealing with their own PTSD following military combat, having found NLP highly effective for their own symptoms.

“life got worse again..... ‘you are sat here in front of a razor blade. If this doesn’t work you have still got the razor blade, give it a go’ ....... in five and a half hours, all my stuff to do with WAR and all the patrols had gone...... Just the most remarkable thing ever. I drove back home feeling conscious, you know, feeling that there had been a change, my whole physiology had changed, I was seeing the world in colour ......t was just the most incredible thing. The stutter had dropped out and ..... I thought ‘hang on a minute, if this NLP thing, whatever it is, is that powerful for people with trauma, why isn’t it being used as standard” (Harry)
Simon had experienced at first hand being made homeless after leaving the military and used this experience to aid other veterans who he perceived were let down by the military after leaving service.

“I end up losing my house. I had gone through getting made redundant, family breakdown ..... ended up as a homeless veteran. Never thought of going down the veterans route, didn’t know who to get in touch with......you never think it is going to happen to you, ...... ‘well you are not 16-17, no, you are not 17-21 and in full time education......no you are not a woman with kids..... you are not fleeing domestic violence and thing.’ ‘Nope, it makes you proud to have served Queen and Country really don’t it!’”(Simon)

Graham’s early years were influenced by a move from his native non-English speaking country to England. His mother could not speak English and his father could not read or write. He became his mother’s voice and translator and very quickly learnt that he could turn this early challenge and disadvantage around through self-motivated study. In the interview it was clear that this memory was still emotional for Graham. As he learnt to speak English quickly, Graham became the voice for adult members of his family and has continued this into his adult life, acting as the voice or translator for disadvantaged military personnel as they face the challenges of transitioning to civilian life.

“And when we came over no one could speak a word of English. Mum’s (Origin), she couldn’t speak a word of English, so she struggled bless her. So she used to take me or some other person when she went to go to do the shopping, can you ask him for that in (Origin). So I used to ask him for her. Oh I’m filling up now. Sorry”(Graham)

Jenny had a troublesome home life after her parents split up. They later got back together and went on to have another child when Jenny was a teenager. Jenny found this difficult and she started to miss school and take drugs. Jenny has taken her experience of using drugs as a way of coping to then work with others with addictions.

“And throughout the week I used to manage to drag myself to College somehow, cos it wasn’t worth the what I would get in between if I didn’t. I used to go out nearly every other week night. You used to be having weed sat in the carpark. Pills used to be the weekend job only. Weed in the week and pills at the weekend, a bit of ketamine here and there. Anything I could take really. I would try it.”(Jenny)
Louise’s history of witnessing her mother in domestic violence relationships lead to Louise repeating the pattern in her personal relationships. Louise turned to drugs as a way of coping and now offered addiction support through her work in a charity for clients with addictions.

“That was sort of where I went off the rails…. I had moved out of home at 15….I have been in 2 domestic violence relationships……at 15 I was already living out of home….I met an older lad ..... I then moved in with him.....but eventually drugs become involved, then the violence become” (Louise)

8.1.1.2.1 Focussed code 1 - The developmental history of clients and their workers included disturbed attachment and some abuse in childhood.

Workers and clients had a history of disturbed or fragmented attachment experiences. This ranged from being born prematurely (workers Harry and Graham), witnessing and/or experiencing physical violence from a young age (clients Tom and Jane; workers Peter, Harry, Louise and Jenny), or an avoidant history (worker Simon, and clients Mike and Charlie). Avoidant attachment style is when a client’s internal self-belief is you are not worthy of care by another person. This attachment strategy of deactivating arousal stems in part from the child protecting his parents from his or her own feelings for fear of upsetting them further or from knowing their needs will not be met (Bowlby, 1973). This style is demonstrated by each person struggling to generate or maintain long term close relationships in adulthood because they feared intimacy. Bob was the exception to this struggle with relationships and reports good relationships with his family. Tom summarises his experience with a disturbing narrative.

“my dad never told me he loved me, I am sure he did ........ she dragged me out of my bed, I was asleep, ..... and then ..... she sort of just pinned me down by my arms and just started slapping me ‘you don’t love your dad do you?’ and I was like ...... ‘Yeah I do, I do love my dad’. In the end I had to say ‘no I don’t love my dad’ so she would stop slapping me. Of course when my dad came in from the pit she told me dad that I said I didn’t love him and of course my dad went ballistic. He came upstairs and I got these slippers on that have got a thick plastic sole and he thought they were rubber ..... he took it off me and he wacked me round the face with this thing. Of course it was big plastic, it wasn’t rubber, and it knocked me for six ... and it left this imprint, this shoe, the heel mark all over my face there. And he was saying ‘you don’t love me, after all I’ve done for you’. And I didn’t want to say I did love him and (stepmother) made me say that. He probably believed that was what I said” (Tom)
8.1.1.2.2 Focussed code 2 - Workers have a disrupted education history

Each of the workers referred to a disrupted education history.

Peter’s schooling was disrupted because he moved school frequently as he was from a military family, moving from base to base with his father’s postings.

“I moved to so many different schools. I wasn’t very well educated because of the mix of education, so that didn’t really help.” (Peter)

Graham made the move from his country of origin to England when he was seven. He had to learn English quickly and integrate into the education system.

Harry left school at 15 with no qualifications. He was desperate to sign up to the military as a way of getting away from his abusive father.

Jenny used drugs as a way of coping during adolescence and used to truant from school. She did not attain the qualifications required to study her chosen subject at University and referred to doing enough to scrape through.

Simon was in looked after care between the ages of 4 and 14 and reported not going to school.

“Ended up in care through being a little so and so, not going to school…. They were trying to figure out like… a learning difficulty kind of thing. And they turned round and they said ‘at 14 year old you can breeze through all of that, what are you not going to school for?’ ‘Cos I’m bored’ and it wasn’t because I was like one of the ‘I know it all’. I was either really bright and clever, which is what I think it was because of doing all these tests and everything. I went back to school and with 2 years of being off, I sat 7 CSE’s as it were then, and I had only been back 2 weeks before being off after being off for nearly 2 year and I passed all 7 of them.” (Simon)

Louise was cared for by her mother’s partner who had a drink problem and was violent. He would frequently not take her to school.
“I did move out and live about 6 months with my mum and with him. He was a drinker sort of thing. He would be lazy and he would never take me to school”. (Louise)

8.1.2 Core category 2 - Wounded healers seek clients with similar history and traumas as part of their own healing journey.

8.1.2.1 Theoretical code 2 - There is relational resonance between non therapist worker and their client
Both clients and workers referred to similar relationship skills enabling the work together to be effective. These included rapport, being there, listening, caring and understanding.

Workers and clients resonated in a number of ways with each other, reflecting common experiences.

8.1.2.1.1 Focussed code 1 - Worker and client have rapport and the worker seeks to understand and care about his or her client
All workers and clients reported experiences with each other that suggested a relationship of resonance. Rapport was one component of this and was described in many different ways,
“But it’s the bond, the click” (Jane)

“They trust more when they know a bit about your story” (Louise)

All workers shared stories suggestive of their ability to pace and use permission with their client.

Simon provided support to homeless veterans, and although not working with mental health problems he did use his skills to know which clients required pacing and to be listened to.
“If they are having a meltdown, yes, we will jump on a bus and go to (CITY) to a café or wherever and have a day out, a sit down, a chill out, here’s me number, me number is on Facebook or whatever, I am here to listen. There is somebody there for them and if they want pointing in the direction of jobs coming up as well as everything else we can still do it.” (Simon)

Graham summarised this eloquently when he shared how he valued each person’s story.
“because they need to understand, what I tend to do is then hook on to that later on to contextualise that the skill sets that people are looking for are there, it is part of the journey. So it’s important they tell you what their journey is. I can quite easily know what their journey is in as much that I know what their pathway, what progression”

(Graham)

Louise described how it could take her a few sessions to build up trust with her clients.

“I wouldn’t say the first meeting, but some clients you do get to open up on the first meeting but you have got to build that trust with them over, I would say by the third meeting you will know a lot more.” (Louise)

Jenny recognised that sometimes clients would do the opposite if pushed too far and it could take time to support them and gain their trust if they were in a vulnerable position.

“because she is vulnerable. But for me to say that is like 1, go down like a lead balloon, and 2, she is going to do the exact opposite of what I say. So I kind of go back to a situation where I go ‘well actually, don’t go down that road because there is always one person who gets hurt and it won’t be him’. And to put yourself in a personal level and rather than as the ‘you are vulnerable, blah, blah blah’, when actually she came to it on her own and she is not seeing him anymore.” (Jenny)

8.1.2.1.2 Focussed code 2 - The worker used reflexivity in their practice which gave the client choice

Workers appeared to be demonstrating some skills of reflexivity in working with their clients. This included using their instinct and in session awareness. Clients Jane, Mike and Tom referred to how the sessions gave them choice to go where they wanted to go.

“So I did feel a little bit hesitant, but because, sorry, when WORKER had already built up that rapport, built that relationship I felt more inclined or more obliged to actually give him the answers which I wanted to give him, rather than give him answers which I think he wanted to hear” (Mike)

Peter and Jenny both referred to their instinct in knowing how to work with a client. This instinct was based in a feeling.

“Cos I am quite spiritual and I get like goose bumps if I feel something right, or if it is definitely whoooo, one of them as well.....I get them all the time. I get them when I
feel a shift coming from their words, from their behaviour, for their, from their emotion….I put it back into it’s safe, I hold it all together…..It then gives me, it then gives me a direction to then move them forward” (Peter)

8.1.2.1.3 Focussed code 3 - Workers used a systemic perspective in their work with clients

All of the workers recognised that their service was offered within a wider system of statutory and third sector agencies.

Simon and Louise referred to how they worked with other agencies if they had concerns or recognised that a client needed to be referred on.

“I would go to my line manager if that was the case but … he is not very thing, I would go above him I would go to one of the other managers and speak to them, or I would go to (LOCATION) and talk to one of the child protection officers or the MARAC officer” (Louise)

Harry and Jenny held a therapeutic mind-set with their clients and recognised that there may be other psychological concerns that needed addressing.

“I think the trauma keeps them at that time, and stops them growing up emotionally…there is always work after the trauma. We generally spend anywhere between 8 and 12 hours in deep therapy. But the actual intervention is only about 45 minutes to an hour. It’s rare that I do, there’s one piece of trauma and we stop, and work on it again. Usually it is just worked on til it drops out. And the rest is all about emotional and psycho-education, emotional intelligence.” (Harry)

Graham appeared to operate from a meta-perspective, recognising when he needed to refer someone into therapy.

“Very quickly within the first session I realised that he hadn’t had sufficient therapy to get him through that aspect. I’m not a therapist and I always tell them that. You know I’m not a therapist, I’m here to help you with confidence, confidence building and getting you to realise what your skill sets are.” (Graham)

Peter stayed metaphorical in his description, recognising the small part he played in the client’s development.
“I think I’ve used a metaphor ... I felt like when I just started doing this job, I was ..... I felt like a joiner on an Apprenticeship and in the first year he was building nice little shelves. Now he’s second year he’s now doing kitchens, year three and four he’s building streets. And I see myself as a grain of sand in the psychology going along the beach. I don’t see myself as I’m the beach, I never have done you know. And if you want to wash up and share the beach with me then that’s ‘cool.“ (Peter)

8.1.2.1.4 Focussed code 4 - Workers thought clients have lots of interesting ‘stuff’ they were battling with

Four of the workers discussed how they found their clients ‘stuff’ interesting. Peter took the view that clients’ ‘stuff’ probably came from a young age, whereas Simon thought clients did not know where their ‘stuff’ came from.

Louise summarised it for herself as she described her role with her clients.

“the best things I think are the clients to be honest, the service users themselves and then seeing what improvements they can make just by having that helping hand by someone who can support them.” (Louise)

Jenny was more definite and saw how this kept her from clock watching

“I found it interesting. People battling with stuff.... It sounded interesting. That it was it really, it was interesting. I didn’t want to clock watch.” (Jenny)

8.1.2.1.5 Focussed code 5 - Both worker and client have had some good parenting and support from other family members.

Although each of the participants reported negative experiences in their childhood, some also recalled positive memories.

Four of the workers, Peter, Harry, Graham and Jenny reported positive parenting experiences while growing up.

“But me Mam, I probably learnt more from her, cos my Mam is right out there. She’s really open to stuff, she’s a bit like, at the party, really welcoming. She’ll have a house full and with everybody. Like a proper Italian mafia family, she’s like that. So I think I’ve got that, some of like, ‘yeah, just make a mess, it’s always gonna be tidied up, you can make sure it’s tidy’. So I think I’m a little bit more like my Mam”. (Peter)
Graham referred to the role modelling he gained from his parents, both of whom taught him some important life skills.

“My Mum and Dad, and the family around me. My dad was always a very, very hard working person. My mum was house bound, not medically but she had to look after the family. She was always in the kitchen. My dad didn’t know how to read or write but again he was driven enough to then educate himself. So I suppose I had some fantastic role models. My Mum had to leave school when she was 11 so she taught herself how to write.” (Graham)

Jenny provided a reflective account of how her perception of her parents has changed for the positive as she has moved into adulthood.

“my mum didn’t really like to go into your issues very much. Like if you had a problem she didn’t like to talk about it ….. She would avoid the subject…… It made me not want to talk to her about any issues and that progressed right through to being an adult. And funny enough, you know that stuff with work, I debated telling them for ages because of that. So I sent a text and the reaction I got was totally different from how it was a kid. They were hugely supportive….My mum was totally different. It was really nice, and I thought, god the years wherever I have had an issue, she has never bothered, and I never came to you that often. I thought what an idiot, you have been amazing. I remember the odd few times when I was a kid, you remember those odd times, and you hold on to them and it is so silly.” (Jenny)

Simon and Jane recalled other close family members being positive carers for them in their childhood. Jane appeared to have had a very close relationship with her godmother.

“I went round to my godmother’s quite a lot, which was next door, …..and they basically brought me up…..I remember I was always in there to 9 or 10….. Then they moved to the other end of the town, I remember that…..I would get the bus on a Friday and then come back…..My godmother said to me….. ‘Well I did worry about you as a child?’…… ‘I remember waking you up’. Why would you wake a baby up and she went ‘to see if you were still alive’. Because apparently I would go out for the count. Deep sleep and they would have to wake me up to feed me. Because I wasn’t bothered about eating or anything.” (Jane)

Similar to Jane, Simon shared positive memories of the time spent with his grandparents.
“me grandmother used to live 400 yards away from where we are now, just up the road and I used to be there from a young kid, I used to walk across the town….Anywhere from 3 year old to about 6 or 7 year old. No fear or anything….I used to be grubby and with me grandad all the time.” (Simon)

8.1.2.1.6 Focussed code 6 - The worker has played a parent role in the past and brings this to the relationship with their clients. The client is grateful to the worker for saving their life (which is a replication of their parents’ values that they adopted as a child).

Each of the workers described how they became a parent figure for their clients.

Harry summarised what the other workers also reflected.

“I become a significant parent and help them grow up, because the one thing I absolutely recognise in the guys. War, it’s nothing to do with war, it’s just a game, I want those resources, if you don’t do it I am going to punch you in the face. Very very childish and people that engage in that game are child-like, and certainly for people like me, I was never taught how to be adult, .... I understand that part of my role is to help them, to support them through this growing up process, and help them drop out their trauma which then helps them grow up. Cos I think the trauma keeps them at that time, and stops them growing up emotionally” (Harry)

Jenny and Graham were both forced into a parental role at a young age, Graham in becoming his mother’s voice as previously described, and Jenny by becoming a substitute parent for her younger sister who was born when Jenny was a teenager.

“my mum put a lot of the looking after of my sister on to me and (BROTHER) and you know ... Really resented her, really resented her. And when she became about 2, it was just a case of, you would come home from school and would just want to sit in front of the telly and you would have this little kid come and going ‘I wanna watch teletubbies, I wanna watch teletubbies’. And you would be like, ‘go and have a chat with mum’. ‘leave her be’. I hated her and I wouldn’t be without her now, wouldn’t be without her.” (Jenny)

Although Louise also took on a parental role with her clients, her motivation to parent her clients comes from her own inability to have children.
“I have always been one to look after people. I have always been the same, yeah, I have baby sat for people, looked after their kids, maybe it is because I can’t have kids that I do like to look after them more.” (Louise)

Two of the clients were specific about the parental role that their worker took on for them. Tom shared a view that was echoed by Jane.

“I’m being honest, he became like a parent type role there. I felt comfortable telling him stuff…. I mean he’s a complete stranger and for me to talk about my inner most feelings and ........., you know be truthful to it and not hide everything from him I had to have... that trust in him. And I did feel like a real closeness to him at that stage even though I didn’t know him you know, and I suppose I talked to him like I would talk to a parent” (Tom)

Mike expressed his gratitude to his worker for saving his life. When this was explored with Mike, it emerged that Mike had been taught about the preciousness of life by his parents.

“I suppose in another way I don’t only see him as a role model but in a sense he saved my life. (Client becomes very emotional) ...I don’t see what I could do to repay him for that........(I was feeling) gratitude.......I was always aware of how precious life is...but when that may be taken away from you.....it’s always something I think has been instilled in me....parents, family.” (Mike)

Charlie had experienced a significant loss in his adult life when his daughter died as a baby and through his work with his worker, was able to make links to parental loss at a young age for himself.

“The noise, screaming kids, busy places, I was unconsciously linking all of them together but I just didn’t, just didn’t grieve for my daughter .... And as I say, it was pretty heavy going......like my pattern goes back years and years about my own family life ....my biological dad, who had basically done a runner at a very early age .... it was linked to what happened with my daughter, you know, which was quite hard and then it’s all been kids related” (Charlie)
8.1.2.1.7 Focussed code 7 - Workers and clients were proud of being in the army, they felt the army was like family and there is a bond between military personnel

This axial code is only relevant to the research participants who had served in the military. Although a contextual variable, I have included it as I consider this context to be of importance for this study.

Harry and Simon both enjoyed their time in the army and the bond that being in a ‘family’ unit created. Harry enjoyed the ‘togetherness’ from being in a particular division. Peter, Harry, Tom and Jane all referred to the army being like a family. Tom summarised this as he reflected on what the army offered that had been missing in his own family.

“I had a very suppressive upbringing. I had a very aggressive and abusive step mother. I had a father who used to work down the pits, he used to spend the vast majority of time down the pits. And ... I had contact with my mum, not regular contact, but she left us with my dad to go and live with him....... all I can remember about childhood is being.....downtrodden..... Strict abusive upbringing.......They give you a lovely tight knit family unit, the regiment you are with. Because being in the military, you stay together, it’s not like being in a core, where you get posted away, you stay together as an infantry unit. You stay together and the only time you will not be with these guys is if they leave and new guys come in and you move up the structure. So it’s a proper family structure to an infantry regiment and I loved that. I really really did and I think it’s gonna be what I miss the most” (Tom)

Simon reflected more similarities with the clients, in seeing ego or pride as a problem.

“but the big problem with veterans, pride. You get yourself in the brown stuff, you get yourself out of it. Now I had that.... a problem” (Simon)

Pride reflected by client veterans focused on ego, bragging, bravado and rank.

“They like to brag about it. They like to polish their medals every remembrance” (Bob)
Workers saw themselves grow up in the army. Workers and clients were often from “broken homes” or had been in care. The army did not provide stability for these personnel because of frequent postings.

Although the veterans all reported that the army was like a family to them, all veterans experienced instability from serving in the forces. This was because of the constant postings which made it difficult to maintain long term social and personal relationships. The military research participants also described the lack of support from the military on exit from the service and found it difficult to develop a stable and secure life once they returned to civilian life.

Peter, Simon and Harry all referred to the growing up that they had done while in the army. Peter considered that his experiences within the army helped him to learn about growth and development.

“You can understand growth and development, and the reasons why things are done the way they were.” (Peter)

Harry saw his time in the army as an opportunity to forget about the past and achieve through the military processes.

“I did my NCO’s carda, and came second in the NCOs carda, quite high up, brilliant, another achievement. You know the army are really good at instilling in you, forget the past, you can achieve whatever you want to achieve. Firstly you have got the desire to do it, secondly you know what resources you need and you get them, and off you go.” (Harry)

Simon’s story resonated with Tom’s and the awareness that the army recruits from those who have been in care. Tom saw this as the army ‘preying’ on those from broken homes.

“The army is very clever, the MODs very clever. They take people from broken families, they prey on broken families”. (Tom)

Simon and Harry referred to the opportunities for travel that comes with military life. Simon recognised the career direction that military life gave you, which Graham referred to when he discussed the trajectory offered within the career structure of the military.
“Actually start sort of at ground zero here and they’ve got a career pathway of 22 years over here. They've got their promotion, different sort of ranks you know someone starts off as a producer, becomes a supervisor, manager and everything else so obviously I aligned to them to the ranks as well, but I purposely put the civilian equivalent so that people contextualised in what that means in that particular matrix you know. There was a trajectory like that worked out.” (Graham)

Tom used this clear structure as a way of staying out of trouble in the military. Mike also tapped into this career structure and believed that the military moulded him in a positive way.

“then I joined the army and it moulded me into a different person, which it was positive. I was more driven, it was exciting, and I enjoyed life and I enjoyed my job.” (Mike)

All of the workers who were military veterans had promotions while serving.

“I was ear-marked out of 28 Sergeants in my Regiment as the top three to be promoted to go onto a Sergeant Major’s course, moved down South to become a gunnery instructor and I got kicked out within six weeks. And for me to be, to have that opportunity, after having no education. I was a Sergeant at 27 so I was doing pretty well with my rank. Always promoted before my time....I was a Corporal at the training establishment down south, which means that you are integrating with new people, learning about what you are all doing from Civilians to Soldiers. So you see, looking back on it now, you can understand growth and development, and the reasons why things are done the way they were” (Peter).

Clients Tom and Bob both referred to their promotions and the pride that came with this, with Bob focussing on the pride that came from being mentioned in dispatches.

“I was mentioned in dispatches then. Because I was proud of that because there is not many people who get mentioned in dispatches. It’s bigger than getting a medal, the VC, in my eyes. When that happens everybody wants you.......if somebody wanted to go somewhere as an officer, it was ‘I want him’” (Bob)
8.7.2.1.10 Focussed code 10 - Some clients and workers had a diagnosis of PTSD post active combat

Only two of the workers, Peter and Harry, had a diagnosis of PTSD. All five of the clients have been either clinically diagnosed with PTSD or were self-diagnosed.

It is unclear from this small client group if this is of significance, as the sample population has been selected from a charity that offers support to former military personnel with PTSD. What is apparent is that all clients have accessed statutory or mainstream services and have found these have not worked for them. This is discussed further when conscious disavowal processes are explored.

8.7.2.1.11 Focussed code 11 - Some workers and most clients think NLP has helped their PTSD by ‘reprogramming’ them

Peter and Harry were trained in NLP techniques and both workers believed that NLP was similar to the military in that NLP could ‘re-programme’ your brain.

“Because you’re helping them install new beliefs into them because they were kids who were probably getting told. If you look back on it, maybe you didn’t know, until I’ve learnt what I learnt. But if you think of somebody that believes that they weren’t good enough by their parents, and then all of a sudden, you’ve got somebody guiding them in life to actually install new behaviours and become something that they aspire to, it’s similar to the patterns that you use in NLP.” (Peter)

Simon was offering support for veterans experiencing homelessness with a primary role of supporting veterans find places to stay. He did not offer any formal therapeutic support and did not report using other brief therapy techniques.

Jenny and Louise predominantly used a recovery model and had received basic training in brief therapy techniques, using some NLP approaches alongside motivational interviewing with their clients.

Graham had a primary role in offering support to veterans in constructing their CV and preparing for employment. He did not offer any formal therapeutic support like Simon and did not refer to using brief therapy techniques.
8.7.2.1.12 Focussed code 12 - Clients and workers have had marriages break up but now have a partner who supports them

Three of the workers, Peter, Harry and Simon, had all experienced marital breakup. Clients Tom, Jane and Charlie also reported marital break-up.

Each of these participants attributed part of the reason for their marital break up to mental health problems resulting from their time in combat.

“think that is how I got divorced. Cos obviously, my ex-husband, it wasn’t going too well anyway …..I think turning around with a frying pan and smacking him in his face, kind of pushed him over the edge a bit. So ask a silly question, as you do, the frying pan to the head and I just walked out with the dogs. I said, ‘sell the place, that’s it’. .. and I was homeless” (Jane).

8.7.2.2 Theoretical code 3 - Conscious Congruence

8.7.2.2.1 Focussed code 1 - Workers and clients were aware of their own negative states

Peter, Simon and Harry were all diagnosed with PTSD post military combat.

“Done 15 years in the forces, hit rock bottom with PTSD, diagnoses from Psychiatrists, went through so many different streams of therapy….first obviously the GP, then I was on medication for a long time, which I used to take every day, twice a day.” (Peter)

For each of them the emotions that were symptomatic of PTSD remained, however each worker was more in control of these emotions.

“mine is mild, but (partner) will tell you, when we are not busy I am a complete pain in the backside. That laptop goes flying over the floor over nothing. I sit on the sofa like a spoilt brat don’t I, not get into violent rages or whatever else it is, just stupid things. I just kick off and (partner) will be sat there and I’ll be sat there and we just don’t talk to each other” (Simon)

Although Jenny and Louise had not served in the forces, they both experienced negative states and difficulty in managing these. Jenny referred to her work keeping her awake at night as she had no-one to share it with.

“And if am finding it is in bed, I am trying to switch my brain off. ‘Stop thinking about work, stop thinking about work’ And all I am thinking about work and no matter how
much I try, the more I think about it, you know, don’t think about the white rabbit and you think about it.” (Jenny)

Louise also appeared to struggle with things playing on her mind.

“you don’t just switch off, no-one does in this line of work. I don’t want anything like that on my conscience where I didn’t do something” (Louise)

Graham was an exception to this and did not refer to his own negative states during the interview.

Clients appeared to be experiencing their emotions more within the present. Mike, Tom and Charlie referred to losing control driven by their emotions.

“it became very apparent that something wasn’t right in myself, I didn’t feel myself. I described it at the time that things got loud very, very loud and I could feel myself panicking. I could feel myself getting wound up and like I said I felt like everyone was on my shoulders, my world was about this big and then I got back to the car and again broke down in tears” (Charlie)

Jane and Bob shared the dark and vulnerable place that they had been in at times and how they did not want to go there again.

“But I lost it because at that time I was still vulnerable…. I thought I was a danger to meself... to other people in me family..... and to other people in me community ....I was in a really dark place, mind I mean a really dark place.....” (Bob)

8.7.2.2 Focussed code 2 - Workers used self-learning, feedback and reflection

All workers discussed how they were constantly learning and had made changes in their lives through this learning. Louise and Graham used feedback, learning and supporting their clients as incentives to change.

“I can only go by their feedback. The feedback I tend to get back from them is that if it wasn’t for you I wouldn’t have actually had the confidence to actually do what I needed to do. So I can only go by the feedback that they give me, but sometimes feedback can be very very insular. I don’t go out to ask for that feedback. I either get it through another route or basically they tell us up front that you know ‘thanks very
much for doing what you needed to do, to where you’ve got me to’ and that gives me a buzz as well. You feel that it’s not about, to me, I’ve always been like this, it’s not about the money, it’s about giving something back and actually transferring what my skill sets are to other people.” (Graham)

Jenny attempted to learn from her line manager but did not get the support she believed she needed. Jenny adopted a strategy of thinking things through to see if she could do anything different for her clients.

“I actually tried the other day with ... my manager P, she is lovely don’t get me wrong. But I had a really really tough safeguarding referral to make..... I kind of just wanted to talk about it really, talk about the best approach to take. She had been hearing the phone conversation, and I wanted to sit and ask her ‘did you think I handled that ok?’ And she was just like (shrugs), no. it was ‘this email didn’t get sent yesterday and what about this email and what about your mobile phone’……. Because you go through the rest of the day and you feel like you have got that on you. ... you have got your colleagues you can offload to, its not that bad. But it is annoying when you want someone who has got a little bit more, who is meant to be your manager, just to have her, do the job really...... it is going through my head, going through my head." (Jenny)

Harry provided an opposite perspective to Jenny, valuing the feedback and learning he got from his therapist and supervisor.

“because of the supportive network and being able to see, be adult enough to be able to listen to yourself, my supervisors and therapist”. (Harry)

Simon considered himself to be a guru, through learning from his own experiences and transferring this to his clients. Graham also mirrored this desire to transfer his learning to others.

“it was all the stuff that I’d had to learn when I became homeless was putting into practice and my philosophy was if I can use my own experience to stop or help some people not get into the deep dark places I found meself that was worth any salary anybody paid me anywhere in the world.....so from me own experiences of me thinking, this can’t be right, I’ll have a look into that. I was a guru at it”. (Simon)
Clients Mike and Charlie were supported by their worker to reflect on their own process.

“We spoke about various different elements of it but the main part of it was that if you start feeling that, start feeling angry, it’s about stepping back and going right “Why am I angry?” “What’s bothering me the most?” It was just having that inner thought and going right, there’s a purpose for why I’m angry about it or especially when I start thinking about the whole situation now which wasn’t a great situation anyway with my ex-partner. By going through it all again and reliving it in my head, that’s what he kind of focussed on” (Charlie)

Tom appeared to have used the ability to step back and reflect at key moments in his life when he had been able to assess a situation where he had reacted emotionally and had then chosen a different behavioural response.

“And after the Court Martial I realised how lucky I had been for them not to kick me out and I could have lost everything. And I just decided to keep your head down, just crack on with it and just try to forget about this as best as you can” (Tom)

8.7.2.3 Focussed code 3 - Workers were self-modelling and clients were not aware of this
Although most of the workers used self-modelling, it was conducted differently. Graham had tested and refined a model that enabled veterans to get into employment after leaving the military.

“it’s not just veterans, because obviously I’ve tested it out with other people as well” (Graham)

Louise, Simon and Peter all believed they could provide an aspirational role model for their clients.

“Well I inform them of what I have been through myself and my path, which opens the doorway for them so that they know I am there to help them and support them as best as I can, to be honest and whatever I can do, I will do..... some are quite shocked but some are like well yea, we could tell you are quite open and straight to the point. They trust more when they know a bit about your story.... they see you as a person then, they don’t just see you as a person who has just been through education and read it through a book”. (Louise)
Jenny took a more directional approach and expected her clients to apply things that she had covered with them in session.

“If anybody has been using interventions I have given, and they have used them at home and bring them back in, and they can give me specific examples of what they have done, I know they are taking notice and they are doing that as well. There is no point me saying it in a session and they haven’t practiced it. They are just going ‘yeah, yeah, yeah’. They need to practice it. I really want them to go and do it.”

(Jenny)

8.7.2.2.4 Focussed code 4 - Workers were self-aware, authentic and complex characters

Each of the workers with the exception of Jenny demonstrated a degree of authenticity. This included being ok with who they are, having trust that things would be ‘ok’, and being aware that although the worker had problems, these were not as bad as those of the clients that they meet, and that the worker’s history informed who and how they are today. Harry summarised this as he shared his own healing journey.

“how do I become ok when things external from me aren’t ok? So I started looking into that and the thing that really worked for me, my metaphor for my insecurity was at my time of birth. So I was this 3 month premature kid in an incubator. I don’t, a very graphic metaphor, however this XX year old man, having gone through all the experiences he has gone through, was actually ok...... the metaphor that came out was my 5 year old child which was prior to that living inside a mountain, with no doors, no windows, cos that was where he felt safe. This 5 year old was now living on the coast and the metaphor I use for me is a light house, a beacon and he can go in and out inside his lighthouse where he sleeps and stuff. But he has also got his friends around him as well, and he is happy. And I visit him very now and then when I feel a little bit of internal insecurity, right I’ll just check in ‘we are ok son’”. (Harry)

Graham and Simon both reflected on the opportunities that they had been given that meant their lives were better than some others who were less fortunate.

“I was lucky because I made my own pathway I didn’t need that particular support but I knew a lot of people that did. I know a lot of my colleagues and the best and they floundered. They didn’t have the same opportunities as me they were very institutionalised when they left” (Graham)
This personal honesty and authenticity was also seen in the clients, with some of them referring to taking personal responsibility for their own situation in life.

“I held me hands up for some help, which is tough to do” (Bob)

The workers, with the exception of Peter, all appeared to have a degree of resilience and an awareness that they had the ability to cope with things that happen in life. Graham referred to this ability to be resilient as something he has always had.

“I don’t look at life as a chore. I don’t look at it as something that I have to survive. I’m very much always an optimist. I’ve always been.” (Graham)

Jenny considered this to be more down to luck.

“I have pretty much used everything as teenager, you know, but only recreationally. I think I was very lucky it never went the other way for me. It could have very easily....gone down that route” (Jenny)

Louise believed she had been hardened by events in her life and used this as a way of coping.

“I think it has opened my eyes more to be honest..... Because I was quite naïve to it. I didn’t want to end up like my mum .....in the beginning I thought I could save the world, now I realise that it is only the ones who want to be saved that you can help. I would say I am more hard faced” (Louise)

8.7.3a Core category 3a - Untrained and unsupervised workers (wounded healers) offer poor containment of clients with complex psychological problems.

Which may be influenced by an observation that:

8.7.3b Core category 3b - The third sector system does not appear to offer appropriate levels of training, supervision and personal development for workers supporting clients with complex psychological needs

8.7.3.1 Theoretical code 4 - Non-conscious Incongruence

8.7.3.1.1 Focussed code 1 - The worker accesses and works with clients’ non conscious processes, which at times could lead to significant disturbance for the client.

Jenny shared a story of work with one of her clients which appeared to suggest that she had worked with non-conscious material in an uncontained way.
“I suppose it was my first ever that had died that I had spoke to. He had been on my case load for about 18 months. It was such a preventable death awful, because it was totally the opposite of what you would expect to see. He was with somebody who was really abusive. And I had sat down with him and I had printed off the signs and symptoms of abuse and I had read them out... and he wouldn’t accept it. And I was ‘what can I do, what can I do’. So I had printed off some stuff from IDAS, and sat there reading it loudly in the session, I just kept reading it and reading it. And he just burst into tears, and he was like ‘that’s me, that’s me’ and he was like, ‘can you do something about this.’ and I was calling all these meetings, I put a MARAC in and there was all sorts. And he finished with her. And then he got off his head and in an attempt to kind of make her realise how much she had hurt him he ... did almost like a fake hanging outside her flat and it went wrong.” (Jenny)

Both Louise and Jenny were not in regular clinical supervision with both only receiving general management supervision. Louise reported that she did not get help in managing the more emotional aspects of her job. Louise described how she did not end case work with her clients, many of whom she counted as friends and continued contact with them long after she had stopped working for an agency.

“I like to be there 100% for that client wherever they need me or not, so.... evenings or weekend, ...the relationship, it’s like feeling included, and I like to know their progress. .... I see them when I get home from work, in a café or something and just see how they are getting on. If they want to meet up at weekends, I’ll go round, I will go and see people..... It’s up to, when they stop it do you know what I mean. I know life goes on but, I don’t treat any of them, well a few of my friends but that is usually due to them going to prison or anything like that or moving out of areas and just losing contact. But otherwise I think I’d say .. oh about 60% of my clients I still have contact with’” (Louise)

Clients Tom and Jane referred to the ending with their worker which appeared to be unmanaged. Both clients referred to their worker being less available and Tom described how he would be in less turmoil if he were still able to access his worker.

“...I would have wanted more regular contact. ....I wouldn’t like to think that I was just something, I dunno that I was just another another guy coming through the door....I
think I would have less turmoil than I get sometimes and instead of taking it out on people I am close to, I could actually get to the bottom of it.” (Tom)

8.7.3.1.2 Focussed code 2 - Clients do not think they are cured
Although the workers believed they have made a difference for these clients, 3 of the 5 clients reported that they are not cured.

“I kind of feel that we are nearly there. By no means do I feel healed. You know, I don’t think I’ll ever feel that. I accept that you know” (Mike)

8.7.3.1.3 Focussed code 3 - The worker appeared to be using parallel processing to understand their work with clients. The client experienced some negative consequences of this.
Parallel processing is a reflection process that has emerged from the psychoanalytic theories, where ‘processes at work currently in the relationship between patient and therapist are often reflected in the relationship between therapist and supervisor’ (Searles, 1955, p.135).

There was evidence that workers and clients were using parallel processing with all clients reporting that they saw similarities between themselves and their worker or client.

All workers believed that because their clients were similar to themselves they then knew what was going on for the client.

“Cases that might touch on stuff that you might have been in yourself. They stay with you. ….Raw, really raw ….. it’s a harsh reminder isn’t it…. And then you kind of think that is really touching on something and then you have kind of got to use that to grow from, haven’t you and use it and not let that go into how you are dealing with somebody just because it is something you are finding difficult.” (Jenny)

Clients appeared to value their workers having gone through similar experiences to themselves.

“But yes, he seemed to know….. I think because he’s been there himself really…..he had an answer for every time I said I was getting frustrated or I could feel myself burning up or getting hot, …. he said that what would you be doing in the military when you felt that, well I would be running around on exercise, running round with
ammunition, doing this and doing that, but now I don’t do that and …. he said ‘ah right, when is the time that you felt, like , stressful?’, and I was like, ‘the buzzing?’, and he went ‘well, you’re buzzing’, and I went ‘96, 97, another tour when I was a dog handler, bleerrgh’. and he went ‘I was there the same time as you, near enough. So I know where you were in the Bosnian time.’” (Jane)

Mike valued the personal disclosure and honesty that he got from his worker.

“I think it’s because WORKER has done it himself and he has come out. And what I also know is that …. WORKER still has his days where he has off days, he speaks to his therapist as well. And I think previous to this” (Mike)

Jenny and Louise summarised how they brought personal disclosure into their work.

“Well I inform them of what I have been through myself and my path, which opens the doorway for them so that they know I am there to help them and support them as best as I can, to be honest and whatever I can do, I will do” (Louise)

Bob shared his perspective that parallel processing could have a negative impact particularly when the worker pursued a train of enquiry that was at odds with the client’s experience of his own history.

“He was trying to insinuate that me fella was abusing us. …….trying to …. say that things that happened in my family life wasn’t….. according to him there is no such thing as a normal life, normal upbringing. I agree with that, there is no such thing as normal life, but my life, my upbringing was as far as I was concerned, perfect, that any child could have. And he was trying to insinuate that something happened in my childhood, which subconsciously or whatever he was banging on about. That I couldn’t accept. And… and the questioning was probing us. And I was ‘are you trying to say my fella was interfering with me or someat?’ I was mad mind because nobody, no professional of 20+ years with PhD’s can insinuate that. And when I got home, I was telling my wife, where is he going with this. And the following week I had it out with him like.” (Bob)
8.7.3.1.4 Focussed code 4 - Workers and clients presented contradictions between egotism and being self-effacing

Peter appeared to have insight about his own strong ego state when he first started working with veterans and how he recognised that he was able to be open minded but did not question how he did this.

“I never see myself as a helper, a rescuer. At first, when I first started learning my trade….. I seen myself a little bit of a ‘come and see me, we’ll fix you, we’ll work with that’ Now I’m …so open minded into what’s said and the key words that relate to stuff that they have told me in the past, things and I would never really take notice…..I don’t know how I do it….. I’ve never questioned myself on how I do it…..At times it’s quite …..... overwhelming……I think from my little brain”. (Peter)

In his interview, Graham seemed to offer two sides to himself, one side represented his attainments and the other side then did not value qualifications or letters after his name.

“I had my own training company…… I left the Air Force 19 years ago. I got to the top of where ever I needed to get to, I did everything I needed to do ….. I’ve always been sort of selected to do special projects effectively in the air force. I was seconded to the educational department and actually sort of introduced vocational qualifications…… you need doctor or letters after your name to be able to do that. I used to put letters after my name, I don’t any more.” (Graham)

Harry’s interview included many stories of his time in combat and oscillated between discussing his lack of qualifications and then his attainments in military life.

“I am a kid here with no qualifications because I left before I had even taken some … exams at School. All I had was the military stuff and as soon as you leave, all your military qualifications mean nothing……my world fell apart, almost a year to the day of joining the second time…… Because at the time it was everybody else’s fault. How could such a highly trained experienced person like me do blah, blah, blah, that old story” (Harry)

Bob offered insight into his perspective on the egotistical nature of his worker, where his worker appeared to be stating that he could cure clients which, if true, would clearly breach ethical boundaries. This is discussed further in chapter 9.
“this NLP thing …. might work for some people, but if he expects for him to do that on me, which takes 5 minutes … to be cured mind……And he was expecting me to say ‘I’m cured’. I said (worker) ‘I don’t know what I am supposed to be doing, you know, you are expecting me to be cured!’ . …… I said ‘hang on’ because my last counsellor I saw, she was a therapist for self harmers, rape victims, bad cases you know…. ‘because you think you can cure everybody that comes through your door ..... if my previous ...... therapist brought all of her victims in here, could you cure them’. ‘yes’.

That’s what he said. … I went ‘you what, you can cure rape victims, self harmers ….people who have been abused, with the treatment you have just given me here’. He said ‘I can do it’. I thought dear god, what a statement to bring out. He is Jesus ain’t he.” (Bob)

None of the other clients reflected a similar story, rather they stay focussed on themselves and their own ability to change how they thought and felt. Mike demonstrated this as he appeared to process his perspective of himself through who he had been and how he was now.

“it feels as if my personality, my demeanour have literally done a 180. ......up to a few months ago I was a horrible person ..... I didn’t care about anybody only myself. I was very selfish, very aggressive, very….. lazy, whereas previously to this.... I didn’t have a care in the world……But now that I know I’m never gonna be that person again. I mean to a certain extent I am leaning more to I don’t want to be that person again. I have come on to be a better person. .... There’s a sort of seven and a half year period of my life which was a very dark time but that’s making me into somebody better than I was.” (Mike)

8.7.3.2 Theoretical code 5 - Relational repression or disavowal
8.7.3.2 Theoretical code 5a - Conscious disavowal
8.7.3.2.1 Focussed code 1 - Clients thought the army was tough and brainwashes you. The army did not look after you when you left and it stigmatised mental illness

Two workers, Harry and Simon, and two clients, Jane and Tom, referred to the army as being tough where you watched each other’s backs and there was a leader of the pack.

“When I was in the army, you didn’t have a friendly voice, it was a Sergeant Major screaming at you, um, but some of the Sergeants underneath, especially the female
ones, were fine. You could go and chat to them and whatever, and go on a drink with
them at the weekend, and come back on Monday morning parade and ‘I don’t feel
well’. But you knew you would kind of do that, but you would always know that they
would get you back to the block, no matter what state they were in. Whoever fell first,
they would be the weak link, you would carry them” (Jane)

Others described the military as brainwashing you.

“They have bottled it at the initial bit and the initial six weeks is the point where they
take you from being green as grass and being no matter how hard you think you are
and they push you to the limits to break you, physically, mentally the whole lot and
after that 6 weeks it changes. They still give you grief but it is a bit more lenient. You
have proved you can handle all the hassle, you have gone from walking in a pair of
jeans and t-shirt to all having a short hair-cut, a pair of black pimps, a pair of high
waist and a red shirt, with your fitness, getting beasted round the square, getting
beasted in the gym and everything, getting shouted at, getting sworn out, getting
fingers shoved up your nose and getting balls and squalled right in your face and
everything. Now to me, to get something military wise to deal with authority, that is
the proper way to do it. And it does take somebody special to be able to look down the
end of a barrel and squeeze the trigger without thinking about it, and that’s what you
are taught to do. And you have got to be able to block everything that is happening in
your life. So to a certain extent basic training is like brainwashing type of thing.”
(Simon)

The stigmatisation of mental illness within the military was present in the interviews with
four of the five clients. Mike did not refer to it, neither did any of the workers.

he diagnosed me with post-traumatic stress….. .... my attitude to this was like very
many of us in the Army. It’s a sign of weakness, .. it’s something to poke fun at to a
certain degree. .... I just sort of took it with a pinch of salt and thought ‘yeah, yeah’
.......When I say be a man and get on with it, .....so instead of ... being childlike in
running away from it, I had to be a man and step up to it, however it doesn’t take
away my manly feelings of going to another person and saying ‘look I believe I have
got mental issues’.” (Tom)
8.7.3.2.2 Focussed code 2 - Different therapies had not worked for the client or in other clients seen by the worker

All workers with the exception of Louise believed that other therapies have not worked for clients.

Jenny had a view that no therapy is all or nothing. Jenny’s experiences have led her to believe that some workers who have been in addiction services themselves tend to push their model of what has worked personally onto their clients.

“rather than actually focussing on what is going to work for that person all or nothing, neither is AA, it could be SMART. It could be something as simple as going to art group or acupuncture or, they don’t have to go to NA or AA. That is really pushed a little bit too much for people ….. I think people who have been in addiction try and push on to them therapies that have worked for themselves” (Jenny)

The systemic influence that PTSD had on veterans was highlighted by Simon and Graham. They perceived that a medical model cannot address these problems with Simon relaying stories of his experience supporting homeless veterans.

“M had been under (CHARITY) for 20 years, he had been under XX, not just any old psychiatrist….. but some of these young lads, they are hitting the bottle, they are on drugs, committing suicide as well. …..You have got your safeguarding issues, you have got your health and safety issues, and everything else. You don’t want them to kiss your backside to ask for help but they have got to want to accept the help that’s out there if you know what I mean. It’s no use saying ‘come with me, I can help with your rent’ because he might not want that. It’s no use saying ‘come and see the psychiatrist he can help you, because they can cure the world now with this stuff” because a lot of the time everyone knows they can’t”. (Simon)

Both Harry and Peter worked with veterans with PTSD on a regular basis. They shared the view that other therapies did not work, and that psychiatric approaches and medication did not help. Peter highlighted how a client had been supported with many different therapeutic and social care interventions and remained symptomatic.

“I’ve got one guy at the minute who just recently came on board, who has been put forward by (CHARITY) and they’ve said ‘Ah x (self) do you think you’ll be able to help’. I’m like, ‘I’ll go and see, I’ll give you a ring to say how it went and that he
wants to see me again’. And this guy he was a private, three different wives, nine kids, been to (health and social care charity) for 11 years, he’s had psychiatrists, he’s had acupuncture, he’s had hypnotherapy, he’s had EMDR. I’m thinking that is a lot of stuff.” (Peter)

8.7.3.3 Theoretical code 5b - Non-conscious dissociation

8.7.3.3.1 Focussed code 1 - The worker focused on the here and now, enabling the clients to dissociate from their traumatic experiences and not speak about the bad times with their worker

Clients frequently described dissociating from their emotional responses and workers were able to support their clients in the here and now. Just three of the workers, Peter, Simon and Graham, suggested a way of working that was about being in the here and now with their clients.

Although Graham was working with clients to support them back into employment he appeared to be holding his clients in a here and now framework that enabled them to value the current attributes in themselves and their life.

“Well he kept going off on a tangent….. not withstanding the fact we managed to find that golden nugget. He wasn’t focussing on what he’s actually got, he was focussing on what he could get rather than what he’d got. My view was that you’ve got to make best use of what already exists and come to realise what great things you’ve got in there, in that big tool box before you can then go on to advance further than that.” (Graham)

Peter also provided insight into how he enabled clients to stay present in the here and now through his intuitive style.

“I could feel where he was…. Knowing where he was. That things can be different…..Just the energy in the room….. the safe place that I’ve tried to hold for people when I’m with them. I sort of like to put it there…. I am here and they are there, and I am sort of holding whatever happens in the room” (Peter)
8.7.3.3.2 Focussed code 2 - Workers and clients both used denial or repression to cope. Clients also used distancing

Four of the six workers and all of the clients directly or indirectly referred to denying the extent of their difficulties or conscious repression of their emotions as a way of coping with difficult psychological material.

Charlie and Bob both referred to being aware of their mental health problems, wanting to ask for help but denied the seriousness of their difficulties for some time before actively seeking help. Bob was in a difficult place for many years and when he finally approached services for help it was inappropriate for his needs.

“I realised that something’s not right…. I was very stubborn, you know I was like “oh it will pass, it’s nothing” ….. it attacks your manliness, you know what I mean being a bloke. That was the biggest thing. But I was still nervous there was no two ways about it. I um’d and arhh’d…… it wasn’t an easy decision to make it took a lot. Particularly because the type of bloke I was I was the worst of the talk last and man up”. (Charlie)

Although Charlie described how his psychological state came to a head and he finally sought help, both Charlie and Mike referred to how they were emotionless. Having worked with their worker they were now accessing emotions, which at times could be difficult.

“at the point of me .... starting the NLP treatment ..... I kind of felt emotionless on things in general..... my relationships, careers, hobbies and interests..... I kind of felt detached and emotionless .......And the things he was asking me, the questions as such and digging deeper, sometimes it made me feel a little uncomfortable in answering because I suppose that the protective barrier was shot up straight away...... but because ... WORKER had already built up ....that relationship I felt more inclined or more obliged to actually give him the answers which I wanted to give him, rather than give him answers which I think he wanted to hear ..... I have felt at ease and relaxed. .... it has given me a little bit more of an emotional thing about it. ...And I left there and I drove home cos it’s quite a long drive and for the first time in a while I put the radio on, I started singing to the radio.” (Mike)

Jane and Tom used distraction techniques such as drinking or working hard as a way of being able to bury their head in the sand. Jane had difficulty recalling her childhood and was still disturbed by bad dreams as part of her PTSD.
“I went to the Doctors and she diagnosed me with PTSD. And said ‘here’s a load of medication and everything else’, which didn’t really work and .....I woke up one Saturday morning and I’d been drinking and working, drinking and working, and drinking,…….basically kept my head in the sand, but now I am taking my head out of the sand it’s gone a bit, I don’t know, it’s gone a bit too fast or things are moving a bit too.... ‘you know, you are getting worse with the dreams’. However there is nothing I can do, apparently it is my unconscious mind! .... but she is getting a bit worried, the fact that things are, just pop now into my head..... I’ve got about 5 different things on at the minute.....I know that if I don’t get a good nights sleep, which isn’t great at the most. When I do get a deep sleep, this is when it’s coming up. ..... But I don’t know what my dreams are! Unless (partner) actually records me saying what I’m saying or whatever, then I don’t know.” (Jane)

Client Jane, and worker Louise both reported that they had shut out much of their childhood, consciously in Louise’s case and non-consciously for Jane.

“because of the drugs and stuff like that, I was very shut off for months.....I think it was my own doing as well, because I shut people off.....I think if I shut people off I wasn’t letting people know what was going on. I still didn’t learn until I was 30 to be honest”. (Louise)

Jane had very little recall of her childhood and was referred to a speech therapist as she did not speak until she was 5 or 6.

“I can’t remember much about it..... I went to a speech therapist at some point. I remember 10 for some reason sticks out, although obviously, it think it was earlier than that...But I can’t remember much between that time. I remember sitting in someone’s office and I can see a stool and I can see a table. I can see my mum being there. My dad wasn’t there because he was always at work, a dustbin man driver. So.... That’s all I can remember.....I think it’s because they dragged me off to the speech therapist. Mam thought I was just quiet. A few words did come out. Apparently my first word was with my godmother, where she turned round and was mortified because my mum was filling up the fuel. .... My famous word apparently was ‘shit’ .... and I went ‘shit, shit, shit’... My godmother said I must have been 5 or 6, but because I was still in the car seat.....so my first words, not like everybody else, was Mum and
Dad. I didn’t get any of that. I just said ‘shit’. No wonder why I had to go to a speech therapist”. (Jane)

The other workers appeared to be using strategies at a more non-conscious level that meant they avoided noticing when they were experiencing difficulties. Simon avoided mental health support and worked excessively long hours until he collapsed with exhaustion which meant that he did not have to think about things that were troubling him. This appeared to be an extreme example of an avoidance or dismissing strategy.

“I don’t take medication, I don’t do psychiatrists, I don’t do anything. I just deal with it and spit my dummy out every now and again. But what I have found over the years is, if I have got something to focus on, I will do 27 hours a day, 9 days a week 400 days a year, absolutely wear myself out, so I am lying unconscious for a few days then go at it again, and while I thrive better under pressure, rather than sat about like I am now” (Simon).

During his interview Harry relayed some disturbing stories of his time in the military of deaths that he had witnessed and yet did this unemotionally, using ‘OK’ or laughter which may have been his way of distancing himself from the recall of this disturbing material.

“this guy got ready, put the magazine on and stuck it to his head. So it was like ‘ok’ (laughs). ….. So we ended up wearing pretty much everything we owned in the locker, to 7 or 8 layers. It was summer, very hot summer, webbing, helmet on and then he made us leopard crawl around the block. We had to do it 4 times. We had already been to the ranges and run back which was 15 miles. So we were quite tired. And one guy’s heart stopped. So luckily they started his heart and basically just jumped on his chest and got him going again. He was then exited from the army for medical reasons….. Come the end of it my passing out parade, just…. I invited my mum, my dad, my sister, my gran was too ill to travel that far. My mum and sister turned up, my dad didn’t. He was getting married (laughs) to a woman he had a 15 year affair with, so pretty much from when I was born, he was having this. ….. Three months later there was the opportunity to do a 6 month tour. ….you had two choices...... You either become an alcoholic, or you become dead fit, (laughs) there is no choice .....everybody wanted you dead it .....how do extract yourself in a covert position in the middle of the day, it is a really difficult thing to do. You are only 4 people, you have only got so much ammunition of it goes really wrong. ........ Next
thing we know we are in war. Ok, really really funny, really funny. There is a great film, Bridge too Far, James Fox is in it as a Colonel …..And this Brigadier comes bounding onto the stage, just like James Fox did. He goes ‘right chaps, your mission is to find out what the bloody hell is going on. We haven’t a goddam clue.’ Ok. He says it twice for effect. Ok, fine. ….. and the second part of his speech really quietened everybody. He was ‘right, just so you know chaps, we are expecting 60% casualties’. Shit that was more than the WAR, we only expected about 10. So we are all thinking 60% of us ain’t coming back. Hell’s teeth. We suddenly got really serious really quick.” (Harry)

Jenny set the frame for the interview by saying that she did not want to talk about her “own stuff”. She later referred to how she managed her clients’ material in the same way that she would view a television programme.

“you would have to get really lucky if something affected you and if it did affect you it was only short term because you didn’t know that person well enough for it to get you on that more personal. … the only way I can describe it was that it got you in the same way that watching something on the telly does. It’s almost like it touches you but it doesn’t really, it is momentary isn’t it.” (Jenny)

All of the clients but none of the workers used distancing from others to manage their emotions.

“I was frightened of everyone else. I mean I have been at stages where I haven’t been able to get upstairs, or I haven’t been able to go outside” (Bob)

8.8 The development of axial codes

8.8.1 Core categories generated from the workers’ data
The process of constant comparison across the axial codes for each of the workers continued as the interviews progressed with worker participants from the addictions charities. The following core categories emerged from the data of each of the workers. These categories were then used to compare the data from the clients, and for the development of the core categories.

- Workers seem to come into this work with a history of insecurity or vulnerability in their very early years
• Workers seem to have internalised negative parenting experiences and some positive parenting experiences that were about being fed or generally taken care of, rather than emotionally supported.
• Workers report having experienced disruption or difficulties in their main stream education resulting in them not following a traditional academic route into the vocational professions
• Workers operate from unprocessed or unresolved trauma responses rather than resolved trauma responses
• Workers seem to be using self-protective mechanisms such as denial to manage difficult material.
• Workers appear to have a strong ego state and are authentic and resilient. They report enjoying helping others
• The workers “raw wounds” seem to be activated and accessed both consciously with awareness of the similarities between themselves and their clients, and non-consciously through parallel processing
• Do workers develop a therapeutic relationship with their clients despite not providing therapy in their current role?
• Workers report that organisations do not provide supervision and support for the more challenging aspects of the worker’s role.
• The apparent lack of supervision and minimal training may lead to poor boundary management, extensive inappropriate dual relationships and fragmentation

8.9 Discussion
Study 3 has led to the development of an overarching core category of ‘self referencing wounded workers seek similarities in their clients to aid their own healing journey’. This was observed by Lemma (2010) who reported that workers recognised that dealing with one’s own ghosts was considered to be an important aspect of the drop-in centre staffs support of their clients, yet Lemma did not expand on this further.

When referring to the developmental theory literature, Kohut (1971) referred to this as the ability to transmute the ability to self-regulate observed in a significant other, i.e. the key worker into a self-representation in the client. Crittenden (2000) and Cooper et al (1998) expanded on this and suggested that the client may also actively seek desired similarities in
the key worker as a self-concept. This is seen in a number of the clients in study 1 and 3. Mikulincer et al (2003) suggested that this process provided a dual function, in bringing the attachment figure into closer proximity as well as the development of self-regulation.

In consideration of the other studies included in the systematic review, the Davies (2014) study had a degree of bias, in that the researchers were also service users. Personal disclosure was used by these service user researchers; therefore, it was not possible to ascertain if the presence of wounds in the worker was an element that enabled therapeutic alliance. McMahon’s (2012) case study with Joe did not highlight any notion of wounds within McMahon, however she did refer to their similar sense of humour. This reinforces the similarity seeking behaviour concept of the key worker as potentially enabling therapeutic empathy.

Other elements identified in the core categories in this study are the attachment history and adult age trauma of the worker, and, the poor containment of these clients. This is not discussed in any of the studies included in the systematic review.

The findings of study 3 reinforce the limited literature in this area. The thesis now continues into a literature review based on the grounded theory.

8.10 Grounded theory literature review
The literature review has been conducted following the development of the emerging core categories from the grounded theory study. The literature is critiqued for each core category.

8.10.1 Disrupted or fragmented attachment history, a disrupted education and adult age significant emotional trauma may result in a self-referencing ‘wounded’ worker.

8.10.1.1 The wounded healer (Jung 1951)

‘only the wounded physician heals’ (Jung, 1963, p. 134).

8.10.1.1.1 Wounded healers in the ‘helping’ professions
Extensive writings exist on the role of the counsellor or psychotherapist as a ‘wounded healer’ with childhood experiences of trauma providing motivation to become a therapist
(Barnett, 2007; Sussman, 2007). The notion of a wounded healer as it is portrayed by Jung (1951, 1963) and Barnett (2007) and Sussman (2007) assume this terminology in an attempt to describe the unhealed or partially healed trauma response that leads an individual into a vocational profession such as therapy as part of the individual’s own healing journey. Zerubavel and Wright (2012) reviewed past research in the psychological professions and concluded that many therapists come into the profession through their own wounds and this creates opportunities for learning for the profession, the client and the individual therapist. Zerubavel and Wright urge for greater dialogue about and with the wounded healer based on an assumption of resilience, whereas the healing journey is ongoing with some setbacks expected as the norm.

Within the third sector the recovery model within addictions services commenced with the development of Alcoholics Anonymous, the twelve-step programme and the use of a buddy system or sponsors, all of whom are recovering alcoholics. More recently the addictions field has moved towards a motivational interviewing approach with the use of peer mentors and recovery coaches. This model over time has enabled the transition from an identification as an addict to peer mentor or recovery coach as part of a client’s healing journey (Jackson, 2001; Jones, Sells, & Rehfuss, 2009).

The youth care sector recognises that the best youth workers are often those that have had troubled histories, enabling them to resonate with young people similar to themselves (Vachon, 2010). The education sector also reports on how disaffected youths can develop over time to utilise their own experiences of trauma to positively influence other young people (Esping, 2014).

Other professions of social work and nursing, both of which are within the statutory sector, offer perspectives about the role, strength and support needs of the wounded healer. (Carpenter, 2002; Christie & Kruk, 1998; Gilbert & Stickley, 2012; Hamer, 2006; Miehls & Moffatt, 2000; Morrison, 2007; Niven, 2008; Parker & Merrylees, 2002; Rochford, 2007; Rompf & Royse, 1994). This includes the need for supervision, personal reflection, training and self-care behaviours, including ongoing personal therapy if required, that is supported by the organisation.

Within the wider statutory sector there is an increasing utilisation of reformed offenders offering support to prisoners (LeBel, Et al, 2015). Reformed offenders are seen as offering
support as a wounded healer through their journey and experiences of recovery, personal growth, enabling a change in criminal behaviour.

8.10.1.1.2 Attachment strategies and the wounded healer

Trusty, Kok-Mun & Watts (2005) have challenged the notion that the most effective counsellors are those with secure attachment styles. Trusty et al (2005) propose that there is a relationship between lower levels of perceived autonomy and intimacy in childhood with higher counsellor empathy. Barnett (2007) refers to her work exploring the motivations of counsellors who are wounded healers and identifies that although the majority of these workers have underlying attachment problems it was the loss of the father that lead to the mother being unavailable for the child. This loss may be absence through work as much as a more permanent loss, with each of these workers in this thesis experiencing this.

The thesis supports the findings of both Trusty et al (2012) and Barnett (2007) where each of the workers interviewed has reported poor parenting and in most cases abuse, that could have had a direct impact on the amount of autonomy that each worker experienced in childhood. As a child the worker experienced a poor or disrupted education history. This disrupted education in childhood combined with lack of autonomy while young may partly explain the workers continuation into career choices such as a vocational career in the less structured environment of the third sector, rather than main stream statutory services.

Trusty et al (2005) refer to the work of Cushway (1996) and Wolgien & Coady (1997) who identified that the adoption of care-giving behaviour in childhood correlates with greater empathy in counsellors. Again, within study 3 four of the workers took on a parental role while growing up. Barnett (2007) refers to both taking on a carer role and also the role of confidante to a parent in childhood which is portrayed in most of the workers’ data.

8.10.1.1.3 Loss and the wounded healer

Barnett (2007) identified in her sample that people who had experienced loss before the age of 20 and/or have been to boarding school tended to become wounded healers and therapists. She noted that it is in almost every instance, the loss is of a father. This could then lead to emotional absence of the mother.

In the sample of workers in study 3:

- Harry’s father had been away in the military and was abusive to Harry when he was at home. Harry had also been to boarding school. Harry left home at 15 to join the army.
Harry then witnessed a soldier killing himself while Harry was in his initial military training.

- Peter had also experienced an absent father during his childhood, with his father frequently away on service tours. Peter changed schools frequently and found it difficult to settle and make friends.

- Simon’s father was in the military and away a lot and finally left the family. Simon was placed into foster care between the ages of 4 and 14.

- Graham’s father served in the Navy and was away frequently. Additionally, Graham experienced loss of his birth country when he moved to England when Graham was 7 years old.

- Jenny’s parents split up for a short time when she was young.

- Louise grew up without her biological father who left her mother when she was pregnant.

Harry and Peter both experienced witnessing death in combat before the age of 20. It is unclear if the other former service personnel had also experienced this.

8.10.1.1.4 Adopting a parent role and the wounded healer.

Barnett’s small study (2007) has an emphasis towards a psychoanalytic and psychodynamic perspective and consists of a narrative analysis of interviews with nine psychoanalytic and psychodynamic psychotherapists. Barnett readily shares her perspective on the potential bias of her findings because of her own and the participants’ therapeutic modality theoretical base which assumes the internalisation of the parent figure. Barnett (2007) refers to those who become wounded healers taking on a parenting role when young. This may be with those younger than themselves or may include becoming a parent to a parent figure. Again, this is paralleled in each of the workers in study 3. (See 8.1.2)
8.10.1.1.5 Wounded healer in military veterans

In reviewing the literature about military veterans, wounded healer research appears to be limited to US Vietnam veterans and some transcultural studies in Africa and Native Americans. Vietnam veterans appear to have adopted the notion of the military man turned healer. In the USA Military Chaplain Association, Clark (2012) turns his journey of physical and emotional recovery into the birth and growth of a lay ministry to support other veterans. Shatan (1973) reports on the development of a self-help movement for Vietnam veterans by veterans who believed that the veterans association was unresponsive to their needs.

Within study 3 the workers reported that their trauma responses were present and activated in the work with their clients. Both workers and clients were clear that it was precisely because each other had experienced similar pain and trauma that worker and client were able to resonate with each other. Clients refer to not wanting to see civilians who had not served in combat because the military worker ‘gets’ the client without the client needing to talk about what has happened. Equally both Jenny and Louise see their own experiences of drug use providing them with insight into their clients’ world that others would not have. The active wounds of each of these workers appears to provide a platform for growth and mutual healing.

8.10.1.1.6 Attachment responses and PTSD

Some research (Dekel, 2004) has been conducted that explores incidences of PTSD in veterans and military prisoners of war and how this diagnosis may relate to preferred attachment strategies. Dekel has identified that those with avoidant and anxious-ambivalent attachment styles have higher incidence of PTSD than those with a secure attachment style. This supports the findings of this study that wounded healers within the veterans’ services have a dysregulated attachment history and response. Dekel (2004) describes this as a basic personality trait of veterans with PTSD, however Dekel is unclear if this was present prior to combat experience.

Study 3 has found that Graham was the only veteran worker who appeared to have a secure attachment style and he did not report PTSD. The two female workers in study 3 who work in addictions services did not have a clinical diagnosis of PTSD, and both reported a disrupted attachment history and an increased need to parent others. Both of these workers had either historically or currently utilised drugs to manage some of their more emotional responses.
Louise also reported a disrupted attachment strategy and had been in abusive relationships in her young and adult life, mirroring her own mother’s history.

8.10.1.1.7 Wounded healer in addictions services

The model of recovery in addiction services is frequently one of peer mentors or recovery coaches, where those supporting people with addictions are frequently those who have made their own successful recovery (Jackson, 2001).

Jones, Sells & Rehfuss (2009) conducted a descriptive study to identify frequencies of relapse in drug and alcohol counsellors, finding that there is an overall relapse rate of 38%. This is of concern for workers like Louise, who continue to maintain contact with their former clients whom they refer to as friends and who are still actively using substances. It is unclear if her current and former organisations are aware of her boundary challenges in this area. This did raise ethical issues for this study. My agreement with each participant was to maintain confidentiality with the exception of child protection, dangerous to self and others, and current terrorism and money laundering laws. I had no ongoing relationship with the charity that employed Louise therefore to follow this concern up with the charity would have resulted in a breach of confidentiality. An additional consideration with Louise was her report of her own line manager. Louise stated that her line manager had enabled and encouraged Louise to enter into a relationship with another employee who was also a former service user. ‘we met when I was still in the relationship to be honest and I tried to set him up with a work colleague…….I think it was my boss to be honest ……He instigated it sort of thing. They were working together within the unit and they were speaking about me and he told me that the other gentleman, …. was interested in me.’. I discussed this case at supervision, both with my academic supervisor and my own therapist supervisor. I decided that although this was an ethical breach when viewed from the perspective of a psychotherapist, the charity management structure appeared to be advocating for former service users to develop and maintain lasting relationships with their peers.

8.10.1.1.8 Engaging with and healing one’s own trauma responses

Zerubavel and Wright (2012) propose that non-stigmatisation of wounds and a willingness to own a wounded history is a hallmark of wounded healers. This openness and acceptance of wounds is present in each of the workers interviewed. Zerubavel and Wright suggest that ongoing dialogue and support through personal therapy should be made available to these
workers, yet none of the workers interviewed appeared to be in receipt of ongoing personal therapy, nor did the workers raise it as a prospect. Peter does mention his therapist at one point, however as the first worker interviewed, I did not have the opportunity to return at a later date to explore this with him as Peter had left the charity before my study was complete.

Zerubavel and Wright go on to propose four potential scenarios for workers who have significant wounds: recovery over time; post-traumatic growth; relapse; continuous symptom-related struggles.

Jenny appears to be a worker who has recovered over time using her experience in adolescence and early adulthood to move away from drug taking behaviour and develop a coherent sense of self through her work with others.

Harry appears to have experienced significant post traumatic growth, setting up a charity and offering work supporting others.

Louise has, in my view, maintained inappropriate contact with former service user clients and in my view risks relapse through her frequent and un-boundaried contact with them. There is no evidence that she has relapsed and in her own mind she questions whether she will stay ‘clean’.

Peter and Simon continue to experience distressing symptoms and find it hard to manage at times.

8.10.1.1.8.1 The domains of healing

Zerubavel and Wright (2012) refer to five domains that can occur subsequent to a healer successfully engaging with their wounds.

The first domain refers to having a both/and view of self as vulnerable and strong. Remen et al (1985) refer to this as authenticity within the worker. Dekel (2004) in his study of the long term adjustment in Israeli war veterans noted that where veterans have received military decoration they were more like to perceive that they had greater ability to cope with stressors. Study 3 shows this dichotomy of an ego-centric state of self-importance and self-referencing alongside being self-effacing present in all workers. Most of the military veteran research participants refer to their ability to cope, not being as bad as other veterans and also acknowledging in a somewhat self-effacing way their own military decorations. Both Jenny
and Louise, although not military veterans, also represent a dichotomous self along a similar spectrum.

The second domain refers to the ability to discover new potential. Each of the workers report their own ability to learn “new” things and consider different ways of relating to others.

The third domain refers to an enhanced appreciation for life with workers Harry and Peter both reflecting this.

The fourth domain refers to developing a sense of purpose and meaning. Others refer to this as becoming a ‘professional ex’ (Arrigo & Takahashi, 2006; Brown, 1991; Jackson, 2001; Maruna, 2001; White, 2000). For each worker they have found meaning in recovery work, supporting vulnerable clients to gain greater potential in their own lives. Each worker has chosen to remain in the third sector, which has lower pay and conditions than the statutory services.

Deeper interpersonal connection and empathy as the fifth domain is also referred to by each of the workers. They each value their work with clients and the support role they have in helping clients who are battling with their ‘stuff’. Piliavin (2003, p 227) refers to this as ‘one does well by doing good’

8.10.1.2 Relational Resonance

Relational resonance occurs through the mirroring of emotional, physical and psychological states (Jordan, 2016)

8.10.1.2.1 The therapy relationship in the psychological professions

Much has been written in the psychotherapy and counselling literature about the therapy relationship. Factors that are present in the therapist are significantly more important and effective than the modality used (Anderson, et al, 2009; Del Re, et al, 2012; Kim, Wampold & Bolt, 2006; Martin, Garske, & Davis, 2000; Saxon & Barkham, 2012).

The more congruent a therapist is in working with the client the more likely it is that the client will transfer their attachment to the therapist, enabling the client to move towards the therapist during times of anxiety or distress (Pistole 1999). Within study 3 it is clear that clients view their workers as being strong because the clients perceive that their workers have resolved similar problems to those presented by the client.
Jones (1983) describes the elements within the therapeutic relationship that enable a client to see their therapist as a secure base. Jones refers to attributes of confidence, caring and a persistence in trying to help the client regardless of the problems that are presented. These are also attributes that clients appear to value in their workers in this thesis. These attributes are also identified by the worker as being some of the components that they bring to the relationship. Clients within study 3, although they are only represented by those within veterans’ services, express their frustration that their worker is no longer sufficiently available to them, or that the work may have ended too soon. This may suggest that these workers lack the persistence observed by Jones.

8.10.1.2.2 Therapeutic alliance in other sectors

The therapeutic alliance that is created by each of these workers in study 3 is outside of what could be seen as therapy. Yet the therapeutic relationship is rarely researched outside of a traditional therapy setting.

Lemma’s (2010) study refers to the ‘gradual unfolding of attachment’ and a flexible approach to ‘therapeutic conversations’ (pp. 413). The informal nature of the work in her study was similar to the informal drop in for a chat approach offered by workers in study 3 and valued by the clients as non-threatening. Lemma refers to Baker’s theory (1993) that where there has been developmental delay, similar to that described by the workers in study 3 about their clients, the worker can act as a transferential or new object (p.415). Lemma suggests that relationship factors are more important when there has been developmental delay such as a disrupted attachment strategy. What the workers in study 3 offer is different to those in Lemma’s research, in that they do not hold attachment theory as the basis for their work with their clients.

Lemma (2010) also identifies that support is required at a number of levels: emotional, cognitive and more practically, particularly in addressing socio-economic deprivation concerns. Lemma proposes that practical help needs to be provided first which would then lead to the young people in her study feeling that they can trust their case worker (p.416). This requirement for practical help is mirrored in some of the clients in this study, such as Tom who refers to his worker demonstrating his commitment to Tom by travelling a considerable distance to see Tom. Workers within study 3 also propose the more practical
elements of helping their clients, for Graham this was about helping with job applications; for Simon it was about giving furniture to homeless veterans who had managed to secure a home.

8.10.1.2.3 Maturational processes

Crittenden’s (1990, 2000) dynamic maturational models of development have been discussed in chapters 2 and 6, when reflecting on the themes emerging from study 1 and 2 that informed the development of study 3. Crittenden’s dynamic maturational model for repair of early developmental trauma is enabled when a secure attachment figure of adaptation becomes available for a client. Crittenden identifies that clients will seek to change the more dysfunctional components of their behaviour if the client realises that their current behaviour does not fit the context; if the client has alternative behavioural responses; and, they believe that the situation provides sufficient safety to explore a different behavioural response.

Clients within study 3 appear to value the opportunity that the brief therapy approach utilised offers in identifying new behavioural responses. Additionally, each of the workers refer to how they give their client the opportunity to test out the new behaviours. The decision to offer this to their clients appears to be spontaneously driven by the worker rather than informed by any specific theory.

Crittenden (2006) also refers to clients needing their therapist to act as a transitional object and within this for there to be a co-created approach to their work together with the client having a degree of control over what happens. Pistole’s (1999) work also supports the view that clients are best served when they are in control of and take the lead in therapy, albeit from a secure base. This is voiced quite emphatically by the clients interviewed in study 3.

Referring back to Lemma’s (2010) grounded theory study of work conducted with socially disadvantaged adolescents, she identified that although case workers experienced their clients trying out some of their pre-existing dysfunctional behaviour with their case worker, at the same time the workers assumed the role of a more positive attachment figure. The case workers in study 3 perceived that this would enable the repair of disturbed attachment responses. The workers willing stepped into the role of the wished for parent figure for their client, which appears to be present in study 3. Lemma’s study also supports the findings of
study 3, that workers believed it was important that their clients looked up to them and that the worker believed in the potential of the client.

8.10.2 Untrained and unsupervised workers (wounded healers) offer poor containment of clients with complex psychological problems.

8.10.2.1 Countertransference

The literature reviewed at the beginning of this critique has suggested that wounded healers can be effective in supporting clients. The therapist having wounds that are either healed or may still be present can be used positively through countertransference (Gelso & Hayes, 2007). Gil (1988) also refers to the benefit that wounded healers bring to their work, using their personal experiences to aid others. This assumes that they have processed their own emotional reactions to their experiences. Zerubavel and Wright (2012) refer to the paucity of literature on the specific mechanisms by which recovering from one’s own wounds may aid the therapy process rather than interfere with it (p483).

Fauth (2006) offers a considered critique of literature pertaining to countertransference, providing a perspective that respects psychoanalytic, psychodynamic and systemic views. Fauth suggests that a moderate view be adopted for four reasons (p.17). These are discussed below in the light of the findings of study 3.

8.10.2.1.1. Therapists’ personal conflicts influencing the therapeutic process

Fauth (2006) suggests that identifying with and naming countertransference places emphasis on the therapist being aware of their own personal conflicts and how this may influence the therapeutic process. Most of the workers in study 3 were not in receipt of personal therapy and for some only limited case work supervision. Supervision and personal therapy offer an opportunity for an external perspective from which feedback on one’s own personal process may be offered (Fauth, 2006).

Researchers Guy (1987), Sussman (2007) and Wheeler, (2002) have also identified that awareness of personal conflicts can have a significant impact on the therapy process, and for some this concerns responding to narcissistic needs (Guttman & Daniels, 2001). These narcissistic needs include gaining from a sense of recognition of their own worth which then remedies or lessens the trauma responses that the worker has experienced. Although workers
in study 3 do not appear to be aware of their own narcissistic processes, many of the workers do appear to describe their own narcissistic needs when they discuss how they view themselves, particularly when referring to their awards or medals. In Harry’s case this extends beyond his many medals, to a possible narcissistic need that is reported by his client. Client Bob describes how Harry has claimed that he can ‘cure’ clients of any trauma responses. Bob goes on to express his concern about this and how his worker believes in his own ability as almost “being Jesus”.

8.10.2.1.2 Distinguishing countertransference reactions from reciprocal reactions to clients’ behaviour

Exploring emotional reactions that are generated in a therapeutic interaction during supervision provides an effective way of identifying the source of the reaction. It may be triggered by a counter-transferential response, by the client’s behaviour such as attempts at manipulation, anger or game-playing (Berne, 1964), or may be caused by other factors outside of the therapeutic space such as tiredness of the therapist, family problems or illness. Each of the workers in this study had experiences from their childhood that appeared in their commitment to helping others in somewhat similar circumstances. Examples include:

- Graham being more aware of his own counter-transferential response, yet he was a worker who was not working with any psychological conditions and was supporting veterans to gain employment in civilian life. Graham is clear that his desire to support others to communicate their skills and experiences was driven by his early childhood experiences of supporting his mother to communicate in a foreign land when the family moved when Graham was young. Graham also acknowledged that his caretaking of his mother was a role that he then adopted within the wider family and has continued into his work with veterans.

- Simon had been removed from the family home at a young age and placed into care for a number of years. Simon now offered support to former military personnel who had been made homeless.

- Harry had experienced a violent father and family break up growing up. Harry’s client Bob reports becoming distressed and concerned when Harry suggests that Bob’s father might have abused Bob.

- Peter had a baseline affect state of hyper-alertness that began in his childhood from moving locations frequently due to his father serving in the military, and a very strict father. This was then exacerbated for Peter when he served in the military. Peter
described how he was in a front-line position for 6 weeks and had to be at constant readiness to fire a rocket within a 6 minute timescale. As Peter went on to describe how he worked with his clients he referred to how he liked to be moving all the time. Peter stated that if he was not constantly on the move, he sank and he did not like this feeling. This then affected how he worked with his clients. Peter would sometimes get a gut feeling that something needed to change, and he would then ensure it did change in the sessions. It was unclear if this gut feeling of a need to change something was an appropriate or inappropriate response to his clients.

- Jenny described her childhood relationship with her mother as one where her mother would not let Jenny talk about things that were bothering her. Jenny found this particularly difficult and would react by not speaking to her mother. For a period of time Jenny’s parents split up, then got back together again. Jenny’s parents then went on to have another child and Jenny was expected to take on a parental role for her young sister, which Jenny rebelled against. Jenny later moved into drug taking behaviours. Jenny described her work with her clients and referred to how she found clients who were not willing to talk about their problems as particularly difficult to work with. Jenny described how she found non-communication from her clients as being ‘aggressive’. Jenny also took on a parental role with her clients and would extend her work to areas outside of her responsibility such as offering dietary advice, as nutrition was important to herself. Jenny was not in clinical supervision and during the interview appeared to be unaware of how her own counter-transferential response might be impacting on her work with her clients. One specific area of considerable concern was when Jenny described a client who appeared to be in an abusive relationship. This client did not want to listen to Jenny’s advice. Jenny responded by printing off and reading signs of domestic abuse to this client, until the client eventually broke down crying and finally admitted that Jenny’s description did sound like himself. Shortly after this interaction the client went to the house of the person who he was in the abusive relationship with. Jenny reported how this client attempted suicide that then went wrong, and the client died.

8.10.2.1.3 Countertransference can be both conscious and non-conscious.

Schore refers to this process as ‘only in a right hemispheric-dominant receptive state in which a “private self” is communicating with another “private self” can a self–self object system of
The non-conscious self offering a receptive attunement state to the client.

Fauth (2006) considers that countertransference can be both conscious and non-conscious and can be elicited by both transferential and non-transferential aspects of the relationship. It is unclear what he means by this however, further in this paper, Fauth refers to diversity concerns that may be triggered in the relationship. Diversity of a client’s ethnicity, religion and sexual orientation are fixed constructs and are not triggered by the relationship however they may affect how the relationship gets enacted.

None of the participants in study 3 referred to ethnicity, religion or sexual orientation within their work with clients. A non-transferential construct within study 3 may be the military service, or in Jenny and Louise’s case, their experience as former drug users. All of these experiences were deemed to be positive by the workers and for the military veteran clients, having served in the military was considered to be a pre-requisite for an effective relationship with their worker.

8.10.2.1.4 Countertransference can be facilitative or detrimental

Cain (2000) summarises the facilitative components of sharing common experiences. These include identification of symptoms; feelings of discrimination; difficulties in accessing benefits; identity problems; relationship problems; loneliness and isolation. Each of these components were referred to by both workers and clients in study 3. Where countertransference had been consciously acknowledged by the worker it had been considered as mainly positive.

Both Fauth (2006) and Cain (2000) discuss the detrimental effects that countertransference can have. Cain (2000) also discusses the problems experienced by the therapist through over identification with the client. The therapist may lose perspective on the therapy process. Although the workers in this thesis were not offering therapy as such, they were having a therapeutic impact on their clients through their work. This may have happened with Harry, who appeared to use his clients as fund raisers for the charity and Jane referred to how she
did some decorating for her worker. Yet Peter appeared to be more aware of when he over-
identified with his clients, and he did take this to his supervisor.

Cain (2000) refers to therapists’ reports of their own “wounds” having a negative effect on
their clients because of fluctuations in the therapist’s own well-being and ability to stay
present with the client.

There were four specific instances in study 3 where countertransference could be perceived
as detrimental.

Jenny referred to her case where the client killed himself shortly after their interaction. Client
Bob was concerned during his interview that his worker had suggested to Bob that Bob’s
father had abused Bob when he was a child. Bob described how his worker had made these
insinuations and how wrong his worker was to do this. Zerubavel & Knight (2012) refer to
this as possibly being driven by a personal agenda of the worker. The worker in this scenario
with Bob had already described his own father as an emotionally and physically abusive
presence in childhood. Louise had a maternal counter-transferential response to her clients.
Louise consistently breached the boundaries of her role by seeing her former and current
clients outside of her normal working hours, a process identified by Briere (1992). Louise
visited them in their own homes without her employers’ knowledge. Of additional concern
was that these clients were former associates of Louise from her past when she used drugs
herself. Peter offered an awareness of how his own counter transference may be experienced
as detrimental to his clients and had changed his behaviour as a result. Peter used to imagine
wearing a shield of armour to protect himself from his clients’ psychological material. As
Peter realised this was not useful for his clients, he changed this to a more useful way of
ensuring he could cope with his own reactions to the client’s process.

8.10.2.2 The need for personal therapy for the worker

Crittenden (2000) refers to the importance of workers being able to present their true self to
their client. A true self emerges when an individual is valued for who they are not, as
opposed to developing a false self to meet the expectations of others. The worker being in
receipt of personal therapy and operating from their true self enables the client to become
confident in both the therapist and the process. When the worker is not able to present their
vulnerable self to their clients, clients may respond by trying to protect their therapist by either care taking of the therapist, or, limiting their own needs from the therapist. In the more extreme cases Crittenden suggests that this can lead to a destructive relationship.

This may be what occurred with Jenny, when her client killed himself shortly after their session. Jenny was the only worker in my view that did not appear to demonstrate an authentic or vulnerable self in her interview.

All other workers appeared to have sufficient self-awareness and confidence in their relationship to be able to be vulnerable with their clients.

8.10.3 The third sector system does not appear to offer appropriate levels of training, supervision and personal development for workers supporting clients with complex psychological needs.

8.10.3.1 Recruitment
Each of the workers were either self-recruited to their service by setting up or joining a charity that they had accessed as a service user. The exception to this was Jenny, who entered the service through being interested in doing similar work to some of her friends, however she had been a recreational user of drugs, and prided herself on not having used the service.

Mander (2004) refers to the need to link the wound and the wish (p. 166), which each of these workers have clearly done, their wish to help others is driven from their wounds. However, it is more important that healers have both explored and dealt with their wounds (Wheeler, 2002). The addictions services use of peer mentors and recovery coaches appears to use this model of ensuring that a candidate is in recovery before being recruited to support others. Yet as already discussed up to 38% will relapse (Jones, Sells & Rehfuss, 2009). The system does not appear to have in place sufficient boundary checks to support recovery coaches when they place themselves at risk of relapse, such as in the case of Louise.

8.10.3.2 Training
Some writings from the field of adolescent mental health make recommendations for training of health workers (Fisher, et al., 2011, p.12). These recommendations include specific
training in understanding developmental stages in adolescence and common mental health problems.

Zerubavel and Wright (2012) suggest that there is a need for including countertransference concepts in the training of “wounded healers”, alongside clinical supervision. It is through supervision during training that supervisors can assist wounded healers to identify if the workers’ “wounds” may be having a detrimental impact on the client. This may include the impact that the worker’s unprocessed emotional experiences and self-protective strategies may have on enabling a client to integrate their own thoughts, feelings and actions.

Only two of the workers in study 3 reported being in supervision. Yet Peter demonstrated an ability for reflexive functioning and it was unclear if this was because of the influence of supervision or learned and developed, or both. Harry did not refer to reflexive functioning in the context of his supervision.

8.10.3.3 Organisational responsibilities

The financial pressures of public services and the downwards pressure that this then places on the charity sector leads to greater financial pressure on services (see chapter 1). Where services are under pressure, individuals who care about their clients are more likely to become vulnerable to abuse by the system, with too much expected of workers (Miller, et al, 1998). This was seen in the cases of Jenny and Louise, both of whom were expected to manage a very high and complex case load with limited resources and no supervision.

Each organisation has responsibility for providing clinical supervision. This creates systemic problems for a system that is reliant predominantly on vulnerable and willing workers. As the healer works with their clients, and they grow in confidence and skill, the likelihood of them accessing their unprocessed trauma responses increases and their need for support escalates. This can lead to therapist traumatisation, with workers who become overwhelmed or ‘burned out’ because the system cannot respond appropriately or proportionally with ongoing clinical supervision or personal therapy for the worker (Wheeler, 2007).
8.11 Summary
This chapter has presented a model of a middle range grounded theory and a set of core categories of how workers appear to support clients who are marginalised from mainstream mental health services, using a grounded theory methodology.

Workers seem to enter their vocational work because of their own personal experiences which stem from a disturbed attachment history. This history has been described with examples given. An explanation of the relational dynamics has been explored and a number of core categories are proposed. The core categories have been developed through the grounded theory process of constant comparison in the development of the axial codes.

The chapter has concluded with a critique of the literature in relation to the emerging theory.
Chapter 9 – Middle Range Grounded Theory

9.1 Orientation to the Chapter
In this chapter I present the findings as a substantive middle range grounded theory that links the three studies. I refer to the extant literature and the research questions raised from the literature. The research questions for each study are reviewed against the grounded theory. I discuss the implications of this thesis for the use of brief therapy techniques by non-therapist workers supporting marginalised individuals. I consider the implications for the statutory sector who commission services from the third sector. I proceed to consider the implications of the findings of this thesis for the third sector charities and individuals who provide support to socially disadvantaged groups and vulnerable individuals. These implications are then considered within the wider socio-economic and political context of the UK’s health and social care services. Each of these considerations are offered in the light of the grounded theory and the key findings of the three studies.

I critique the strengths and limitations of the thesis and provide recommendations for further research.
9.2 The substantive middle range grounded theory

Non therapist workers using brief therapy techniques who are healed or are healing their own emotional traumas from childhood seek or perceive their clients’ emotional traumas as similar to their own. Clients seek out these workers who appear to provide some therapeutic resonance. The organisational system in some instances does not appear to provide appropriate containment and support to enable consistent safe practice.

Study 1 and 2
(Thematic Analysis)
The relationship between worker and young person is therapeutic in nature if not intent

Theme: The Training and use of brief therapy techniques provide a structure for containment by the worker
The worker appears to act as a container for the young person leading to development of a more integrated sense of self 6.2.1.4
The IML material appears to uncover real problems 6.2.1.6

Theme: The use of Self by the worker
A symbolic familial relationship between the worker and client 6.2.3.8.1/2
The worker uses conscious and non-conscious modelling/parallel processing 6.2.1.2
The worker and young person seek similarities in each other 6.2.1.1
The relationship is therapeutic and enables change 6.2.1.3
Earned security is present in the worker 6.2.1.5

Core Category 1 - Poor attachment history and adult age trauma can lead to the development of a wounded healer 8.2.1

Core Category 2 - Clients seek similar wounds in healers which leads to therapeutic empathy 8.2.2

Core Category 3a - Unsupervised wounded healers offer poor containment of clients leading to risk of further mental health problems for the client 8.2.3.a

Core Category 3b - The third sector system does not appear to offer appropriate levels of training, supervision and personal development for workers supporting clients with complex psychological needs 8.2.3b

Study 3
(Grounded theory – core categories)
self referencing wounded workers seek similarities in their clients to aid their own healing journey
9.3 Revisiting the literature review

In this section I return to the therapy relationship literature review and the systematic literature review. The systematic review identified a series of questions that could usefully be explored further in a qualitative study. These questions are reviewed against the middle range grounded theory.

9.3.1 The systematic literature review

A number of potential questions were raised by the literature review and are considered and critiqued alongside the substantive grounded theory. Recommendations for how the findings may be addressed are discussed further in this chapter.

9.3.1.1 The worker acts as a substitute family (Lemma, 2010)

The synthesis of study 1 and 2 suggested:

• that there may be a projection process that creates a symbolic familial relationship between worker and client 6.2.1.1

This has been further reinforced through the development of the grounded theory. Studies 1 and 2 suggested the development of a symbolic familial relationship between worker and client. Most of the workers in study 2 were able to support their clients and become the familial representation required by the client for periods of time. As the findings of study 1 and 2 moved into the grounded theory development in study 3, a core category emerged that suggested the early attachment relationship of the worker was of considerable influence on the dynamics that occur between worker and client. This appears to be more than the parental role identified by Lemma (2010).

Chapter 2 discusses the importance of attachment relationships in early development and how these can change in adolescence. These early attachment strategies later inform social, emotional and psychological interactions in adulthood. There is existing psychotherapy literature supporting the need for secure attachment figures in adolescence and adulthood in order to heal unresolved loss and trauma and the subsequent behaviours that stem from these childhood events (Cassidy and Kobak, 1988; Cooper, Shaver and Collins, 1998; Crittenden, 2006; Furman and Buhrmester, 1992; Hazan and Zeifman, 1994; Pistole, 1999; Shaver and Hazan, 1993). Yet the extant literature has not extended to non-therapist relationships which are more frequent.
Each of the young people in study 1 and, with the exception of one worker in study 3, all workers and clients in study 3 have reported disrupted or insecure bonds in their early attachment history. Study 2 does not explore in any detail the attachment strategies of the workers however, Frank does refer to his own history influencing his choice to work with young males who have experienced a similar disrupted childhood to his own.

Each of the brief therapy core theories and interactions used by the workers do not include any consideration of the early developmental history of the client or any depth understanding of family relationship dynamics as the client was growing up.

9.3.1.2 Disruptive attunement can be developed to aid development of sense of self (Lemma, 2010)

There is no evidence in this thesis to support the development of self through disruptive attunement as identified by Phase 3 of Lemma’s model (2010) exploring relationship factors between young clients and their non-therapist workers. Lemma suggests that as the client moves towards a closer attunement with their worker, the client is able to cope with disruption within the relationship. Yet this grounded theory study with untrained workers suggests the opposite may be occurring. Most workers within study 3 did not appear to be able to respond to the dynamic needs of their clients which may have resulted in further disturbance for the client and, in some instances, workers were ending support of their client prematurely before the client felt ready. This could be partially remedied through greater understanding of the psychodynamic nature of the relationship, and an awareness of the need to be responsive to the underlying attachment strategy of the client.

This need for dynamic responsiveness is described by Perls (1969) who was one of the therapists modelled in the development of NLP and was the founder of Gestalt therapy. Perls viewed the development of personality as the emerging of a differentiating self with boundaries between self and other that develop over time. This results in an interdependent dynamic relationship where successful self-regulation is dependent on a nourishing relationship with the carer. The boundary between self and other fluctuates depending on whether needs are either met or not met. The person continues to seek from the other until homeostasis is achieved. Where boundaries are not clear, or needs are not met, the person develops with a disturbed sense of self in relation to the other person. The individual will then introject aspects of the other person to act as if they have components of this person as
their own personality. Alternatively, the individual may project aspects of their personality onto someone or something else, as if it is not part of their own personality (Perls, 1973). For example, someone who has experienced danger and trauma responses and has not been protected in childhood may adapt their behaviour to comply with the perpetrator to prevent further trauma occurring. The individual may introject aspects of the perpetrator’s behaviour e.g. violence, and, may identify with the power of their aggressor and project this onto someone else and treat that person as if they are a victim (Balbernie, 1994). This may be seen in study 3 and Bob’s (client) experience of Harry (worker). Harry was abused by his father and, according to Bob, Harry insinuated that Bob’s father had abused Bob. Inadvertently and through projection, Harry himself may be abusing Bob by projecting his own process onto Bob. A similar process occurs with Jenny (worker) where she reports challenging a client about his co-dependent relationship. This interaction between Jenny and her client concludes with the client acting out and killing himself.

9.3.1.3 Power of the relationship as building blocks to the mind (Lemma, 2010)

Lemma (2010) suggested through her grounded theory study that a client can develop a more mature self-representation through the relationship with their key worker. Three themes have emerged from studies 1 and 2 that gave further insight into the dynamic and interdependent nature of the relationship between worker and young client.

- the relationship between worker and client appears to be therapeutic in nature and offers the potential for change 6.2.1.3
- the worker may act as a container for the young person leading to development of a more integrated sense of self in the young person 6.2.1.4
- that earned security in the worker and his ability to see lack of security in the young person may be an important factor in enabling change to occur towards a more secure sense of self in the young person 6.2.1.5

Study 3 also developed grounded theory core categories about the dynamic and interdependent nature of the relationship between client and worker, and the interdependent relationship between worker, client and the wider organisational system.

- disrupted or insecure attachment history, a disrupted education and adult age significant emotional trauma may result in a self-referencing ‘wounded’ worker 8.3.1.
• the third sector system does not appear to offer appropriate levels of training, supervision and personal development to workers supporting clients with complex psychological needs 8.3.3b.

Schore (2003) offers a more up to date perspective on the utilisation of the therapeutic alliance to develop successful self-regulation through a co-created relationship with a therapist. The middle range grounded theory demonstrates that clients are seeking a relationship with their worker that enables the client to heal both early and current trauma responses and losses leading to self-regulation. However, because the brief therapy techniques used by the workers do not theorise the interactive relationship between people, it potentially ignores or discounts the role that the worker has in enabling a mature self-representation.

This grounded theory study does highlight the therapy relationship as a core component of clients’ expectations and experience when seeking support for psychosocial problems from non-therapeutically trained workers. The findings of study 1 and 2 appeared to suggest that although these workers were not providing a formal therapy to their clients, there were elements of a therapeutic relationship present in the empathy and attributes offered by worker to client. In study 1 and 2 both the young clients and their workers all commented on and valued the bond or connection that had been developed between worker and client. This was represented by the young people as being the relationship that they wished that they had with an older sibling or parent figure, echoing the findings of Lemma (2010). For the workers the relationship and rapport that they had developed with their young clients were considered essential for commencing and maintaining a relationship whereby the young person trusted their worker. This is supported by Bevington, Fuggle and Fonagy’s (2015) study that proposed that the worker’s ability to accurately mentalise the adolescent aids the development of a more secure internal working model of relationships. It should be noted that workers in study 2 had been taught about the therapeutic relationship and the psychodynamic needs of clients dealing with trauma responses as part of the IML project. Equally all workers in this thesis both identify with and utilise the therapy relationship that is created with their clients.
9.3.1.4 The relationship allows the client to re-enter a non-traumatising world of relationships (Lemma, 2010)

The development of a boundaried sense of self is enabled in therapy through appropriate containment by and the support of a therapist (Schore, 2003). Studies 1 and 2 highlighted the systemic nature of the work between client and worker and the containment that workers offered with the theme the worker may act as a container for the young person leading to a development of a more integrated sense of self (6.2.1.4).

Returning to Perls (1973) theory, he refers to the boundaries between self and other as dynamic and shifting according to needs of the client in any given moment. The individual will move closer to and further away from the other person depending on their need to achieve emotional and psychological homeostasis. Wampold (2015) proposes that the therapist’s own arousal regulation is key to enabling self-regulation in the client to be developed through the therapeutic alliance. Wampold identifies that therapist effectiveness is dependent on the therapist’s ability to develop interpersonal trust and empathy with their client.

Within the thesis there are examples of the boundaries fluctuating between client and worker. Workers in study 2 appeared to be utilising the therapeutic nature of the relationship to enable the familial representation to be worked with and utilised in support of the client. The worker appears to be containing the client according to client need.

- there may be a projection process that creates a symbolic familial relationship between worker and client 6.2.1.1.
- the relationship between worker and client appears to be therapeutic in nature and offers the potential for change 6.2.1.3
- the worker may act as a container for the young person leading to development of a more integrated sense of self in the young person 6.2.1.4

Studies 1 and 2 focussed on the relationship between worker and their young client as it emerged through the joint use of a workbook and programme. Using thematic analysis study 1 and 2 found a number of themes that were suggestive of the potential for repair of dysregulated arousal and affects in this client group.

Theme 1 – Projection process (6.2.1.1)
Theme 4 – The worker acts as a container (6.2.1.4)

The literature review critiqued a number of adolescent development theories. These included the development of internal working models of relationship (Besser & Blatt, 2007; Bretherton, et al, in Greenberg, et al, 1990; Crittenden, 1990; Dykas & Cassidy, 2011; Main, et al in Bretherton and Waters, 1985). Adolescence is a time of change for young people where they experience a shift in attachment relationships away from the parents and towards the peer group. This provides an opportunity to support adolescents who experience difficulties through focussed interventions (Bevington, et al, 2015; Furman & Buhmester, 1992; Giordano, 2003; Hazan & Zeifman, in Bartholomew & Perlman, 1994; Nickerson & Nagle, 2005). With the additional opportunity to harness the neural plasticity that occurs at this time (Lothmann, et al, 2010), the combination of the IML workshop programme using brief therapy techniques and individual support appeared to be having a positive effect in aiding these young people to change their behaviours. (Tope et al, 2010, 2012).

The workers in study 2, although not therapists, were developing a therapeutic relationship as discussed in 6.2.3.2. The additional structured framework of the workbook intervention appeared to offer a similar process of enabling a therapeutic relationship to develop through which an emerging sense of self could develop as identified by Goldberg and Dimond (2005), Chwast (1977) and Nakamura, et al (2009). Goldberg and Dimond (2005) had suggested that utilising the fear driven response to access motivational drives would lead the adolescent towards a preferred future. Some of the young people did refer to the negative behaviour that they had been demonstrating, such as drug taking, poor attendance at school, and criminal behaviour. The young people valued the support of their worker and the non-judgemental attitude that their worker appeared to have towards their behaviour. This was not without conditions, and each young person reported that they knew how far to go with their worker and that they could not mess them around.

An additional component that emerged through the thematic analysis in study 1 was the use of transitional objects by the young person as they moved towards a more integrated self. Poa’s (2006) suggestion of open and honest dialogue, enabling ownership by the adolescent for their own motivation and goal setting, appeared to be mirrored in the reports of both workers and their young clients.
As discussed in chapter 2, Schore’s (2003) theory of the development of self-regulation through the therapy relationship could be offered through brief therapy techniques if non-therapist workers are skilled in developing a therapeutic alliance. Study 1 and 2 appeared to suggest that some of Schore’s criteria were being met by workers supporting this client group. Although these workers utilised the workbook this thesis does not evaluate the effectiveness of the IML workbook.

The criteria identified by Schore (2003) that appears to have been supported by the findings of Study 1 and 2 included:

- **Right brain interactive affect regulation** – workers and their clients discussed the connection and bond that they felt within the relationship, which at times was soothing and calming and at other times appeared to result in hyper-stimulation responses in the client.

- **Dysregulated right brain primitive affects** where the client was unable to understand and manage strong negative emotional states – workers recognised the lack of a positive parent figure for these young people. Clients appeared to project on to the workers this role and through this rapport they became more confident about who they were.

- **Awareness of shame dynamics and co-creation of a therapeutic alliance** that allows for deeper self-revelation - Workers reported ‘digging up stuff’ and how the workbook had enabled them to ask questions that brought to the surface deep material from their clients. Young people reported sharing things with their worker that they had never told anyone else, such as the child protection concern raised with Cathy in study 2.

- **Enactments of non-conscious right brain perceptual biases** are seen as coping strategies – all workers reframed the more negative behaviours of the young people, seeing them as reactions to their social circumstances, often from the home environment and as a self-protective adaptation response.

- **Growth facilitating therapeutic environment** that enables a modulated self-system – workers reported how they saw their clients change over time to become much more in control of their emotions and behaviour. Additionally, clients referred to their own emerging ability to cope and manage their emotions and behaviour in more useful ways.
• Reorganising insecure internal working models into earned secure models, leading to a coherent, continuous and unified sense of self – workers reported the changes they saw in their clients over time and more importantly, each of the young people reported their growth in confidence and sense of self that had emerged through the relationship with their worker.

9.3.1.5 Key worker provides a transformational experience (Lemma, 2010)

The worker and client experience and meaning of the relationship highlights benefits from their work together. In this qualitative thesis we are not measuring the outcome of the work, rather the experience and meaning from each participant’s perspective. The potentially transformational nature of the relationship is highlighted in the section above.

9.3.1.6 The worker acts as an active and persistent presence (Davies et al, 2012)

There was no evidence in this thesis to support Davies’ findings, however the young people in study 1 did report that they could rely on their worker.

9.3.1.7 Lack of trust in the worker leads to the client ending the relationship (Davies et al, 2012)

Lack of trust between client and worker is not explored explicitly in this thesis, however there are some themes that suggest a breach of trust within the relationship led to clients feeling let down by their worker.

Study 3 grounded theory core categories suggest that the workers within this study are less able to contain their clients’ material and use processes such as parallel processing of their own material to understand their clients. This appears to lead towards clients’ material being uncontained, with clients feeling alone and unsupported and with relationships with their worker coming to a premature end.

• disrupted or insecure attachment history, a disrupted education and adult age significant emotional trauma may result in a self-referencing ‘wounded’ worker 8.3.1
• wounded healers are able to resonate and relate to clients with similar history and traumas as part of their own healing journey 8.3.2.
• untrained and unsupervised workers offer poor containment of clients with complex psychological problems 8.3.3a.
the third sector system does not appear to offer appropriate levels of training, supervision and personal development to workers supporting clients with complex psychological needs 8.3.3b.

In study 3, Harry, Simon, Jenny and Louise all reported instances where, to myself, it was clear that they were not containing their clients’ material through parallel processing, poor containment, or breaching of boundaries. Client Bob referred to how his worker inferred that Bob’s father had sexually abused him as a child. Jane had been asked to undertake decorating work at her charity worker’s home and at the same time was struggling with her worker not being accessible to her. Yet Jane continued to be symptomatic and wanted to see her worker as she was still experiencing nightmares. Tom felt that his worker was no longer available to him even though Tom did not feel as if he was ready to end the sessions, as he was still experiencing disturbing symptoms. Charlie was experiencing panic attacks and was finding that his worker was not available to him.

Within the thesis I have not compared worker and client data where the worker has been connected to a particular client. The population was small, and this would have resulted in a breach of confidentiality between the participants.

9.3.1.8 The relationship between worker and client has a positive impact on self-esteem in the client (McMahon, 2009)

Workers were not asked specifically about improvements in their client’s self-esteem and did not correlate the relationship with their client having a direct impact on improved self-esteem. Clients did report improved confidence and some of the interview data suggested that this had improved through the relationship. This evidence is subjective to the clients’ accounts.

9.3.1.9 Brief interventions are more helpful when staff engage with and deliver them (Neale & Stevenson, 2015)

This did not emerge in the grounded theory analysis, but the results of studies 1 and 2 suggested that the young person benefited from brief therapy interventions.

9.3.1.10 Motivational Interviewing leads to systemic change for the client (Snyder et al, 2012)
This thesis did not focus on the specifics of the brief therapy techniques and did not emerge from analysis of the interview data with young people, adult clients and their workers.

9.4 The Research Questions
This section reviews the middle range grounded theory critiqued against each of the research questions.

9.4.1 Study 1 Research Question – Young people marginalised from main stream education: how do they experience the relationship and make use of brief therapy models of intervention with their non-therapist worker?
The thematic analysis and the middle range grounded theory found that the young person perceived that the relationship developed with their worker was therapeutic and helpful. Young people valued the similarities that they observed in their worker. The worker became a family representation for the client where a strong attachment relationship developed. The young person utilised transitional objects to manage time away from their worker.

9.4.2 Study 2 Research Question – Supporting young people marginalised from main stream education: how does the worker understand, experience and utilise the working relationship to support their young clients?
The findings of study 2 are reflected in the grounded theory and support the concept that the relationship between worker and young person was therapeutic in nature if not intent. Most workers in study 2 were very clear that they were not acting as counsellors for their clients. The worker acted as a container for the young person to enable the development of a mature sense of self. Workers saw similarities in their clients through parallel processing. This resulted in relational resonance. Each of these components are psychodynamic therapeutic processes. This may be similar to the observation by Lemma (2014) that workers need to ‘know their own ghosts’. Clients then valued their worker having had similar experiences, which the client felt enabled a deeper connection with their worker. Workers used these similar experiences to understand and work with their clients.

9.4.3 Study 3 Research Question - The relationship between adult clients marginalised from mainstream statutory health and social care services and non-therapy trained workers: How do they understand and experience the processes of “working together”?
A self-referencing wounded worker who seeks similarities in their clients to aid their own healing journey is the overarching core category for study 3. This is reflected in the grounded theory as a healed or healing non-therapist worker. Study 3 reinforced the similarity in
wounds to clients found between worker and client in study 2. In study 3 this was thought by the worker to enable therapeutic empathy. Study 3 highlighted further the risks identified by Tope et al (2010, 2012) of poor containment and parallel processing by the worker who was not supported through appropriate clinical supervision.

9.5 Hypotheses generated from the grounded theory

Three hypotheses have been generated from the middle range grounded theory:

- Supervision is required for non-therapist workers supporting vulnerable individuals
- Conducting risk assessments provides containment of vulnerable clients
- Recruitment of workers with reflexive functioning aids safe practice

9.5.1 Supervision is required for non-therapist workers supporting vulnerable individuals

This thesis was developed from a project that I had been asked to provide for the Communities First Project in Wales. Tope et al’s (2010, 2012) evaluation of the Wales project identified that there was a lack of supervision for youth and community workers that were using a workbook and programme intervention based on brief therapies with young people who had been marginalised from main stream education and mental health services.

All workers in this thesis lacked consistent and effective supervision. Most workers had not received sufficient training to prepare them for work with their vulnerable clients presenting with conduct disorders and other behavioural and addiction problems in study 1, and in study 3, a diagnosis of PTSD, addictions and often dual diagnosis of a co-occurring psychological condition alongside self-medication with alcohol or drugs to manage symptoms. Core categories in study 3 suggest that untrained and unsupervised workers offer poor containment of clients with complex psychological problems (8.3.3a). and

The third sector system does not appear to offer appropriate levels of training, supervision and personal development to workers supporting clients with complex psychological needs (8.2.3b).

As the thesis has highlighted, there was a lack of clinical supervision for the workers. In study 2 supervision was provided initially by myself as the trainer, however this ceased as my
involvement with the project ended and before the research commenced. Supervision was not continued by the workers’ respective organisations. Only two of the workers in study 3 reported being in receipt of supervision. Supervision can provide some degree of containment for clients and workers as it provides a reflective space for the worker, who can be supported to work within their scope of practice (Hale, 2013; Pisano, 2014; Woods & Brown, 2014). Supervision aids the identification of personal processes that may impact negatively on the client and enables signposting for the client if required. The expansive provision of third sector services highlighted in chapter 1 suggests that commissioners would serve these vulnerable groups of individuals best if governance procedures by commissioners include safety checks for effective supervision of workers and containment of at risk clients. In contrast NHS Trust Mental Health Services require regular supervision for staff.

The systemic nature of the problems that these clients face along with the lack of clinical supervision would suggest that a supervision model such as Hawkins and Shohet’s (2007) seven eyed process model would facilitate containment of these clients and their workers. Hawkins and Shohet’s model enables reflection on

- The therapist system and the client situation
- The therapist’s intervention and strategies
- The relationship between therapist and client
- The therapist’s own experience
- Parallel process
- Supervisor’s self-reflections
- Organisational context

This process of supervision would include consideration of parallel processing. It is also recommended from this thesis that brief therapy core theory develops to include an understanding of parallel processing to aid the development of self-supervision in the worker.

With supportive supervision along with effective governance checks by commissioners to ensure that supervision arrangements are in place and appropriate, these workers’ roles could be considerably supported and enhanced thereby increasing the opportunities to aid change with vulnerable clients.
9.5.2 Conducting risk assessments provides containment of vulnerable clients
It is recommended that workers supporting vulnerable clients with brief therapy techniques are taught how to undertake a risk assessment. This would enable workers to become more aware of who is and who is not suitable for an intervention in a non-clinical environment. This could be extended to include human psychological development theories as an adjunct to understanding and undertaking risk assessment.

9.5.3 Recruitment of workers with reflexive functioning aids safe practice
Although potentially controversial as this may lead to discriminatory employment practice, it is recommended that recruitment procedures into charity-based work supporting vulnerable groups includes an assessment of psychological maturity through practical assessment of case work during the probationary period of employment. This would enable safer working within their own scope of practice and with reference to others through clinical supervision. As identified by Tope et al (2010, 2012) these workers did not feel contained and all requested supervision that was not available from their employer. The workers in study 2 appeared to show reflexive functioning, that may have been already present or may have been added to through the theoretical framework offered in their training to deliver the workshop material. This appears to be in contrast to the core categories present in study 3, where workers had not had the theoretically oriented training of the workers in study 2.

In study 2 and 3 workers see similarities between their own experiences and their clients. Some workers such as Peter and Jenny were able to reflect on this and recognised that although some things had worked for themselves, the same things may not work for their clients.

9.6 New Findings
Additional findings to the literature have also emerged through this study. Each of these are discussed as concepts that arose rather than hypotheses generated.

- The trauma response of PTSD in military veterans
- Childhood adversity and PTSD in military veterans
- The role of the military social network in recovery

9.6.1 Affect dysregulation, the trauma response in PTSD and the therapy relationship
Study 3 focussed on the relationship between worker and client, initially in a veterans’ charity with clients presenting with post-traumatic stress disorder (PTSD). The core
categories generated in study 3 highlighted the role of the self-referencing wounded healer as both an asset and a potential liability. Study 3 explored the workers perspective in all charities included in the study but only explored clients’ experiences within the veterans’ PTSD charity.

Research exploring the role that the therapeutic relationship has in supporting those with affect dysregulation has been conducted with service users of addictions services (Latham, 2012; Lawrence-Jones, 2010; McPhee & Fenton, 2015; Neale, et al, 2015), and limited research in homelessness services (Greenwood & Manning, 2016; Hennessy & Grant, 2006). Some of the reports by the workers in study 3 were suggestive of uncontained work with clients that may result in negative outcomes for clients.

Core category 1 – Disrupted or fragmented attachment history, a disrupted education and adult age significant emotional trauma may result in a self-referencing ‘wounded’ worker (8.2.1).

Core category 2 – Wounded healers seek clients with similar history and traumas as part of their own healing journey (8.2.2)

An extensive exploration of the literature pertaining to wounded healers is covered in chapter 8 (8.6.1).

9.6.1.1 The trauma response of PTSD in military veterans

Each of the clients interviewed in study 3 had either a self-reported or clinical diagnosis of PTSD. Each of the clients had also felt let down by the military and the larger veterans’ associations. In exploring wider literature on the mental health problems among veterans I discovered that gaining an accurate report of incidences of PTSD in military veterans in the UK is difficult. A series of freedom of information requests by unknown authors in 2013, 2014 and 2016 resulted in a range of responses from no data being available, through to estimates of 1.8 per 1000 serving personnel (MOD) which is based on those receiving a disabled war pension because of PTSD. The MOD reports a 25% increase in incidence in one year, 2011 – 2012 (MOD, 2013). Prevalence of PTSD and other common mental health problems is variably stated as 4.8% for a diagnosis of PTSD to 27.2% for a diagnosis of a common mental health problem (Iversen, et al, 2009, Wake & Leighton, 2014). The
economic cost of PTSD in veterans who are unable to return to work is £750 per person/per month, and where the veteran takes their own life the cost of one suicide is £1.45 million (Johnson, 2011; Knapp, et al, 2011). A meta-analysis of nine studies and 21,746 deployed personnel has identified that over time the psychological distress of having PTSD increases, even if the clinical diagnostic score remains at a similar level to that at diagnosis (Rona, et al, 2016). A further study of war pensioners identified similar findings, with veterans still experiencing psychological distress over 10 years later (Brewin, et al, 2012). The veteran clients in study 3 ranged from Tom who was still serving, through to Bob who had left active service approximately 25 years previously. Bob still reported symptoms of PTSD that he believed significantly affected his ability to function. This lack of data and the ongoing distress amongst military veterans requires exploration and amelioration through further research into clinically effective treatments.

All the veterans in this thesis had experienced marital break-up, which they attributed to being caused by the PTSD. Only one veteran, Charlie, reported a significant trauma response in his personal life, the still birth of his daughter, influencing his reaction to military combat. He does consider this and reflects how he was given minimal compassionate leave and returned to the front line immediately after his daughter’s funeral. He believes that this led to his PTSD. There are studies that suggest that having a negative perception of home life increased the likelihood of reporting negative mental health effects of combat (Jones, et al, 2012; Mulligan, et al, 2012; Pinder, et al, 2012). Charlie does not report any emotional trauma in his personal life prior to losing his baby daughter, however he did see active combat prior to this event. It is unclear which events were causative of his PTSD. The lack of social support for military veterans whose marriages have ended with PTSD as either a symptom or cause requires addressing. Each veteran reported feeling let down by the statutory services. For some this included feeling let down by some of the larger military veterans’ charities, whose primary aim was to provide social support.

9.6.1.2 Childhood adversity and incidence of PTSD in military veterans

There are a number of studies suggesting that there is a strong association between childhood adversity and antisocial behaviour, a combat role, likelihood of early leaving service and symptoms of PTSD in military personnel (Buckman, et al, 2013; Jones, et al, 2013; Murphy, & Sharp, 2011; Rona, et al, 2016; )
All participants in study 3 reported adversity in their childhood with many reporting emotionally or physically abusive childhoods. Graham was the exception, with his adversity coming from his move to the UK from a foreign country at the age of 6, being required to become his mother’s translator as she could not speak English. This apparent correlation between childhood adversity and PTSD as a result of combat is worthy of further exploration. Additionally, each veteran participant with the exception of Graham referred to the military preying on those from broken homes, with the army acting as a substitute family.

9.6.1.3 The role of the military social network in recovery

In the thesis reported here each of the adult clients reached a crisis point before they sought help. In every instance the crisis point was when the symptoms experienced by the client had a direct impact on a family member, or the person had become isolated as family members gradually left them because of their behaviour. One study supports the idea that social support structures enables military veterans with PTSD to engage in help seeking behaviour (Murphy, et al, 2014). This and other factors enabling help seeking behaviour were identified as:

- **Having to reach a crisis point before accepting the need for help** – this is observed in both clients and the former military workers in study 3.

- **Overcoming feelings of shame** - Each client in this study shared their shame or discomfort at seeking help, sometimes referring to it as not the ‘manly’ thing to do, because of the stigma that existed within the military.

- **Importance of having an internal locus of control** - Being in control was mirrored by both worker and client in study 3. Workers recognised that their clients needed to control the session and adapted their skills and behaviour so that the client determined the direction of the work. On one occasion when the worker Jenny had controlled the session and presented her own view, Jenny reported that the client appeared to have abreacted and killed himself. Clients valued being in control and their worker giving them choice.

- **Finding a psychological explanation for symptoms** - Study 3 did not support the need for clients to have a diagnosis for their symptoms. This may be because clients were reluctant to accept a diagnosis of PTSD initially, possibly because of the stigma
associated with mental health problems in the military. Clients did appear to value understanding their symptoms when a worker who they perceived was a peer explained them to the client. Further recommendations in the literature are made that suggested ‘willing volunteers’ who had themselves recovered from a mental health episode may be helpful in supporting their peer group (Jones, et al, 2015). This is further supported by Stack (2013) who suggests that therapists working with ex-military clients should understand military society and culture, particularly in relation to power dynamics.

- **Having strong social support** - Having strong social support and in every instance a partner that stands by them was important to each client. Some of the clients also valued the social support that was offered by the veterans’ PTSD Charity, sometimes referring to their worker as a friend. This social support network may also have influenced workers Louise and Peter to move from being a service user to becoming a service volunteer and then a service employee. Louise appeared to have difficulty in making the transition from user to worker which was reflected in her need to maintain her social support group from her former life as a drug service user. The risk of this is highlighted by Neale et al (2015) who identified that service users develop strong bonds with their peer mentors who may then relapse. If the worker relapses, Neale suggests that there is risk that the service user may follow their worker into relapse. Military Service leavers who did not have strong social support networks were more likely to present with mental health conditions and PTSD (Hatch, et al, 2013; Jones, et al, 2014), reflecting the small population in study 3.

Notwithstanding the discrete population investigated in this thesis, the provision of social support both during and post military service requires serious consideration as a matter of public duty. It is beyond the remit of this thesis to consider how this might be addressed.

### 9.7 Recommendations for practice

In this next section I make recommendations for practice to address the findings of the middle range grounded theory.

- Expanding the model of training for the use of brief therapy techniques by non-therapists with clinical populations
- An integrated practice framework for the use of brief therapy techniques by non-therapists
9.7.1 Expanding the model of training for the use of brief therapy techniques by non-therapists with clinical populations

The use of brief therapy techniques by non-therapists with vulnerable individuals is not currently regulated in the UK. Psychotherapy is subject to voluntary self-regulation that is overseen by the Professional Standards Authority. Subsequently any person who practises as a psychotherapist and uses brief therapy will have had a minimum of 4 years clinical training and supervised clinical practice. Additionally, they will have undertaken a minimum of 250 personal therapy and self-development hours. Each of these components of clinical practice, training, supervision and personal development support an individual to develop as a mature and self-reflexive practitioner. When comparing this to some brief therapy courses available, candidates can leave these programmes with as little as 1 day of training.

This thesis has highlighted in a few cases how the use of brief therapeutic approaches can have both positive and negative effects, when used with psychologically and emotionally vulnerable people.

All of the study in this thesis suggest the need to expand the model of training for the use of brief therapy techniques by non-therapists with clinical populations. Specific categories and themes are:

*Study 3 - Core category 3 – Untrained and unsupervised workers (wounded healers) offer poor containment of clients with complex psychological problems. (8.3.3a)*

*Study 1 and 2 - Theme 1 – Projection process (4.7.1.1)*

*Study 1 and 2 - Theme 2 – Conscious and non-conscious modelling (4.7.1.2)*

*Study 1 and 2 - Theme 4 – Worker as a container (4.7.1.4)*

The grounded theory suggests the need for more clinically oriented training to be provided for those who wish to utilise their skills in brief therapies with vulnerable individuals who are likely to have pre-existing mental health conditions. It is recommended that where brief therapy techniques are taught to non-therapists working with vulnerable individuals, theory is included on how to take a personal history that elicits developmental processes that may be indicative of a current or past mental health problem. For brief therapies to be used safely by non-therapist case workers with vulnerable individuals, it is important that the psychodynamic nature of working with clients with dysfunctional attachment strategies is
included in the training of these workers to enable a more mature attachment strategy to be developed by these clients.

It is also recommended that these workers are advised on the need to undertake a risk assessment and knowing how and when to refer on to specialist clinical services.

9.7.2 An integrated practice framework for the use of brief therapy techniques by non-therapists
This thesis has highlighted some concerns from a small group of non-therapist workers and their clients’ experience of working together. I would propose therefore that the field adopts a framework for practise. Non-therapist workers utilising brief therapy techniques with vulnerable individuals would be required to work with an appropriately trained supervisor who had expertise in that context, and more importantly is a regulated practitioner. Each context of addictions, veterans and youth services, amongst others, could set up a working group to consider standards of training, ethics and practice. This could then be used to develop a clear career pathway with some overlapping areas between contexts.

The aim of an integrated practice framework would be to raise standards of training and practice, and support and further develop credibility of these techniques. Where practitioners want to work with vulnerable clients and do not want to undertake formal psychotherapy training, a robust practice framework that includes supervision would facilitate a more contained way of working. It may also be appropriate to consider an assessment of workers’ fitness to work with vulnerable clients.

9.8 Implications for third sector charities and charity workers
The third sector organisations represented in this thesis are small in number and cannot be considered a representative sample. Study 2 participants worked in both the statutory sector for some of the youth workers who were employed directly by the Local Authority, and some were employed in charities. All of the study 3 participants were either employed within the third sector or were clients in receipt of services from the third sector. The relevant core categories from study 3 considered here are:

Study 3 - Core category 3a – Untrained and unsupervised workers (wounded healers) offer poor containment of clients with complex psychological problems. (8.2.3.a)
Third sector organisations provide services that would normally be offered by the statutory sector but are not. This is usually for economic reasons, with third sector organisations frequently providing services that are low cost or voluntary (National Audit Office, 2016). The National Council for Voluntary Organisations (NCVO) (2012) identified that more than 50% of the provision of services by the third sector is voluntary. Many of these volunteers will be former or current service users. This has been of concern in this Thesis, particularly regarding boundary management, appropriateness of interventions and containment of client material. Because the third sector is values driven and is also a cheaper alternative to mainstream services (NCVO, 2012) the cost of providing effective training in working with complex psychological problems and the supervision that is also recommended from the thesis is likely to be prohibitive. Responsibility for commissioning these services belongs to the Health and Social Care agencies outlined in Chapter 1. This is discussed further in the next section.

9.9 The wider socioeconomic and political context of the UK’s health, social care and education services.
Outlined in chapter 1 are the legal requirements of statutory agencies set out by The Care Act (2016), the Children and Families Act (2014) and the Health and Social Care Act (2012). Statutory Agencies are required to ensure the protection of vulnerable people through the appropriate provision of services that meet the core principles of good governance. Two core categories emerged in study 3 that have implications for the provision of health and social care via third sector agencies.

Study 3 - Core category 3a – Untrained and unsupervised workers (wounded healers) offer poor containment of clients with complex psychological problems (8.2.3a).
Study 3 - Core category 3b – The third sector system does not appear to offer appropriate levels of training, supervision and personal development for workers supporting clients with complex psychological needs (8.2.3.b).

Although this is a small qualitative thesis, the grounded theory highlights clear implications for statutory agencies concerning the protection and wellbeing of the participants involved. It
is recommended that commissioners are held accountable for the safe provision of services
devolved to the third sector and funding is provided to ensure that good governance including
supervision and training of staff is given priority.

9.10 Strengths and limitations of the study

9.10.1 Limitations of grounded theory methodology
I have critiqued the chosen methodology in chapter 7 and rather than repeat this, I have
chosen to reflect on some key points for consideration in going forward.

The grounded theory methodology allowed for reflexive data gathering as the theory
emerged, with simultaneous analysis and gathering of new data. This process allowed for
depth exploration of codes as they emerged, however these remain fixed in time. As I have
maintained contact with some of the charity workers, further observations of their experience
beyond this Thesis have highlighted further some of the concerns raised in the grounded
theory. A longitudinal study and the inclusion of an assessment of psychological changes
resulting from client and worker interactions would have possibly validated some of the
individual perceived benefits reported by workers and their clients, such as providing a
measurement of improvement in self-esteem, or a change in functional and emotional
wellbeing.

A mixed methods study using discourse analysis and the Adult Attachment Interview
(George, Kaplan & Main, 1985) would have provided a quantitative perspective on the
themes and core categories that have emerged. These included the projection of a parental or
older sibling role onto workers by clients. It may also have highlighted more clearly the
attachment strategies that were observed through self-reporting by workers and clients in this
Thesis. Additionally, a comparison of specific worker and their own client would have added
a missing perspective, albeit raising complex ethical issues.

Safeguarding issues arose in this thesis and were addressed with the worker’s supervisor
where appropriate such as the report by Bob that his worker had inappropriately insinuated
that abusive events had occurred in Bob’s early family experiences. A further limitation of
this Thesis was that it did raise some possible historical issues of safeguarding with respect to
Jenny and her interaction with a client that may have influenced a client’s decision to take his
own life. A systemic exploration of this would have highlighted how safeguarding issues
were addressed within the charity. In Louise’s example where she was maintaining significant contact with former clients from a service that she no longer worked for, again a systemic exploration would possibly have highlighted how the use of peer mentors may differ to the normal boundaries of therapeutic practice.

9.10.2 Self Reflection
I consider myself a constructivist psychotherapist and researcher (Charmaz, 2012, pp236) who views the world as one where multiple realities exist, and meaning is created through individual and co-constructed experiences. My preference in research is for the qualitative paradigm and an opportunity to reflect on how experiences are created and hold meaning for individuals. I recognise that this perspective brings with it a risk of subjective assumptions based on my own world view as I gather and analyse data. I have maintained a reflective journal throughout the entire programme of study and have paralleled this with ongoing clinical and academic supervision, as well as personal therapy. I have provided a full audit trail of each study from the development of open coding in study 1 and 2 through to development of the substantive grounded theory.

My preference for quickly moving towards a solution and chunking data at a meta level has been challenged through this process of doctorate level study and writing. I have learnt to evidence my analysis and theory development through sometimes painstaking detailed steps. I have developed new and refined old strategies for learning and processing information that has added to my ability and skills as a researcher and in my wider career.

9.10.3 Contextual variables.
There are a number of contextual variables that influence the findings of this thesis.

9.10.3.1 Demographic
The demographic of the study within this thesis provided considerable contextual variables.

Study 1 had difficulty recruiting young boys and eventually 3 boys joined study 1 at what was later discovered to be a degree of coercion by their worker. Each boy was promised a visit to the gym if they participated. The worker explained that he applied a reward process with the young men attending his centre as part of his strategy for managing their behaviour which at times could be very disruptive. The demographic of experience and qualifications between workers was considerable, with some entering their role straight from College,
others completing a formal degree in youth and community work and others finding their way into the work through their communities. With hindsight, an exploration of family history of workers may have been helpful in validating some of my observations about familial roles and the part that these played between worker and client. Some of my later interviews with particularly the men workers who were interviewed in study 2, highlighted the influence that their childhood experiences had on the men workers choice of career and how they worked with their young clients. I had not explored this with the women workers who were interviewed first.

Study 3 was dominated by male participants in the client group with only one female participant. There are considerably less female recruits into the military and the one female participant was the only female client up to the commencement of this thesis that had been supported by the veterans’ charity. The army was also over-represented with only one participant having served in the air-force. I did not enquire specifically about whether the participants had served as officers.

I did not explore symptomatology or diagnosis of workers in study 3 nor of client participants unless it was volunteered. As I explored the literature following the development of the core categories, some demographic variables may have been relevant particularly concerning incidence and causative factors of PTSD.

9.10.3.2 Working contexts

The working contexts for study 1 and 2 were primarily in community centres. Three client participants were recruits from an addictions charity who provided services to the over 13 into adulthood age group. One worker from this charity had attended the training and utilised the IML workbook. One of these clients had been removed from School and the other was in a secure pupil referral unit. The remaining client from this charity was older than the remainder of the client group at 25 years. Another worker who attended the workshop and used the workbook was not a youth worker and worked with street sex workers.

The working context for study 3 was more varied. This was initially because of the limited number of workers that worked at the first veterans’ PTSD charity. I expanded the worker participant sample to include other workers supporting veterans and this moved to include a
worker supporting veterans who wanted help gaining employment in civilian life. The next worker supported veterans who were homeless. As the grounded theory developed, through theoretical sampling, I selected workers who were supporting similarly marginalised groups, those in receipt of addictions services in the third sector.

I did not recruit any clients from the homeless or addictions services as study 3 had moved into understanding the therapy relationship from the workers’ perspective. One client participant had worked with both the veterans’ PTSD charity and the employment support worker.

9.10.3.3 Models and theories of working practice
The initial focus of study 3 was to explore the use of brief therapy techniques in non-therapist workers, following on from the thematic analysis of workers and clients in study 1 and 2. These initial study 1 participants had all experienced the use of brief therapy techniques in a workshop setting.

As study 3 developed further the focus changed to explore the subjective experiences of the client-worker relationship with brief therapy techniques becoming less of a focus.

9.10.4 Sample size
The sample size for study 1 was limited for the number of participants. This was for a number of reasons. Willingness to participate was low in the target population. Young women clients were more willing to attend than young male clients. There were only a small number of young people who had participated in the workshops using the IML material and who were still accessible via their youth workers.

The sample size for the workers was determined by the thematic analysis process. Sampling ceased when no new focused codes emerged as study 2 was an initial study that informed the development of study 3. In study 3 the sample size of the worker participants was limited within the veterans’ charity population. Theoretical sampling continued with clients until theoretical data saturation was reached. Grounded Theory codes were emerging that directed study 3 towards a focus on the worker population. The sample group for workers continued into other fields of homeless and addictions services. Sampling ceased once theoretical
saturation was reached and both confirming and disconfirming cases where found. These are reported in chapter 7.

9.11 Recommendations for further research
Following the findings of the grounded theory I have made the following suggestions for further research.

9.11.1 Attachment patterns of non-therapeutically trained workers
The grounded theory has identified that the underlying attachment process of workers has a considerable influence on how they relate to their clients. Workers and clients both appear to value sharing a similar history. A bond occurs between the worker and client and therapeutic empathy is present. The workers appear to be continuing on their own healing journey, in a similar way to those working in the counselling and psychotherapy fields (Cain, 2000; Esping, 2014; Gilbert & Stickley, 2012; Holmes, 1991; Jackson, 2001; Miller & Baldwin, 2000; Wheeler, 2007; Wolgien & Coady, 1997; Zerubavel, & Wright, 2012). The process of personal therapy and supervision that sits alongside the counsellor or psychotherapist’s training and aids insight and therapy of one’s own ‘wounds’ is missing for those working in non-clinical settings.

Research could be conducted assessing the attachment patterns of non-therapeutically trained workers who support vulnerable groups in non-statutory settings. This could include the use of the Adult Attachment Interview. A study by Trowell, et al (2008) investigated the problems in retaining highly qualified professionals in the field of mental health. Trowell recommended a training approach that built in greater reflective functioning in trainees. Methods used within their study included the 30-item General Health Questionnaire (GHQ) and the Adult Attachment Interview.

A more formal and structured approach of enabling a trainee to explore their own reflective functioning and attachment style through supervision and personal therapy could continue to support the large quantity of volunteers and former service users who are drawn to the Charity sector. This is a preferable scenario to using positive bias recruitment, selecting only those with a secure attachment base.
By researching how reflective functioning could be developed in this worker base recommendations could be made for the most cost-effective way of training and supervising these workers.

**9.11.2 How effective are risk assessment processes in non-therapeutically trained workers?**

None of the workers in study 3 appeared to be using risk assessment processes of the suitability of clients for the work offered, or for their own ability to work with a particular client. The workshop for workers in study 2 included how to conduct a risk assessment for suitability of working with clients.

Management of risk is a core process for mental health professionals and has been trialed using the STORM approach (Appleby, et al, 2000) and predicts a 2.5% reduction rate in suicide and a cost of £99747 per suicide prevented and £3391 per life year gained. The research by Appleby et al (2000) was conducted with front line A and E, primary care and mental health staff. An alternative approach was developed at a similar time (Morriss, et al, 1999). The approach by Morriss et al (1999) trained non-therapeutically trained staff to assess suicide risk and manage this client group through onward referral using a brief training programme. Evaluation demonstrated that after one month, suicide risk assessment and management skills were significantly improved, along with self-rating and confidence. Clinical skills themselves did not improve. This supports the idea proposed in 7.6.1 to conduct research into reflective functioning in workers.

**9.11.3 Implementing and measuring effectiveness of supervision**

None of the workers in study 2 and just 2 of the workers in study 3 were in receipt of clinical supervision. Workers in both groups expressed their need for supervision. Studies demonstrate that where clinical supervision is provided to non-therapeutically trained staff competencies in assessment of risk and management of cases are improved (Meehan & Boateng, 1997; Morris, 2001), as is tolerance of risk (Morris, 2001).

It is recommended that research be conducted implementing and measuring the effectiveness of clinical supervision with these worker groups. Additionally, a study could be conducted that measures client outcomes and levels or incidences of risk and comparing the clients of workers in supervision and those not in supervision.
9.11.4 Self-selection into non-statutory vocational services by those with a disrupted education history

It was beyond the scope of this study to explore why workers self-select into this work having had a disrupted education history. A study by Leavey (2005) identified that youths with mental health problems experienced stigmatisation and labelling that leads to loss of education and subsequent career choice. The IML programme supports workers to offer a holistic and systemic approach to supporting their young clients. Clients report that they develop self-esteem through working with their worker and appear to be more positive about their own future. It is proposed therefore to conduct a longitudinal study measuring the effects of the IML programme with young people and whether this influences young people to stay in education and move towards a career.

9.12 Concluding Thoughts; Research Achievements and Contribution to Knowledge

The thesis explores the development of the therapeutic relationship in non-statutory sector support work and brings to light the experience of worker and clients as they find mutual support, understanding and growth. The thesis highlights some concerns about untrained workers offering support to some of the most vulnerable people in society.

The social value of this thesis presents some challenges to the statutory agencies who are responsible for the commissioning of services, and the monitoring of service delivery standards while being accountable for the most vulnerable people

The clinical value of this thesis brings in concepts of attachment theory within a co-created non-therapy support relationship, self-maturation models of development and the notion of the ‘wounded healer’. In this small sample it appears that workers join the third sector either as volunteers or as clients of the services in which they end up working, they are entering this work as part of their healing journey. Workers do not appear to be screened for their suitability to work with vulnerable people, nor appear to be trained in attachment theory, the therapy relationship or the factors that enable change to occur. Workers in some instances appear to experience challenges in containing their own emotional and psychological processes and may not recognise the impact that this may have on a client. Including an understanding of and skills in managing the therapeutic relationship, self-maturation models and the role of supervision may further enable safe practice.
Two methodologies are included, and a comprehensive audit trail is provided of each. The thesis commences with study 1 using thematic analysis (Braun and Clarke, 2006). This continues into study 2 using the same methodology and development of themes for the synthesised data from Studies 1 and 2. These themes then set the framework to continue into a further exploration in study 3 of client and worker experiences of the therapeutic relationship using a Grounded Theory methodology.

At a personal level I have a core value of respecting equality and desiring social justice. This thesis has attempted to illuminate and explain the relationship between those who have experienced trauma responses and their desire to help others in a similar situation. The challenge in doing this has been to put aside my own relatively privileged background and education, my position of power as a psychotherapist, my desire to heal the pain of others and to develop a middle range grounded theory that speaks from the clients and workers’ perspectives. I have provided a systemic understanding of the complexities of the systems under study, the methodologies used within this thesis, my influence as therapist on the participants in the thesis, and my own process as a reflexive practitioner.

I believe that this thesis:

- Values the contribution and risks that ‘wounded healers’, recovery coaches, and peer mentors make to and for their peers
- Adds to the field of the brief therapies specifically in theorising the working relationship, and offers a map of the varied contexts in which these are applied and how this can best be supported to develop a professional pathway
- Adds to the understanding of the role of developmental supervision in containing clients and workers and what can happen in unsupervised contexts
- Presents some challenges for the statutory sector in commissioning and monitoring services
- Provides an opportunity for the third sector to develop more accountable and reflexive services that may deliver outcomes that work for clients
Appendix A – Ethical submission and approval

Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change

Lisa Wake
PhD Candidate
Dept of Psychology
University of Surrey

Supervisor: Dr Arlene Vetere
Dr Paul Tosey

Ethical Submission
9 September 2014
Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change

A summary of the project
The pre–pilot study consists of interviews of 6-8 participants who have previously attended workshops that use some therapy models. The workshops ‘Waking up and moving on’ have been run for Communities First and have been attended by young people who have been identified as at risk of offending behaviour. The workshops provide individual and group support to enable the attendees to make more positive choices in their life.

The study has now moved to a full study and consists of interview of clients and their workers from a veterans charity and a drugs and alcohol charity.

None of the workers are using the WUMO workbook and are working in non-therapeutic roles.

The aim of the study has changed following the pilot study and is designed to understand the experiences of both client and worker in ‘working together’:

Semi structured interviews will be held with a convenience sample of clients and workers from two charities to understand their experience of working together.

The study is qualitative by design using a grounded theory approach.

Background to the study
The initial pilot study provided information that suggested that further exploratory work is required to understand what is going on between worker and client. The initial pilot group was of particular interest in that it is a marginalised group who do not usually have access to effective support mechanisms through statutory services. This new group of clients are being supported by Workers outside of main stream statutory services. All of the Workers identify as non-therapists, and none have had any depth training in therapeutic modalities. They have a limited understanding of brief interventions such as Motivational Interviewing as part of their core skills training in youth work and related fields such as street sex workers and those with addictions. No Worker applies a therapeutic modality theory in their case work.
The objectives of the study

[The objectives of the study are to elicit and understand the clients’ perspective of the change process as it was experienced within a therapeutically informed personal development workshop.] The objectives of the study are to elicit and understand the client and workers perspective of “working together”.

Aims of the study

- [To identify what young people attending the workshop consider as useful
- To identify what was considered as unuseful in the workshop
- To identify if they would recommend the workshop to their friends
- To identify what differences or changes they made that they directly attribute to the workshop]

Topic areas to be considered within the interviews (which have been informed by the findings of the pilot study):

- What role does the Worker’s sense of self play if at all?
- What role does earned security in the Worker play?
- Where present, how does family of origin issue resolution in the Worker aid their work with clients?
- What does the Client/Worker perceive as being helpful in their joint work?

Criteria for the selection of participants

[Participants are to be selected from a series of workshops that have been delivered for Communities First during 2009 – 2010. Participants for these workshops were selected through convenience sampling with youngsters being nominated to attend as part of the Youth Offending Service intervention programme, through youth workers or conduct officers within schools who identified young people identified as demonstrating antisocial behaviour.]

Participants are to be selected initially from groups of clients and worker based at 2 charities in the England. The first charity is a veterans support charity, helping clients with PTSD; the second charity is a drugs and alcohol support charity for women.

The Charity workers will identify their clients and will ensure that each client has sufficient mental capacity to be interviewed, and is not dangerous to self and/or others. Those who are
considered to be dangerous to self and/or others, and those who are intoxicated through alcohol or drugs will not be interviewed.

Each of the study participants will be provided with a study information sheet outlining the purposes of the study, list of semi-structured questions that will guide the interview, how the data from the study will be used, confidentiality, data protection and safeguarding procedures.

Participants will be asked to sign a consent form giving permission for interview and for data elicited within the interview to be used for research and publication purposes. All participants will retain the right to withdraw from the study at any point. Client participants will also be offered the opportunity to talk to their Worker after the interview should any material arise that may be distressing.

The number of participants to be recruited

[A total of 6-8 participants will be recruited for the workshop.]

Selection of study participants would be through opportunistic sampling. Cohorts of clients will be from Veterans Charity, and an addictions service, both of whom have given consent to approach workers and clients. Clients accessing both services do so on a voluntary basis, and will only be interviewed after discuss with their worker to ensure that there is no perceived risk of psychological harm from being interviewed. Anonymity will be retained in all instances as will confidentiality of material between Client and Worker.

Participants will be recruited until data saturation occurs.

[Pre-Pilot] Study Design

Grounded theory (Glaser and Strauss 1967) has been selected as the approach for this study, providing the opportunity to understand the meaning that participants derived from the workshop.
It is anticipated that if the researcher can understand the meaning that participants derived from the workshop, this can then be transferred as a skill set to other workshops, young people and youth workers who have regular contact with this client group.

McLeod (2001) suggests that grounded theory is an effective methodology for understanding psychotherapy and counselling processes as it enables the researcher to understand the social world of the subjects. Glaser and Strauss’ (1967) grounded theory methodology consists of three principles. The first principle involves the researcher discovering new ways of making sense of the world, the second principle concerns analysis to generate the framework that enables understanding of the phenomenon, and the final principle results in the theory being grounded in the data, with theory emerging from the data. Grounded theory provides an opportunity to remain within a phenomenological process of open, exploratory and interpretative research which will naturally support the theoretical approach of neurolinguistic psychotherapy and psychotherapy in general.

Each interview will be conducted face to face and will be for up to 60 minutes. [Interviews will be held in a local youth club] Interviews will be held in the charity. Workers will propose participants who are suitable for interview. Exclusion criteria will include those who are deemed dangerous to self and/or others, and those who are intoxicated through drugs or alcohol. [Conduct officers will not be present and the young person will be interviewed on their own unless they request for someone else to be present with them].

It is recognised that some of the study participants may wish to only speak for short periods of time or may have difficulty maintaining their concentration for long periods therefore flexibility, rapport, empathy and active listening will be essential to facilitate the gathering of meaningful data that respects the social world of the young person (Green and Hart 1999). McLeod (2001 pp.138 – 139) proposes that there are many ways to collect data within qualitative research, however semi-structured interviews or open-ended written accounts are the most frequently used. The audio recorded interviews will be semi-structured and consist of open questions and prompts and probes with affirmations to encourage each subject to expand further on their experience (Green and Thorogood 2004 pp. 100).
Study evaluation and analysis of data

The interviews will be transcribed and the data analysed following Strauss and Corbin’s (1990) theory ‘breaking down, examining, comparing, conceptualising, and categorising data’ (pp. 61). The initial coding will consider words and phrases ensuring that the categories are developed around social processes rather than static ideas. These codes will be grouped into themes and analysed for areas of commonality. Each of the codes will be filed with the initial code, the thematic representation, the word or phrase that the theme emerged from and an identifier for the client. A further data coding process will then be used that is underpinned by Rennie’s pioneering work on the use of grounded theory methodology specifically in the field of psychotherapy research (Angus and Rennie, 1988; Rennie et al, 1988; Rennie 1990, 1992, 1994a, 1994b, 1994c, 1994d, 1996, 1998; Watson and Rennie, 1994). McLeod (2001) proposes developing ‘overarching and lower-level categories’ (p. 79) as a way of demonstrating the main categories that emerge and refining these further into concepts within each category.
Thank you for agreeing to read this information sheet. I am currently undertaking a PhD in Psychology at Surrey University, and would ask that you consider participating as a subject in a study. Please read this sheet carefully and I will be happy to answer any questions that you might have about the study.

Study Title

[Understanding your experience of the WUMO workshop]
Understanding the Relationship between Client and Worker

Purpose of the study

[The purpose of this research study is to understand your experience of the Waking Up and Moving On Workshops that you attended last year. Your experience will be used to develop the programme further so that other young people can gain benefit from having the right level of support during their teenage years].

The purpose of this research study is to understand your experience of working with your Worker. Your experience will be used to develop training and other support so that other people can gain benefit from having the right level of support during potentially difficult times.

You are asked to be included within the study and be interviewed regarding your experience of the workshop. The interview will include some questions that will guide our discussion. These are:

- Can you tell me about your background and any issues that you think might have had a bearing on why you have ended up working with your key worker?
- What are the most helpful things that your Worker does for or with you?
- What are the not so helpful things that your Worker does for or with you?

The interview will take up to 1 hour to complete and this will be tape recorded. The tape recording will be kept in a secure locked cabinet and the recording will be destroyed on completion of the study and academic presentation. Beyond possible voice recognition within the audio recording, there will be no identifying marks on the data material. You can be provided with a transcript of the interview which you may wish to check for accuracy. The information will be used as part of a PhD and will also be used for publication purposes within a wider academic book. The data will be presented in such a way that you will not be able to be identified. You will have rights to see this work. [and a summary of the research will be given to Louise Bassett, the youth worker lead at Cardiff Communities First]. The information sheet, cover sheet and data for this study will be retained for 10 years by the University of Surrey.

You have the right to withdraw from this study at any time, without giving reason and without your rights being compromised. Withdrawing from the study will not affect or influence your receipt of services from the Charity. The Charity will not be notified if you do decide to withdraw.

If you feel distressed or upset at any time during the interview, I will stop the interview and discuss with you about further help that you might like to have to help you deal with any things that bother you. You will also have the opportunity to speak with your worker after the interview if you wish.

Thank you for agreeing to read this information sheet.

To thank you for giving of your time to participate in this study, you will be given a £10 [i-tunes] high street voucher.

**Name and address of supervisor**

Professor Arlene Vetere

Deputy Director PsychD in Clinical Psychology

Department of Psychology
Consent Form

• I the undersigned voluntarily agree to take part in the study on [Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change] Understanding the Relationship between Client and Worker

• I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been advised about any discomfort and possible ill-effects on my health and well-being which may result. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result. I will be given the opportunity to speak to my Worker after my interview if I wish to do so to help me address any issues that may arise during the interview.

• I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators. I shall inform them immediately if I suffer any deterioration of any kind in my health or well-being, or experience any unexpected or unusual symptoms.

• I consent to my personal data, as outlined in the accompanying information sheet, being used for this study and other research. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

• I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

• I acknowledge that in consideration for completing the study I shall receive a [I-tunes] high street voucher for £10. I recognise that I will not receive this if I withdraw before completion of the study.
• I understand that in the event of my suffering a significant and enduring injury (including illness or disease) as a direct result of my participation in the study, compensation will be paid to me by the University subject to certain provisos and limitations. The amount of compensation will be appropriate to the nature, severity and persistence of the injury and will, in general terms, be consistent with the amount of damages commonly awarded for similar injury by an English court in cases where the liability has been admitted.

• I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS)

........................................................

Signed

........................................................

Date.................................................

Name of researcher/person taking consent (BLOCK CAPITALS)

........................................................

Signed..................................................

Date..................................................
Interview outline questions:

1. What did you find as useful from the workshop that you attended?
2. What did you find as unuseful from the workshop?
3. If you were to recommend this workshop to your best friend what would you say?
4. What differences have you made in your life that think or feel were triggered by the workshop?
5. What changes have you made in your life following the workshop?
This project has received a favourable ethical opinion from the University of Surrey Ethics Committee

Dear Student

Waking Up and Moving On Project

Last year you attended the Waking Up and Moving On project and at the time participated in some research to understand your experience of the workshop which could then be used to help develop the workshop further for other young people.

I would like to meet with you to interview you about your experience and any impact the workshop has had on your life. I have enclosed information on the project for you to look at. Interviews will last between 30 minutes and 1 hour.

I appreciate you giving up your time and as a way of thanks participants will be given a £10 I-Tunes voucher.

Yours sincerely

Lisa Wake]
INFORMATION SHEET for Workers

This project has received a favourable ethical opinion from the University of Surrey Ethics Committee

Thank you for agreeing to read this information sheet. I am currently undertaking a PhD in Psychology at Surrey University, and would ask that you consider participating as a subject in a study. Please read this sheet carefully and I will be happy to answer any questions that you might have about the study.

Study Title
Understanding the Relationship between Client and Worker

Purpose of the study
The purpose of this research study is to understand your experience of working with your clients. Your experience will be used to develop training and other support so that other people can gain benefit from having the right level of support during potentially difficult times.

You are asked to be included within the study and be interviewed regarding your experience of your work with your client group. The interview will include some questions that will guide our discussion. These are:

- Can you tell me about your background and any issues that you think may have had a bearing on your career and why you might work with this client group?
- Tell me about your sense of who you are and if this influences your work with your clients
- How comfortable in who you are and what impact might this have on your work with clients?
- What are the most helpful things for your clients in your work with them?
- What are the least helpful things for your clients in your work with them?
The interview will take up to 1 hour to complete and this will be recorded. The recording will be kept in a secure computer file and the recording will be destroyed on completion of the study and academic presentation. Beyond possible voice recognition within the audio recording, there will be no identifying marks on the data material. You can be provided with a transcript of the interview which you may wish to check for accuracy. The information will be used as part of a PhD and will also be used for publication purposes within a wider academic book. The data will be presented in such a way that you will not be able to be identified. You will have rights to see this work. The information sheet, cover sheet and data for this study will be retained for 10 years by the University of Surrey.

You have the right to withdraw from this study at any time, without giving reason and without your rights being compromised. If you feel distressed or upset at any time during the interview, I will stop the interview and discuss with you about further help that you might like to have to help you deal with any things that bother you.

Thank you for agreeing to read this information sheet.

**Name and address of supervisor**

Professor Arlene Vetere

Deputy Director PsychD in Clinical Psychology

Department of Psychology

University of Surrey

Guildford, Surrey GU2 7XH
Consent Form - Workers

- I the undersigned voluntarily agree to take part in the study on Understanding the Relationship between Client and Worker

- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been advised about any discomfort and possible ill-effects on my health and well-being which may result. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators. I shall inform them immediately if I suffer any deterioration of any kind in my health or well-being, or experience any unexpected or unusual symptoms.

- I consent to my personal data, as outlined in the accompanying information sheet, being used for this study and other research. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

- I understand that in the event of my suffering a significant and enduring injury (including illness or disease) as a direct result of my participation in the study, compensation will be paid to me by the University subject to certain provisos and limitations. The amount of compensation will be appropriate to the nature, severity and persistence of the injury and
will, in general terms, be consistent with the amount of damages commonly awarded for similar injury by an English court in cases where the liability has been admitted.

- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) ...........................................................

Signed ........................................................

Date ........................................................

Name of researcher/person taking consent (BLOCK CAPITALS)

........................................................

Signed ........................................................

Date ........................................................
285

Lisa Wake
Psychology Department

20 June 2011

Dear Lisa,

**Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change – EC/2011/41/FAHS**

On behalf of the Ethics Committee, I am pleased to confirm a favourable ethical opinion for the above research on the basis described in the submitted protocol and supporting documentation.

Date of confirmation of ethical opinion: 20 June 2011.

The final list of documents reviewed by the Committee is as follows:

<table>
<thead>
<tr>
<th>Document</th>
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<tbody>
<tr>
<td>Summary of the project</td>
</tr>
<tr>
<td>Detailed protocol for the project</td>
</tr>
<tr>
<td>Information sheet for participants</td>
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<tr>
<td>Consent form</td>
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<tr>
<td>Questionnaire/Interview Schedule</td>
</tr>
<tr>
<td>Standard Letters</td>
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<tr>
<td>Insurance proforma</td>
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</table>

This opinion is given on the understanding that you will comply with the University's Ethical Guidelines for Teaching and Research. If the project includes distribution of a survey or questionnaire to members of the University community, researchers are asked to include a statement advising that the project has been reviewed by the University's Ethics Committee.

The Committee should be notified of any amendments to the protocol, any adverse reactions suffered by research participants, and if the study is terminated earlier than expected with reasons. Please be advised that the Ethics Committee is able to audit research to ensure that researchers are abiding by the University requirements and guidelines.

You are asked to note that a further submission to the Ethics Committee will be required in the event that the study is not completed within five years of the above date.

Please inform me when the research has been completed.

Yours sincerely,

[Signature]

Glenn Moulton
Secretary, University Ethics Committee
Registry

cc: Professor S Williamson, Chairman, Ethics Committee
Dear Maddy

Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change. EC/2011/41/FAHS

Further to our email discussion on 14 August, I have summarised below the changes to my study and included the participant information sheets and a reply from the first Charity that I will be working with for your information. I have written to one further Charity that supports those with addictions, and anticipate written confirmation from them soon. They have already confirmed verbally that they are supportive of me approaching them for participants.

Amendments to the study

1. The original study was with adolescents who are at risk of offending behaviour and are marginalised from mainstream services. I would like to extend the study to understand the experiences of similarly marginalised clients in a different context, who are not in receipt of mainstream statutory health and social care services. Workers for the study will be from these different contexts and will not be trained as therapists, similar to the original Worker group. Participant context areas are to be:
   a. Adult clients in receipt of non-statutory services in the addictions field
   b. Ex-service men and women in receipt of additional support and experiencing difficulty integrating into society
   c. Workers supporting clients in both of the above groupings

2. Theoretical sampling will be used as the study progresses and the client groups and workers may change to include other contexts with clients who are similarly marginalised. The same client information sheets and questionnaire protocol will be followed.
3. Risk assessment has been considered for this work and each client will be offered the opportunity to speak to their Worker if they wish, following the interview. An additional risk has been considered with regard to the client group that are from the addictions field. The Charity will be approached with regard to the appropriateness of giving a £10 high street voucher to clients, as this may well be used as currency. The Charity will be asked to suggest a suitable acknowledgement of the client’s contribution, e.g. a food hamper to the value of £10.

I look forward to hearing from you.

Yours sincerely

Lisa Wake

Enc. Information sheets and consent forms

Reply from Veterans Charity
Thank you for agreeing to read this information sheet. I am currently undertaking a PhD in Psychology at Surrey University, and would ask that you consider participating as a subject in a study. Please read this sheet carefully and I will be happy to answer any questions that you might have about the study.

**Study Title**

Understanding the Relationship between Client and Worker

**Purpose of the study**

The purpose of this research study is to understand your experience of working with your Worker. Your experience will be used to develop training and other support so that other people can gain benefit from having the right level of support during potentially difficult times.

You are asked to be included within the study and be interviewed regarding your experience of working with your Worker. The interview will include some questions that will guide our discussion. These are:

- Can you tell me about your background and any issues that you think might have had a bearing on why you have ended up working with your key worker?
- What are the most helpful things that your Worker does for or with you?
- What are the not so helpful things that your Worker does for or with you?

The interview will take up to 1 hour to complete and this will be recorded. The recording will be kept in a secure computer file and the recording will be destroyed on completion of the study and academic presentation. Beyond possible voice recognition within the audio recording, there will be no identifying marks on the data material. You can be provided with a transcript of the interview which you may wish to check for accuracy. The information will be used as part of a PhD and will also be used for publication purposes within a wider academic book. The data will be presented in such a way that you will not be able to be identified. You will have rights to see this work. The information sheet, cover sheet and data for this study will be retained for 10 years by the University of Surrey.

You have the right to withdraw from this study at any time, without giving reason and without your rights being compromised. If you feel distressed or upset at any time during the interview, I will stop the interview and discuss with you about further help that you might like to have to help you deal with any things that bother you.

Thank you for agreeing to read this information sheet.
To thank you for giving of your time to participate in this study, you will be given a £10 high street voucher.

**Name and address of supervisor**

Professor Arlene Vetere  
Deputy Director PsychD in Clinical Psychology  
Department of Psychology  
University of Surrey  
Guildford, Surrey GU2 7XH
Consent Form - Clients

- I the undersigned voluntarily agree to take part in the study on **Understanding the Relationship between Client and Worker**

- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been advised about any discomfort and possible ill-effects on my health and well-being which may result. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result. You will be given the opportunity to speak to your Worker after your interview if you wish to do so to help you address any issues that may arise during the interview.

- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators. I shall inform them immediately if I suffer any deterioration of any kind in my health or well-being, or experience any unexpected or unusual symptoms.

- I consent to my personal data, as outlined in the accompanying information sheet, being used for this study and other research. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

- I acknowledge that in consideration for completing the study I shall receive a high street voucher for £10. I recognise that I will not receive this if I withdraw before completion of the study.

- I understand that in the event of my suffering a significant and enduring injury (including illness or disease) as a direct result of my participation in the study, compensation will be paid to me by the University subject to certain provisos and limitations. The amount of compensation will be appropriate to the nature, severity and persistence of the injury and will, in general terms, be consistent with the amount of damages commonly awarded for similar injury by an English court in cases where the liability has been admitted.

- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) ..............................................
Signed ........................................................
Date ........................................................

Name of researcher/person taking consent (BLOCK CAPITALS) ........................................................

Signed ........................................................
Date ........................................................
Thank you for agreeing to read this information sheet. I am currently undertaking a PhD in Psychology at Surrey University, and would ask that you consider participating as a subject in a study. Please read this sheet carefully and I will be happy to answer any questions that you might have about the study.

**Study Title**

Understanding the Relationship between Client and Worker

**Purpose of the study**

The purpose of this research study is to understand your experience of working with your clients. Your experience will be used to develop training and other support so that other people can gain benefit from having the right level of support during potentially difficult times.

You are asked to be included within the study and be interviewed regarding your experience of your work with your client group. The interview will include some questions that will guide our discussion. These are:

- Can you tell me about your background and any issues that you think may have had a bearing on your career and why you might work with this client group?
- Tell me about your sense of who you are and if this influences your work with your clients
- How comfortable in who you are and what impact might this have on your work with clients?
- What are the most helpful things for your clients in your work with them?
- What are the least helpful things for your clients in your work with them?

The interview will take up to 1 hour to complete and this will be recorded. The recording will be kept in a secure computer file and the recording will be destroyed on completion of the study and academic presentation. Beyond possible voice recognition within the audio recording, there will be no identifying marks on the data material. You can be provided with a transcript of the interview which you may wish to check for accuracy. The information will be used as part of a PhD and will also be used for publication purposes within a wider academic book. The data will be presented in such a way that you will not be able to be identified. You will have rights to see
this work. The information sheet, cover sheet and data for this study will be retained for 10 years by the University of Surrey.

You have the right to withdraw from this study at any time, without giving reason and without your rights being compromised. If you feel distressed or upset at any time during the interview, I will stop the interview and discuss with you about further help that you might like to have to help you deal with any things that bother you.

Thank you for agreeing to read this information sheet.

Name and address of supervisor

Professor Arlene Vetere
Deputy Director PsychD in Clinical Psychology
Department of Psychology
University of Surrey
Guildford, Surrey GU2 7XH
Consent Form - Workers

- I, the undersigned voluntarily agree to take part in the study on **Understanding the Relationship between Client and Worker**

- I have read and understood the Information Sheet provided. I have been given a full explanation by the investigators of the nature, purpose, location and likely duration of the study, and of what I will be expected to do. I have been advised about any discomfort and possible ill-effects on my health and well-being which may result. I have been given the opportunity to ask questions on all aspects of the study and have understood the advice and information given as a result.

- I agree to comply with any instruction given to me during the study and to co-operate fully with the investigators. I shall inform them immediately if I suffer any deterioration of any kind in my health or well-being, or experience any unexpected or unusual symptoms.

- I consent to my personal data, as outlined in the accompanying information sheet, being used for this study and other research. I understand that all personal data relating to volunteers is held and processed in the strictest confidence, and in accordance with the Data Protection Act (1998).

- I understand that I am free to withdraw from the study at any time without needing to justify my decision and without prejudice.

- I understand that in the event of my suffering a significant and enduring injury (including illness or disease) as a direct result of my participation in the study, compensation will be paid to me by the University subject to certain provisos and limitations. The amount of compensation will be appropriate to the nature, severity and persistence of the injury and will, in general terms, be consistent with the amount of damages commonly awarded for similar injury by an English court in cases where the liability has been admitted.

- I confirm that I have read and understood the above and freely consent to participating in this study. I have been given adequate time to consider my participation and agree to comply with the instructions and restrictions of the study.

Name of volunteer (BLOCK CAPITALS) ........................................................

Signed  ........................................................................

Date  ........................................................................
Name of researcher/person taking consent (BLOCK CAPITALS) ........................................................
Signed ........................................................................
Date ............................................................
Hi Lisa,

Yes of course we would be delighted to assist you in this way.

Do you need me to sign the workers permission form or does everyone need to?

Best wishes

---

Hi Lisa,

Thanks for the call the other day.

As discussed, I would like to be able to include some of your volunteers and beneficiaries as participants of my PhD studies. I think this may well add to the clinical work that you are doing by providing further insight into training of volunteers and support needs of beneficiaries.

I have attached the client and worker information sheets and would welcome your view on whether your charity would be willing to enable my access of participants for the study.

Please let me know if you have any questions.

Best wishes

Lisa
Ms Lisa Wake  
School of Psychology  
FAHS  

01 September 2014  

Dear Ms Wake  

**UEC ref: EC/2011/41/FAHS**  
**Study Title:** Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change  

Further to your recent submission of the above protocol to the Ethics Committee, the Committee has made the following comments:  

1. The Committee would be grateful if the researcher could amend the originally submitted documentation where necessary, highlighting any changes (as detailed below):  
   i. **Risk Assessment**  
   ii. **Protocol:** this should include recruitment procedure and inclusion criteria, where interviews will be held and how data will be analysed.  

2. In further reference to point 1ii. above, can the researcher detail how they are going to recruit ex-servicemen/women? Would they be identified by support workers as appropriate, for instance?  

3. In the participant information sheet, please reassure clients that not participating/withdrawal will not affect their care. Also, can the researcher guarantee that clients and their workers will not find out each other’s evaluations, which could be to the detriment of their relationship?  

4. Research data should be stored for at least 10 years unless the researcher’s funder (or another body to which they are bound) requires a longer period.  

5. Does the researcher require an updated DBS check?  

6. Is a contract or agreement with the charities (e.g. Veterans at Ease) required?  

On receipt of your response to the above points, I will circulate it to the Committee for their further consideration.  

Please note that your response should be in the form of a covering letter and all points should be addressed, detailing any revisions which have been made to your original protocol and resubmission of amended or additional documentation, where appropriate. It would be very helpful (and would speed up the review) if the amendments could be highlighted in yellow. The version and date of all amended documents must also be updated.
Please also note that your letter must be countersigned by your supervisor, where appropriate, to indicate that he/she has read and approved the proposed amendments.

I look forward to hearing from you shortly.

Yours sincerely

Madeleine Blair
Research & Enterprise Support
Maddy Blair
Registry
Ethics Committee
University of Surrey

9 September 2014

Dear Maddy

Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change. EC/2011/41/FAHS

Thank you for your letter of 1 September.

1. Attached below are the relevant amended documentation from the original ethical application. As requested I have highlighted the relevant sections in yellow. I have also placed in [] brackets the elements that no longer apply to this phase of the study.

2. Ex-service men and women will be recruited via the Charity Veterans at Ease, having been identified by their worker as someone who would be both happy to be interviewed and not distressed by the interview process.

3. The participant information sheet confirms that the client’s care will not be affected if they decide to withdraw from the study. Clients and their Workers will not be made aware of what either party says during their interview.

4. The documentation reflects that the data will be stored for 10 years.

5. I have a current clean DBS check, completed in August 2014.

6. A written agreement has been reached with the Charity Veterans at Ease and although agreed verbally, written agreement is awaited from [name] due to the holiday period.

Yours sincerely

Lisa Wake
Researcher

Arlene Vetere
Supervisor
Risk Assessment Study 3

Risks were assessed as:

Low – minimal or almost no chance of this occurring. Impact on the Study would be limited or negligible, or

Medium – minimal chance of this occurring and protocols were put in place to reduce this further, or

High – a chance that this might have occurred, and protocols were introduced to mitigate and/or reduce risk

<table>
<thead>
<tr>
<th>Consideration</th>
<th>Person at Risk</th>
<th>Scale of Risk</th>
<th>Existing Protocols</th>
<th>Additional Mechanisms</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Capacity</td>
<td>Client Participants</td>
<td>Low</td>
<td>Workers would make themselves available to their clients immediately following a session. Clients were given a list of the semi-structured interview questions prior to the interview. Client and researcher had the option of stopping the interview at any point</td>
<td>Gate keeping to the Study was strictly managed with workers proposing participants who were suitable for interview</td>
</tr>
<tr>
<td>Consideration</td>
<td>Person at Risk</td>
<td>Scale of Risk</td>
<td>Existing Protocols</td>
<td>Additional Mechanisms</td>
</tr>
<tr>
<td>------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Possible intoxication of the client through drugs or alcohol which might have placed them in a vulnerable position disclosing more than they would normally</td>
<td>Client Participants</td>
<td>Low</td>
<td>Client and researcher had the option of stopping the interview at any point. None of the charities used alcohol breath tests and only the addictions charity used drug testing for court assessments.</td>
<td>Workers selected participants with strict gatekeeping to the Study by the Worker. Exclusion criteria included those who were currently or in the past deemed dangerous to self and/or others, and those who were intoxicated through drugs or alcohol or were known to be in relapse. All charities stated they would provide clients who were already supporting the charity in other ways e.g. fundraising, or attending staff recruitment interviews. Therefore they were highly unlikely to be intoxicated.</td>
</tr>
<tr>
<td><strong>Data Protection</strong></td>
<td>Client and Worker Participants/ Researcher</td>
<td>Low</td>
<td>Secure storage of data Anonymising of data</td>
<td>Back-up of data</td>
</tr>
<tr>
<td>Consideration</td>
<td>Person at Risk</td>
<td>Scale of Risk</td>
<td>Existing Protocols</td>
<td>Additional Mechanisms</td>
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</tr>
<tr>
<td>Confidentiality/Anonymity</td>
<td>Client and Worker Participants/Researcher</td>
<td>Medium</td>
<td>Secure storage of data Anonymising of data</td>
<td>Use of pseudonyms</td>
</tr>
<tr>
<td>Protection of client/worker relationship</td>
<td>Client and Worker Participants</td>
<td>Low</td>
<td>Client and Worker were not aware of each other’s responses Anonymising of data</td>
<td>Workers proposed clients for the Study where they considered that the relationship would not be adversely affected by the interview process</td>
</tr>
<tr>
<td>Right to choice and self determination</td>
<td>Client and Worker Participants</td>
<td>Low</td>
<td>Participant had the right to withdraw from the Study at any point</td>
<td></td>
</tr>
<tr>
<td>Deletion of data from electronic equipment</td>
<td>Client and Worker Participants/Researcher</td>
<td>Low</td>
<td></td>
<td>Training in the use of the equipment Ensured all recording equipment was fully charged pre interview Back-up copies of data</td>
</tr>
<tr>
<td>Data storage</td>
<td>Client and Worker Participants/Researcher</td>
<td>Low</td>
<td>Secure storage of data Anonymising of data</td>
<td>Back-up copies of data</td>
</tr>
<tr>
<td>Risk of attack or allegation by participant</td>
<td>Researcher</td>
<td>Low</td>
<td>Researcher followed lone worker policy of each charity.</td>
<td>The Researcher followed the safe practice guidance of the University of Surrey</td>
</tr>
<tr>
<td>Consideration</td>
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<td>Scale of Risk</td>
<td>Existing Protocols</td>
<td>Additional Mechanisms</td>
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<tr>
<td>Publication/ dissemination of data will not harm researcher/participants</td>
<td>Client and Worker Participants</td>
<td>Low</td>
<td>Offered the opportunity to review the data during the research process</td>
<td></td>
</tr>
<tr>
<td>Misrepresentation of views/ experiences</td>
<td>Client and Worker Participants /Researcher</td>
<td>Medium</td>
<td>Informed consent Maintenance of rights of confidentiality Made clear through the research process that the data, which was given in an individual session, could not be discussed by the researcher within or without the field</td>
<td>The Researcher used validity checks with other researchers, supervisors and also participants to ensure that views were represented as accurately as possible</td>
</tr>
<tr>
<td>Consideration</td>
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<td>Scale of Risk</td>
<td>Existing Protocols</td>
<td>Additional Mechanisms</td>
</tr>
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</tr>
<tr>
<td>Possible use of the £10 voucher issued to those with an addiction history to be used to buy drugs/alcohol</td>
<td>Client and Worker Participants</td>
<td>Medium</td>
<td></td>
<td>Addictions agency advised on most appropriate acknowledgment to individual clients if clients were interviewed, subsequently no clients were interviewed. The charity did propose offers of shopping ‘hampers’ Exclusion criteria included those who were known to have relapsed.</td>
</tr>
</tbody>
</table>
Ms Lisa Wake  
School of Psychology  
FHMS  

29 October 2014  

Dear Ms Wake  

**UEC ref: EC/2011/41/FAHS Amendment**  
**Study Title:** Developing the role of the therapy relationship in neurolinguistic psychotherapy through a case study series exploring the process of change.  

I am writing to inform you that the Chairperson, on behalf of the Ethics Committee, has considered the Amendments requested to the above protocol and supports a favourable ethical opinion on the understanding that the Ethical Guidelines for Teaching and Research are observed. Please be advised that the Ethics Committee is able to audit research to ensure that researchers are abiding by the University requirements and guidelines.  

If the project includes distribution of a survey or questionnaire to members of the University community, researchers are asked to include a statement advising that the project has been reviewed by the University’s Ethics Committee.  

**Date of confirmation of ethical opinion:** 20 June 2011  
**Date of favourable ethical opinion of amendment to protocol:** 29 October 2014  

The list of amended documents reviewed and approved by the Chairperson is as follows:-  

<table>
<thead>
<tr>
<th>Document</th>
<th>Version</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signed letter from researcher responding to Committee’s queries in emails of 22 Sep 2014 and 02 Oct 2014</td>
<td></td>
<td>24 Oct 2014</td>
</tr>
<tr>
<td>Signed letter from researcher responding to Committee’s queries in letter of 01 Sep 2014</td>
<td></td>
<td>09 Sep 2014</td>
</tr>
<tr>
<td>Signed letter from researcher detailing amendments to Study</td>
<td></td>
<td>15 Aug 2014</td>
</tr>
<tr>
<td>Summary and Protocol - tracked copy</td>
<td>3</td>
<td>Submitted: 24 Oct 2014</td>
</tr>
<tr>
<td>Appendix A: Participant Information Sheet: Client - tracked copy</td>
<td></td>
<td>Sub. 24 Oct 2014</td>
</tr>
<tr>
<td>Appendix B: Consent Form: Client - tracked copy</td>
<td></td>
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</tr>
<tr>
<td>Participant Information Sheet: Worker - tracked copy</td>
<td></td>
<td>Sub. 24 Oct 2014</td>
</tr>
<tr>
<td>Consent Form: Worker - tracked copy</td>
<td></td>
<td>Sub. 24 Oct 2014</td>
</tr>
<tr>
<td>Risk Assessment</td>
<td></td>
<td>Sub. 24 Oct 2014</td>
</tr>
<tr>
<td>a way out: Policy - Lone Working [contents page only]</td>
<td></td>
<td>Sub. 24 Oct 2014</td>
</tr>
<tr>
<td>Veterans at Ease Lone Worker Policy</td>
<td></td>
<td>Filename: Jan 14</td>
</tr>
<tr>
<td>Email from Veterans at Ease charity</td>
<td></td>
<td>15 Aug 2014</td>
</tr>
</tbody>
</table>
Please note: you should only be using the versions of the documents referred to in this letter. If you intend to update these documents, you must notify the University Ethics Committee.

Yours sincerely

Dr Sophie Webrens
Research Integrity and Governance Officer, Research & Enterprise Support

cc. Prof Arlene Vetere, School of Psychology, FAHS
References


Christie, A. & Kruk, E. (1998) Choosing to become a social worker: motives, incentives, concerns and disincentives *Social Work Education* 17 (1) 21-34


De Haan, E. (2012) Back to basics II: How the research on attachment and reflective-self function is relevant for coaches and consultants today. *International Coaching Psychology Review* Vol. 7 No. 2


doi:10.1177/1350507606070221


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Parker, J. & Merrylees, S. (2002) Why become a professional? Experiences of care-giving and the decision to enter social work or nursing education Learning in Health and Social Care 1 (2) 105-114


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Smith, J. A. 2004: Reflecting on the development of interpretative phenomenological analysis and its contribution to qualitative research in psychology. *Qualitative Research in Psychology* 1, 39 - 54.


Vachon, W. (2010) Honouring the Wounded: Inviting in our Successes and Mistakes *Relational Child and Youth Care Practice* 23 (2) 54-62


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