

**A common procedure for using the Kinetic Family Drawing (KFD) in educational psychology practice: an exploratory study using the Delphi method.**

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## **Abstract**

While the Kinetic Family Drawing (KFD) is used in educational psychology (EP) practice, the research suggests there is no agreement about the procedure for administering and interpreting the tool. Current literature identifies the KFD may be informed by a range of psychological theories and for differing purposes in both clinical and educational settings. One such approach to its use as a projective assessment through application of psychoanalytic theory to develop hypotheses about unconscious processes that may be influencing a child or young person. However, psychoanalytic techniques appear less popular amongst UK EPs, and some of the challenges include a lack of training in this area and the provision of a best practice framework.

In order to investigate further, this study used a multi-staged survey design to gain a consensus opinion amongst EPs. This exploratory piece of research sets out to address the following question: *What are the features of an effective use of the kinetic family drawing (KFD) as a projective technique?* Three rounds of the survey ran via email using the Delphi approach. Percentage of agreement was used to establish a consensus of opinion amongst eight participants about the key competencies needed for effective administration and interpretation of the KFD. Consensus was reached that 112 competencies of skills, knowledge and process are essential in all situations. Statements which were considered unique to the KFD from those that were general assessment skills were explored and separated and used to develop a KFD best practice framework.

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## **1 Introduction**

The overall purpose of this thesis is to explore the competencies required to use the kinetic family drawing (KFD) as a projective technique within Educational Psychology (EP) assessment. This introductory chapter explains the rationale for selecting the KFD as a research topic and describes the theoretical considerations.

### **1.1 National context**

The mental health of our population has become of increasing concern amongst government and educational providers. EPs have a significant role in supporting the mental health of children and young people, through inclusive assessment and intervention. Specific mental health disorders are typically grouped into four broad categories: emotional, behavioural, hyperactivity and less common disorders. Mental health problems can range from short spells of depression or anxiety to severe conditions which isolate and frighten those who experience them. The latest figures from the NHS in 2017 present a worrying picture (NHS, 2018). In England one in eight (12.8%) 5 to 19-year olds had at least one mental health disorder, equating to around 3 children in every school class. This figure has risen from 9.7% in 1999 to 11.2% in 2017. Emotional disorders have become more common in 5 to 15-year olds moving from 4.3% in 1999 to 5.8% in 2017. Concerningly, the NHS long term plan reveals that less than a third of children with mental health problems are accessing treatment, suggesting that two children in every class will not get the support they need from child and adolescent mental health services (CAMHS) (DoH, 2015).

There is recognition with social model thinking that the environment and systems surrounding the child or young person will influence the development of poor mental

health and emotional difficulties. In a 2018 survey of over 2000 parents, it was reported that 76% felt their child's mental health had deteriorated while waiting for support from CAMHS, with an average of 8 weeks waiting time for the initial assessment (Young Minds, 2020). In addition, children whose parents reported poor mental health were much more likely to have a mental health problem, than children whose parents reported good mental health (Davis et al., 2019).

Increased waiting times and access to specialist services can exacerbate conditions. Arguably, one reason for the increase in referrals and long waiting times is the shrinking public purse reducing the available resource for early identification and assessment (Crenna-Jennings & Hutchinson, 2018). Responding to these needs the government green paper and next steps 'Transforming children and young people's mental health provision' proposes schools play a wider role in identifying and supporting the mental health needs of their students (DfE, DoH, 2018). The introduction of mental health support teams in schools may go some way in avoiding deteriorating mental health in individuals by offering a single point of referral to CAMHS and short-term therapeutic intervention.

## **1.2 Context of service delivery**

When considering the extent to which EP services are able to support mental health needs in schools, consideration of the context of the service delivery is worthwhile. The opportunity for creative work within EP services varies across the UK. Arguably determined by the delivery model of the service and the practice choice of the individual EP. The profession has an established key role in supporting the mental health of children and young people (CYP) through whole-school approaches (Weare, 2000) and by working at an individual level through casework (Ashton & Roberts, 2006). Research involving 577 staff

from 341 schools found that mental health support in schools was provided more often by EPs than other professionals such as clinical psychologists and counsellors (Sharpe et al., 2016). One suggested facilitator for increasing social, emotional and mental health (SEMH) work is through traded systems, which may enable EPs to be flexible in negotiating ways for schools to buy and commission work. This includes individual psychotherapeutic work as well as provide networks of support through the supervision of special educational needs coordinators (SENCOs), teachers, emotional literacy support assistants (ELSAs) and pastoral staff (Lee & Woods, 2017).

### **1.2.1 SEMH assessment in EP practice**

Demonstrating competence in an integrative approach to assessment is a professional requirement for EP training (BPS, 2002). Competence can be categorised in two elements. Psychological *skills*, which broadly speaking are those used to promote effective relationships and enable successful engagement and psychological *knowledge* which provides a basis for making sense of situations. Additionally, EPs are required to develop practical competence of individual assessment tools. Amongst the range of assessment tools used by EPs are self-report questionnaires and measures (Prince-Embury, 2007; Frederickson & Dunsmuir, 2009), and techniques derived from personal construct psychology (Beaver, 2011; Moran, 2001). One often overlooked assessment method by UK EPs, is the use of projective techniques (Bekhit, Thomas & Jolley, 2005), despite being proposed that they offer insight into one's internal world, that is not possible through standardised or personal construct approaches (Ubha & Cahill, 2014).

One intended outcome of individual SEMH assessment is to enhance the child's experience through informed interventions. Typically, interventions are developed by drawing on the

individual strengths of the child, and identifying barriers to achievement. Arguably assessment tools that capture intrapsychic and social factors provide a deeper exploration of social and mental health issues, and could be useful when developing SEMH interventions and outcomes for children and young people. With the increased demand for SEMH support in schools and context of EP service delivery, it highlights the pertinence of adopting evidence-based assessment approaches in practice

### **1.3 Definition of key concepts**

EPs draw on a range of theoretical approaches in their assessment work including cognitive, behavioural, developmental, psychoanalytic, systemic and organisational (Fox, 2011). Theoretical approaches enable practitioners to have a lens from which to apply theories and understand the internal world of children. An interactionist approach is generally considered best practice (Wicks, 2013). This approach recognises the strengths and benefits of each school of thought in understanding human presentations. For example, drawing on theories of cognitive ability and motivation are common for understanding thinking and learning skills. Whilst personal construct psychology approaches are commonly applied to gather information about the beliefs and constructs a person may hold about the world. Psychoanalytic approaches tend to be used when thinking about SEMH, particularly in cases of psychological distress (van der Kolk, 2014). This approach holds the belief that conscious and unconscious thoughts, wishes and feelings are held in the mind, and each person interprets the world from their unique experience.

The terms psychoanalytic and psychodynamic are frequently used interchangeably as a way to think about the world within ourselves. It is unclear exactly which concepts belong to psychoanalytic thinking and which concepts belong to psychodynamic thinking.

Recognising that discrepancy and unfamiliarity of these concepts exists (Laplanche & Pontalis, 1988), the following section will describe key aspects of psychoanalytic and psychodynamic thinking to illustrate the features and differences. Going forward in this thesis the term psychoanalytic will be used when referring to the KFD as it appears to have a closer fit with the context of the study.

### ***1.3.1 Psychoanalytic concepts***

Psychoanalytic theories were developed by Sigmund Freud between 1886 and 1939 and presented in his collection of essays. They serve to form the foundation framework for psychoanalysis, and how all people crossing the lifespan bring their psychological selves to every aspect of their relational interactions with others. His theories evolved throughout his lifetime and continued to be extended by later supporters such as Melanie Klein and Anna Freud. To date there appears to be no definitive agreement on when the term psychoanalytic is more appropriate to use than the term psychodynamic, and is the basis of ongoing discussion amongst followers, as these approaches continue to develop (Curtis, 2015). Despite a lack of clarity between the two terms, the principle assumptions of the theory are universally agreed. That is the recognition of a dynamic unconscious, which is conceptualised within the topographical model of the mind (Appendix A). This model is relevant in understanding the theory from which projective techniques were developed. Table 1.1 describes key concepts of psychoanalytic thought (Curtis, 2015) that arise from the structure of the mind, developed by Freud and his followers.

*Table 1.1: Characteristics of psychoanalytic thought*

Concept	Description
Trauma	<ul style="list-style-type: none"> <li>• Occurs deep in the unconscious psyche</li> <li>• Emotional trauma leads to the development of defence mechanisms as a way of dealing with distress</li> <li>• Resolution of trauma is mediated by the presence of an available adult to repatriate</li> </ul>
Anxiety	<ul style="list-style-type: none"> <li>• A defensive response to danger</li> <li>• Can be further divided between realistic anxiety and neurotic anxiety</li> </ul>
Defence mechanisms	<ul style="list-style-type: none"> <li>• Defence mechanisms are the unconscious coping strategies put in place as a way protect ourselves from psychic pain</li> <li>• Repression occurs as painful thoughts and feelings are pushed into the unconscious as they are too emotionally painful to bear</li> </ul>
Remembering and working through	<ul style="list-style-type: none"> <li>• The process of addressing defence mechanisms through psychoanalysis or therapeutic support</li> </ul>
Envy	<ul style="list-style-type: none"> <li>• The major focus of envy is to do with the maternal body</li> <li>• Relinquishing ownership of the maternal body is part of developmental separation</li> </ul>
Transference	<ul style="list-style-type: none"> <li>• Is a way that feelings are felt in spoken and unspoken ways and a form of projection</li> <li>• It is the relationship between the client and the clinician ‘formulating an interpretation’(or what the client needs from their clinician, student from teacher etc) and guides the clinician as to how best to respond</li> </ul>
Counter transference	<ul style="list-style-type: none"> <li>• Counter transference are feelings that arise in the clinician’s unconscious</li> <li>• These are aroused by the influence of the client</li> </ul>
Projection	<ul style="list-style-type: none"> <li>• An operation where qualities, feelings, wishes or objects which one refuses to recognise or rejects in their ‘self’ and is pushed out</li> <li>• Subjective biases are expelled from the self and located in another person or thing</li> </ul>
Projective identification	<ul style="list-style-type: none"> <li>• A mechanism where bad parts of the self which are intolerable are pushed out onto another</li> <li>• The recipient becomes part of the feelings and in turn experiences these as their own feelings. This is the process which transference comes about</li> </ul>

### 1.3.2 *Psychodynamic thinking*

The central difference between Freudian theory and later theories such as object relations developed by Melanie Klein appears to be around what drives human motivation. Freudian theory assumes human motivation is biological and due to instinctive drives, whereas object relations theory assumes psychology is driven by interpersonal need and motivation is due to ‘object seeking’ way to achieve satisfaction.

An alternative way to understand the difference may relate to how the theory is applied. Bower & Trowell (2002) applied psychoanalytic ideas to community examples as a way of understanding the emotional needs of children and families. This analogy seems to suggest that when applying psychoanalytic concepts (e.g., defence mechanisms, projection), beyond the individual into external interactions the term psychodynamic is appropriate. Another suggestion could simply be that psychodynamic school of thought emerged from developing Freud’s original ideas into broader constructs (Curtis, 2015). Examples of these key thinkers and constructs are illustrated in table 1.2.

*Table 1.2: Psychodynamic concepts*

Concept*	Definition
Object relations (Melanie Klein 1921-1945)	<ul style="list-style-type: none"> <li>• Extended Freud's work on anxiety faced by babies in the early years as they separate from their mothers</li> <li>• Anxiety arises from not just being without something but also being with something - the recognition that there are uncomfortable feelings inside oneself that are potentially dangerous</li> </ul>
Defence mechanisms (Anna Freud, 1936)	<ul style="list-style-type: none"> <li>• Extended her father's work on defence mechanisms into five categories of typical defences: Repression, Reaction formation, Regression, Sublimation, Denial, Displacement</li> </ul>

Concept*	Definition
Containment (Wilfred Bion, 1962)	<ul style="list-style-type: none"> <li>• Developed the idea of the role the recipient plays in projective identification.</li> <li>• A way for the clinician to own and hold bad feelings so as to free up space in the child/patient</li> </ul>
Splitting	<ul style="list-style-type: none"> <li>• Splitting has been used by many psychologists to evoke the fact that people are divided within themselves</li> <li>• The most primitive defence against anxiety</li> </ul>

\*Adapted from Curtis (2015)

#### 1.4 Projective assessment

One assessment method that draws heavily on psychoanalytic theory is projective assessment. Projective methods of assessment are historically aligned within the literature of personality testing. The attention of mental health assessment at the time of their popularity, was predominantly through introspective methods to identify various presentations. Projective techniques have a long history in psychological assessment (Rabin, 1986), with their popularity being both controversial and their relevance questioned. It is widely considered the first projective test was the Rorschach inkblot test developed by Hermann Rorschach in the 1920's (Lindzey, 1959). The test uses an association technique where the client is asked what each inkblot resembles, when presented one at a time with 10 inkblots each printed on a separate card. The overarching theoretical assumption of projective techniques is the influence of the unconscious on perception, thought, behaviour and motivation (Bargh & Morsella, 2008). Arguably it is not the tool per se, that is projective, rather it is the theoretical underpinnings that are applied and used to derive information. For example, some projective techniques have accompanying scoring systems adding a psychometric element, whereas others can be used to explore personal constructs.

More up to date research suggest the term projective assessment does not accurately reflect its application. McGrath & Carroll (2012) argue that the term 'broadband implicit techniques' are a better description as they reflect the process more accurately. Crespi & Politikos (2008) suggest that the terms projective interviewing or 'an observational method within a story telling narrative framework' would be more accurate. Both of these terms imply that the value added from the method is not with the psychometric property or with the response itself but with the therapeutic inquiry. Kennedy, Canagaratnam & Shaldon (2017) suggest the terms *"Projective assessment or 'projective technique' are used interchangeably to refer to a variety of procedures that allow for free-flowing responses to the presentation of a stimulus"* (p. 25).

There are a number of projective techniques in existence. One manner of conceptualising their level of 'projectiveness' is by placing them on a spectrum of ambiguity of the stimulus. This model organises the style of techniques into five broad categories: creative drawing techniques, thematic apperception techniques, sentence starters, expression and association techniques (Cohen de Lara-Kroon, 1999). Table 1.3 provides a description of the categories alongside some examples of the tools.

*Table 1.3: Taxonomy of projective techniques and process*

Category	Description	Examples
Creative drawing	Construction methods where respondents are asked to draw following an instruction	<ul style="list-style-type: none"> <li>• House-tree-person (H-T-P) (Buck, 1948)</li> <li>• Draw a person (D-A-P) (Manchover, 1949)</li> <li>• Kinetic Family Drawing (KFD) (Burns &amp; Kaufman, 1971)</li> </ul>
Thematic apperception	Construction methods where respondents are shown pictures of social situations and asked to tell a story	<ul style="list-style-type: none"> <li>• Thematic Apperception Test (TAT) (Murray, 1943)</li> <li>• Children's Apperception Test (CAT) (Bellak &amp; Bellak, 1949)</li> </ul>

Category	Description	Examples
		<ul style="list-style-type: none"> <li>• Tell-Me-A-Story (TEMAS) (Constantino, Malgady &amp; Rogler, 1988)</li> <li>• Object Relations Technique (Phillipson, 1955)</li> </ul>
Sentence starters	Completion method where respondents are presented with incomplete sentence stems	<ul style="list-style-type: none"> <li>• Washington university sentence completion test (WUSCT) (Loevinger, 1988)</li> <li>• Animal Preference Test (APT) (Rojas &amp; Tuber, 1991)</li> </ul>
Association techniques	Respondents are shown inkblots and asked to associate meaning from them	<ul style="list-style-type: none"> <li>• Rorschach Test (Goh &amp; Fuller, 1983)</li> </ul>
Expression techniques	Respondents are asked to play the roles of others using puppets	<ul style="list-style-type: none"> <li>• Projective puppet play (Woltmann, 1960)</li> </ul>

A second generation of tools exist that could also be used for projective assessment including The Bear Cards (Veeken, 2012), The Blob Tree (Wilson, 2009), The Bag of Feelings (Binney & Wright, 1997) and Talking Stones (Wearmouth, 2004) as they also allow a child to project their unconscious processes onto an ambiguous stimulus with no clear wrong or right answers.

Projective techniques are based on the projective hypothesis which assumes the human tendency to view and interpret the world in terms of one's own experience, and that all expressions will reflect some aspect of ourselves (Chandler, 2003). The main intention of using projective techniques is to elicit unconscious material that is otherwise inaccessible to the psychologist and client. A response is projected on to an ambiguous stimulus, thus giving insight into the internal world of the mind (Levin-Rozalis, 2006).

Chandler (2003) proposed projective techniques are unique in their ability to access a child's internal world and emotional experience that is otherwise difficult for them to

express through linguistic methods. Another advantage is their potential for inclusivity, as they are not standardised to any particular demographic or require a level of reading ability, they can be used with children regardless of their background or ability. Creative drawing techniques have an additional benefit when working with children. Research has suggested children who drew and talked during assessment provided more verbal information than without drawing (Woolford, et al., 2013). It is also proposed projective drawings elicit preoccupations in a manner that is less threatening than normative assessments. Taking an idiographic approach to SEMH assessment is considered advantageous over standardised tests when working with children as it incorporates psycho-social and personality development (Erikson, 1985; van der Kolk, 2015) and captures the child's point of view.

More recently findings from neurological studies identify dual-processing system occur in the brain (Evans, 2008). The research proposes that responses to stimuli in the form of questions or questionnaires are typically consciously formulated, logical and socially determined. Processing of this type of information happens in a discrete system to one that processes unconscious and automatic emotional material. Therefore, it is suggested that in order to get a holistic picture of a child's social and emotional world an assessment should tap into both information processing systems.

There are a number of criticisms surrounding the use of projective techniques, which present a challenge to their wider acceptance (Miller & Nickerson, 2006). A historical prejudice exists within the psychological community favouring psychometric tools and criticising projective techniques as being unscientific (McCarthy Woods, 2008). Projective techniques have been also been heavily criticised in terms of the validity of interpretation

(Lilenfeld, Wood & Garb, 2000), in particular taking interpretations at face value and using them as evidence in legal cases. Piotrowski & Keller (1984) put forward that criticisms relating to validity are a result of inadequate training resulting in the techniques being used in a way that compromises their validity.

The researcher attempted to identify from the literature recommendations and guidance on the process for interpreting projective techniques, however findings were inconsistent. While some methods had clear administration instructions others provided little guidance. Research identified specific scoring systems had been developed to aide interpretation (Cramer, 1987; Koppitz, 1968). However, much of the criticism around using projective techniques is when scoring procedures are used, and prioritised over subjective interpretation or not used for therapeutic assessment (Finn, Fischer & Handler, 2012).

When used ethically and for their intended purpose the merit of projectives as observational tools and for hypothesis generation counteracts the above criticisms. It is widely considered by supporters of projective techniques that their use should be in conjunction with other assessment methods including individual history and interview to integrate findings. Garb, Wood, Lilenfeld & Nezworski (2002) suggested that in doing so leads to an increase in the psychologist's confidence in judgments and to safeguard against psychopathologising. The recognition of supervision as an important facilitator to the interpretation process can address some of the above professional issues.

### **1.5 History of human figure drawings**

Creative drawing techniques are one category of projective assessment. Figure drawings differ from most other projective techniques in that they call for a physical rather than

verbal response. Drawings are more natural than words for children to express themselves. Thomas & Silk (1990) identified that drawing captures symbolically on paper some of the children's thoughts and feelings. They argue the use of drawings may be even more valid as a child may not always possess descriptive language at a level that reflects their experience.

There is a long history of human figure drawings being used as an assessment tool of intelligence, personality and emotionality (Koppitz, 1968, Jolly 2010). The use of such drawings in clinical assessment as a measure of personality arose with the Manchover (1949) Draw-A-Person test. When used projectively this test enabled measures of self-perception, self in relation to others, group values and attitudes (Klepsch & Logie, 2014). Thomas & Silk (1990) identified the benefits of using children's drawings which relate to psychodynamic theory, including their cathartic nature; as well providing opportunity for the child to gain mastery over their situation by recreating difficult scenarios and enabling the assimilation of the experience.

Undertaking individual work with a professional is potentially daunting for many children. As a familiar task, it is likely that drawing is easier to engage with and less anxiety provoking. Miller & Nickerson (2006) argue the KFD is helpful at building rapport or gathering information from a reluctant child who may not respond well to interview techniques. Veltman & Browne (2000) found that this tool can be administered by non-expert professionals effectively when a known concern has been identified and as an icebreaker or to facilitate discussion.

Drawing assessments are interpreted a number of ways in clinical assessment including developmentally (DiLeo, 1970), cognitive-behaviourally (Manchover, 1949) and

academically (Koppitz, 1968). The interpretation of drawings has received criticism in terms of their diagnostic validity (Handler & Habenicht, 1994). While, Reithmiller & Handler (1997) argue drawings such as the draw-a-person (D-A-P) should not be interpreted at face value, and rejects the notion of drawing details being taken as signs of unconscious conflicts and psychoanalytic assumptions. The study recognised gaps in research in line with Handler & Habenicht (1994) who identified further research is needed into the method and interpretive process of children's drawings citing 'the need for more sophisticated studies that utilise a holistic, integrative approach to interpretation above using a single interpretation for each of a series of signs'.

### **1.6 Kinetic family drawing**

Within the umbrella of creative drawing techniques is the kinetic family drawing (KFD). The KFD was originally developed by clinical psychologist and psychiatry professors Burns & Kaufman (1971) from the University of Washington. They published a core text on the tool outlining its function. The aim of the KFD is to explore and access a child's view of the self in the context of the family system through interpreting meaning from what was projected onto the drawing. The impetus for this tool arose out of a need to gather more information from the 'family drawing'. The argument being that by including kinetic action would be more informative than a drawing of family with akinetic action.

The instruction is simple:

*'draw a picture of everyone in your family, including you doing something. Try to draw whole people, not cartoons or stick people. Remember, make everyone doing something-some kind of action. (Burns & Kaufman, 1971 p19)*

The KFD draws on the premise of object relations theory, that parents are the objects which mediate self-identification, and this is automatic and unconscious. These objects are expressed through characteristics in the drawing which can provide meaning through styles, actions, symbolism and chronological timing. The original KFD text recognises it is not conclusive in interpreting children's drawings and further reading around symbolism is recommended. It also highlights the importance of inquiry to clarify features and the importance of context and prior knowledge.

As an idiographic tool for assessment the KFD requires the clinician to use a level of subjective interpretation. In their original text Burns & Kaufman (1971) outline the aim of the KFD is to generate and reject hypotheses about children based on their drawings in an effort to get to the 'problem'. They explain the purpose of a KFD is not to seek a solution to a problem, instead like other projective techniques should adjunct interview and therapy, which can probe more deeply into the context. They recognise that interpretations without validation or triangulation is misleading, as the content relies heavily on subjective interpretation.

One benefit of the KFD is that it enables information to be gathered in a way that cannot be accessed solely through clinical interview or through the use of observation or questionnaire (McConaughy, 2005). While recognising the KFD is best administered alongside interview, there appears to be no specific guidance on the process within the literature (Beaver, 2011, Burns & Kaufman, 1971).

### **1.6.1 KFD in clinical practice**

Given the benefits of the KFD as a tool, exploration of the current practice contexts where it is used is provided. The KFD is included within the research of projective techniques in clinical psychological assessment. The popularity of these techniques amongst US and UK clinical psychologists was compared (Bekhit, Thomas & Jolley, 2005). They found that projective drawings varied considerably. The KFD is frequently included as part of the clinical psychology formal assessment process in the US. In contrast, UK clinical psychologists tended to use interview and when the KFD was used it had two purposes. It was 'rarely used' as part of formal assessment and 'frequently/always used' as part of informal data gathering. One hypothesis for this difference is that UK clinical assessment practice is more closely linked to diagnosis and outcomes than US practice. Consequently, any assessment that requires an element of subjective interpretation is less popular. What this research also demonstrates is the breadth of application. It suggests there is value in using the tool to build rapport and as an informal technique which children enjoy and find accessible.

Issues of using projective techniques more broadly by school psychologists in the US were reviewed (Miller & Nickerson, 2007). They found them to be popular amongst school psychologists for social and emotional assessment, and argue the psychometric properties of these tools are not the main benefit, as more reliable and valid behavioural based techniques are available. Instead they suggest the primary goal of these techniques is to enable a deeper understanding of the individuals, and to use this knowledge to generate hypotheses that can be triangulated with other sources to inform intervention. In their research they suggest that a limit to their wider application amongst school psychologists

is confidence in using professional judgement and clinical experience. They further suggest this is the result of inadequate instruction at undergraduate and professional training.

### **1.6.2 KFD in EP practice**

While both school psychologists in the US and educational psychologists in the UK may have similar roles, arguably the different context and systems will influence assessment approaches. UK EPs take a systemic approach to assessment by considering the ecological context of the situation. Models such as Bronfenbrenner & Morris (2006) are widely applied when considering the influence of factors from various systems in the environment such as the family. The KFD is one tool which explores the child's view of the world in relation to their family therefore offering the potential to fit well with the values of UK EP practice.

Drawings are excellent tools for addressing equality and diversity characteristics such as language barriers and exposure to cultural variations. Within a diverse and multi-cultural population, it is important for EPs to adopt inclusive approaches and remain open and curious to the social and cultural differences of an individual family. For psychoanalytic models of the mind, the family serves as a context for the shaping and development of the individual (Gerson, 2019). The KFD offers the opportunity for exploration of the cultural identification of a child within their family in a way that is meaningful to them.

Beaver (2011) includes the KFD in his practice guide for EPs, as a technique for eliciting the model of the world with children. While the administration falls in line with the original instructions the theoretical position appears to be within personal construct psychology. Guidance on using size, proximity and placement to provide simple level interpretation is suggested. However more emphasis is given to the drawing being used as a vehicle for

discussion about the activities and relationships within the family and the individuals constructs of these. Moreover, it appears to lack commentary pertaining to the therapeutic relationship, in particular drawing on psychoanalytic concepts. Arguably, this could be one reason that while the tool is well-known amongst EPs it appears the application of the tool has moved away from its origins.

One potential reason for this adaptation could be the perception that professional psychologists require specialist training in applying psychoanalytic thinking as the concepts are complicated (Pellegrini, 2010), despite their acknowledged potential when working with children and their families. However, with a second-generation of projective techniques emerging there appears to be a resurgent of interest in assessment tools that provide a unique representation of the self (Binney & Wright, 1997). This acknowledges a demand for alternative techniques within an assessment repertoire and consequently a skills gap in this perspective.

### **1.7 Personal context**

The researcher is a Trainee Educational Psychologist (TEP) at the Tavistock & Portman NHS Foundation Trust. Her academic and career pathways have provided the opportunity to integrate a variety of psychological perspectives in her academic and applied work. A number of factors influenced the researcher's choice of topic including her underlying belief system, professional experience and educational experiences in this area. Promoting the child's individual context and experience in a person-centred way is valued by the researcher, while recognising the impact of the unconscious on relationships and emotions.

From working directly with children and young people who were 'educated other than at school' over a number of years, and subsequent work as an assistant educational psychologist, the complexities of a child's emotional world and the potential impact of this on their well-being and academic trajectory was clear to the researcher. It was observed by the researcher that an ability to articulate their experience was a common barrier to working with children from complex backgrounds. Seeking non-threatening methods of assessment that promoted the relationship while capturing some of what was going on beneath the surface was found to be helpful.

The idea of the study originated from the researchers experience in delivering workshops to ELSAs both as an assistant educational psychologist and trainee educational psychologist. The workshops were delivered within three separate local authorities on the use of the KFD to make a connection with a child. The training module was developed by the researcher and primarily drew on the literature of children's drawings (Brafman, 2012) and therapeutic alliance (Rogers, 1957). Reflecting on this experience as a TEP the researcher questioned the extent to which the tool could be included within the EPs professional toolkit. In order to do so ethically, and have confidence in promoting the KFD to the EP profession, it felt important for the researcher to first understand the evidence base.

Through the training at the Tavistock & Portman the researcher became exposed to psychodynamic thinking and a range of projective techniques. A significant proportion of teaching around child assessment and intervention, and psychological frameworks was given to cover these topics in depth and became of value when applying psychology as an integrative practitioner. EPs are trained in a number of paradigms for applied psychological

practice, however there appears to be a lack of modules in the psychodynamic approach in professional training courses in England (AEP, 2018). The researcher held speculations as to why there was a lack of training in this area. Historically, projective techniques have been seen as contentious and subjective (Chandler, 1994). Considering the drive for EPs to relate the quality of their work with evidence-based practice (Fox, 2011), more standardised tools have been favoured. Freeman & Miller (2001) recognised practitioners tend to work within the paradigm promoted at their training institution and the influence this had on assessment choice. With exception of the EP training course at the Tavistock & Portman, there appears to be minimal input on psychodynamic thinking and projective tools within other institutions' curriculum (King, 2017).

In addition to the above, the financial and time constraints of the current educational and professional system are suggested to be another barrier. The researcher became interested in the accessibility of projective techniques and their feasibility within the context of EP work. This became the impetus for the current research, making projective techniques accessible by firstly providing context around their usefulness and secondly by providing evidence-based guidance around one of the techniques, namely the KFD. The researcher had considered evaluating the KFD in practice as an alternative investigation, however due to the lack of existing research relating to the application of psychoanalytic concepts and the KFD for SEMH assessment amongst EPs it felt pertinent to develop an evidence-base in this area first. It was decided an exploratory study using mixed-methods would be an appropriate foundation to address this issue. The researcher hoped that an accessible best practice framework for using the tool could also be developed. This may enable the EP

community to have greater consideration and acceptance of this potentially underutilised area.

### **1.8 The present research**

This thesis puts forward that projective techniques and the KFD in particular, holds a unique place within an EPs repertoire of assessment and can offer something in addition to the range of popular SEMH tools in use. The KFD was selected due to its perceived fit as an assessment tool for EPs in gathering the child's view of themselves in relation to their family system, as well as the researchers personal experience of using the tool within therapeutic assessment. This research also argues that there is a lack of guidance on using the KFD in EP practice, and that an evidence-base best practice framework could be helpful. Consequently, development of such framework will have a practical purpose, as a set of personal educational goals for practising EPs to work towards given the lack of knowledge in the area. This would enable EPs to adhere to their ethical responsibility to ensure competency in practice (HCPC, 2015).

This research extends the current literature by taking an exploratory mixed-methods survey approach to identify through consensus the competencies required by an EP when administering and interpreting the KFD as a projective technique. The first phase consisted of emailing an open-ended questionnaire to 10 EPs. The data is explored by using the 6 stages of thematic analysis (Braun & Clarke, 2006) to develop initial themes. Subsequent questionnaires were developed from these themes using a Delphi approach (Keeney, Hasson & McKenna, 2011) to achieve consensus.

## 2 Literature Review

The Kinetic Family Drawing (KFD) is the most widely used projective assessment for evaluating the relational dynamics of a family (Im et al., 2010). While popular in clinical practice it also has the potential for increased use amongst EPs as an assessment method for generating intervention priorities. This chapter explores the literature around the use of the KFD in the UK, highlighting the potential uses of the tool. It will begin with an outline of the literature search undertaken followed by a systematic review of the literature. The aim of the literature review is to answer the following question:

***What approach to the administration and interpretation of the KFD is used within the research?***

### 2.1 Literature search

The literature review was conducted from a number of sources. An initial search of literature to examine how the KFD was being used in UK EP practice was conducted (see table 2.1) which yielded one result (Ubha & Cahill, 2014), demonstrating an extremely limited literature base and the need for a broader search amongst other disciplines.

*Table 2.1: Initial search strategy*

Search terms*	Results
S1 "kinetic family drawing"	1992
S2 "Educational Psychology"	35,736
S1 AND S2	9
Exclude if not UK based study of KFD	1

*\*PsycINFO, ERIC and Psychology and Behavioural Sciences Collection*

A traditional database search was carried out on 30<sup>th</sup> July 2019, which forms the findings of the literature review. To confirm the findings are representative of the current literature base a subsequent search performed on the 10<sup>th</sup> April 2020 which did not yield any additional studies. Table 2.2 shows the results of the literature search.

*Table 2.2: Search terms and results*

<b>Search terms</b>	<b>Database</b>	<b>Results</b>
kinetic family drawing OR family drawing	<i>PsychINFO</i>	494
kinetic family drawing OR family drawing	<i>ERIC</i>	80
kinetic family drawing OR family drawing	<i>Psychology and Behavioural Sciences Collection</i>	50

In order to ensure that the studies included in this review were suitable for the purpose of the question, inclusion and exclusion criteria were devised and applied to the identified studies. These criteria are presented in table 2.3 with a rationale for each criterion.

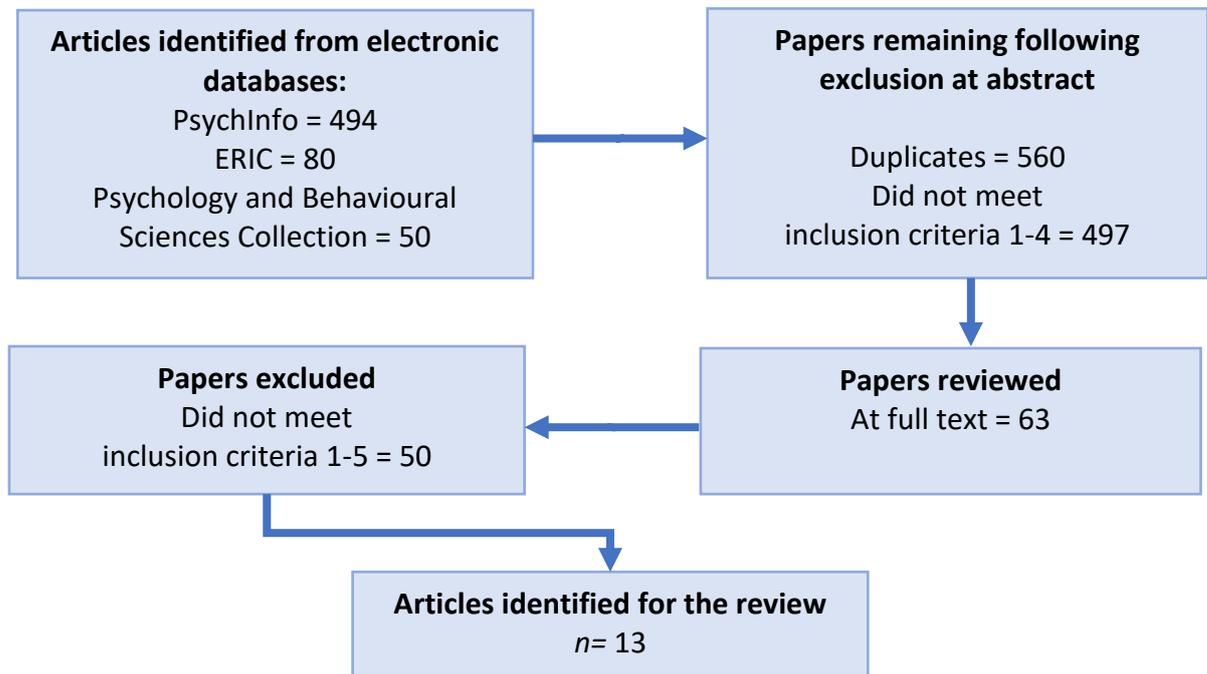
*Table 2.3: Inclusion and Exclusion criteria*

<b>No.</b>	<b>Parameter</b>	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>	<b>Justification</b>
<b>1</b>	Language	Must be written in English	Study is not written in English	Researcher does not have resources to access other languages
<b>2</b>	Participants	Participants must be of school age	Participants are adults (above 25)	The review question is focused on children and young people
<b>3</b>	Type of publication	Must be a journal article relating to empirical research	Is not a journal article i.e. books, chapters, dissertations	The review question is exploring empirical research

<b>No.</b>	<b>Parameter</b>	<b>Inclusion Criteria</b>	<b>Exclusion Criteria</b>	<b>Justification</b>
<b>4</b>	Intervention	The KFD is used in the study. The KFD is used as part of individual assessment or an intervention measure	Does not use the tool for individual assessment or intervention measure	The review question is focused on the application of the KFD as an assessment tool
<b>5</b>	Date of publication	Published after 1994	Published prior to 1994	A meta-analysis of literature on the KFD was undertaken in 1994. The review question is concerned with more recent papers.

As illustrated in Figure 2.1 the study selection process involved a number of stages. Initially duplicates were removed and a further 545 studies were excluded following a screen of the title and abstract. Following this, the 64 studies that were remaining were screened at full text. When the inclusion and exclusion criteria were applied, 33 studies were excluded. At this point a systematic literature review on the KFD was identified (Handler & Habenicht, 1994). The researcher then applied exclusion criteria for studies after the date of the systematic literature review. Appendix B lists the excluded studies and the reason for exclusion.

Figure 2.1: Study selection process



The remaining 13 studies that met the inclusion criteria and are included in this review are presented in table 2.4. The studies are additionally summarised in Appendix C.

Table 2.4: Final list of included studies

Included studies
Austin, C. A., Krumholz, L. S., & Tharinger, D. J. (2012). Therapeutic assessment with an adolescent: Choosing connections over substances. <i>Journal of Personality Assessment</i> , 94(6), 571-585.
Backos, A., & Samuelson, K. W. (2017). Projective drawings of mothers and children exposed to intimate partner violence: A mixed methods analysis. <i>Art Therapy</i> , 34(2), 58-67.
Bannon, B. L., Tirella, L. G., & Miller, L. C. (2016). Children's drawings: Self-perception and family function in international adoption. <i>Early Child Development and Care</i> , 186(8), 1285-1301.

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### Included studies

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Freidlander, M. L., Larney, L. C., Skau, M., Hotaling, M., Cutting, M. L., & Schwam, M. (2000). Bicultural identification: Experiences of internationally adopted children and their parents. *Journal of Counseling Psychology, 47*(2), 187-198.

Holt, E. S., & Kaiser, D. H. (2001). Indicators of familial alcoholism in children's kinetic family drawings. *Art Therapy, 18*(2), 89-95.

Levi, S. (2017). Measuring change in psychotherapeutic work with a traumatised child on the autistic spectrum. *Journal of Child Psychotherapy, 43*(3), 330-352.

Packman, W., Mazaheri, M., Sporri, L., Long, J. K., Chesterman, B., Fine, J., & Amylon, M. D. (2008). Projective drawings as measures of psychosocial functioning in siblings of pediatric cancer patients from the Camp Okizu study. *Journal of Pediatric Oncology Nursing, 25*(1), 44-55.

Saneei, A., & Haghayegh, S. A. (2011). Family drawings of Iranian children with autism and their family members. *The Arts in Psychotherapy, 38*(5), 333-339.

Stein, M. T. (2001). The use of family drawings by children in pediatric practice. *Journal of Developmental and Behavioral Pediatrics, 22*(2), 49-54.

Tasker, F., & Granville, J. (2011). Children's views of family relationships in lesbian-led families. *Journal of GLBT Family Studies, 7*(1-2), 182-199.

Thornton, V. (2014). Understanding the emotional impact of domestic violence on young children. *Educational and Child Psychology, 31*(1), 90-100.

Ubha, N., & Cahill, S. (2014). Building secure attachments for primary school children: A mixed methods study. *Educational Psychology in Practice, 30*(3), 272-292.

Veltman, M. W. M., & Browne, K. D. (2001). Identifying childhood abuse through favorite kind of day and kinetic family drawings. *The Arts in Psychotherapy, 28*(4), 251-259.

## 2.2 Preliminary literature

Handler & Habenicht (1994) evaluated the tool's reliability, normative findings, cultural influence and validity. Good support for reliability through scoring systems was identified through inter-rater reliability ranging from 87%-95% in the included studies. Cummings (1980) identified characteristics (top and bottom lining, barriers, arm extensions, action

descriptions, shading, number of household members, figures drawn on the back of the page, size of figures, distance between parental figures and self, distance between parental figures, activity levels of parental figures) achieved consistency through test-retest reliability.

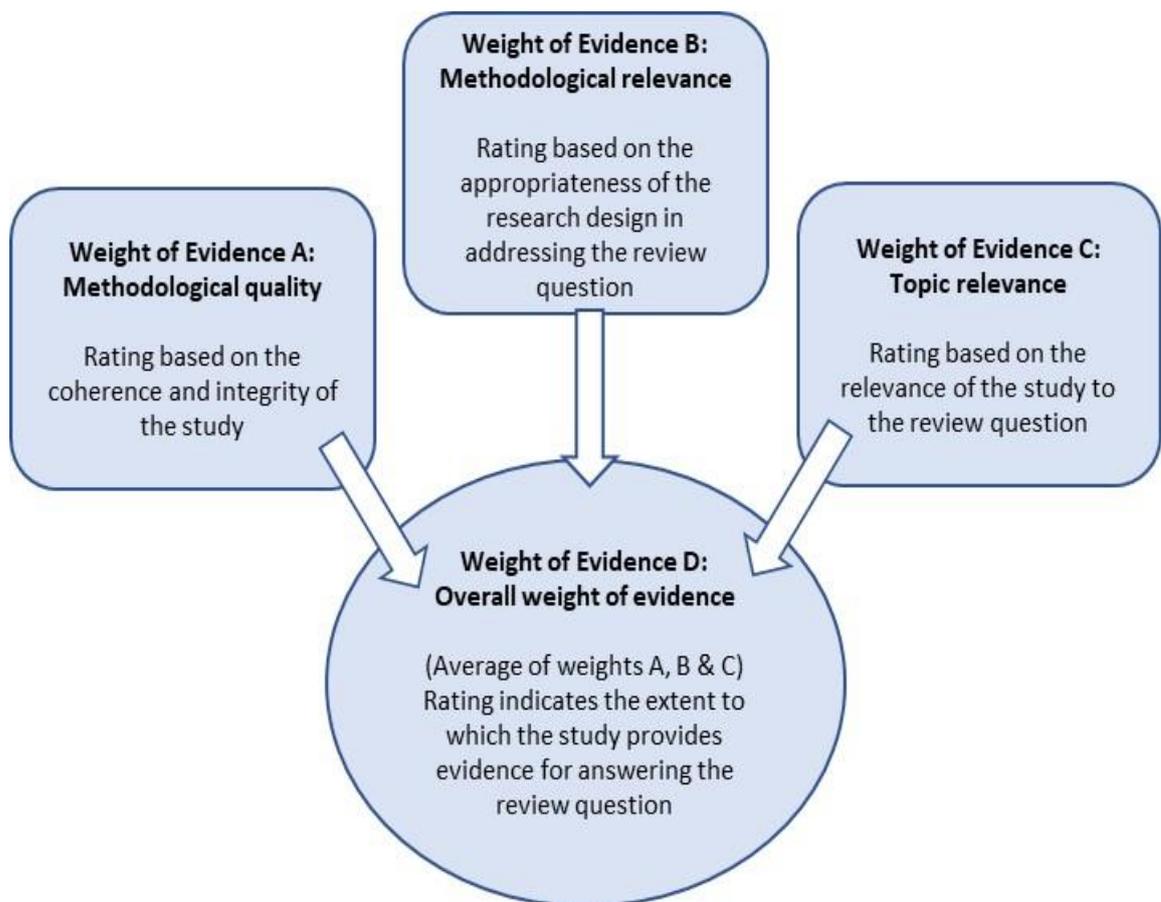
While normative findings for the signs in the drawings were found for age and gender, they suggest the areas of age, race and culturally related differences require more research to establish normative findings. Validity of Burns & Kaufman (1971) variables was achieved in the 14 studies that did not modify the original scoring system. However, interpreting a KFD at face value through scoring signs is discouraged by the authors. The researchers are critical of studies that interpret the KFD through a series of signs and recommend a holistic, integrative approach to interpretation. They recommend additional interpretive data consist of an intuitive approach by the clinician and the child's verbal descriptions and approach to task. They also identified studies which used peer interpretation (Cook, 1991) and qualitative checklists (Tharinger & Stark, 1990) as integrative methods which could aide interpretation. A further limitation identified is using a scoring system without qualitative data, as it is unable to differentiate wither the drawing is representing the realistic family or ideal family, this is easily overcome in practice through inquiry but presents an issue for research.

### **2.3 Critical appraisal for quality and relevance**

To consider the overall quality of the evidence presented in the 13 studies and its relevance to the review question, a method of critical appraisal was used based on the Gough (2007) Weight of Evidence Framework. The 13 studies were rated in the following three areas: methodological quality (Weight of Evidence A); methodological relevance (Weight of

Evidence B); topic relevance (Weight of Evidence C). This framework then allowed the three sets of ratings (WoE A, B & C) to be averaged to give an overall assessment of the extent to which each study contributes to the review question (Weight of Evidence D). Figure 2.2 illustrates the process.

Figure 2.2: Diagram based on Gough (2007) Weight of Evidence Framework



### 2.3.1 Methodological quality (Weight of Evidence A)

The methodological quality of each study was evaluated using an adapted version of the CASP protocol (Critical Appraisal Skills Program, 2018). An example of the coding protocol may be found in Appendix D. It should be noted two forms of the coding protocol were used; one for qualitative research and the other for quantitative research. Upon

completion of the coding protocols, each study was awarded a single score (from '0' to '3'), which was then used to determine its weighting for methodological quality. Scores in the range '2.5' to '3.5' were awarded a 'high' weighting, those in range '1.5' to '2.4' achieved a 'medium' rating and scores falling at '1.4' or below were given a 'low' rating.

### ***2.3.2 Methodological relevance (Weight of Evidence B)***

The methodological relevance of each study was determined by its research design. To decide the ratings given from WoE B an evidence hierarchy (Wallace & Wray, 2006) was employed to influence the descriptors. Evidence hierarchies typically place studies with high threats to validity at the bottom (e.g. case studies) and those less prone to threats to validity at the top e.g. randomised control trials (RCTs). However, the primary concern of the literature question is to explore empirical research that demonstrates features considered important when administrating and interpreting the KFD. Studies that provide depth of information influenced the decision of researcher's hierarchy of evidence. In order to receive a 'high' weighting the research design would include case reports or qualitative studies. In order to receive a 'medium' weighting the research design would include mixed method studies or quantitative studies. In order to receive a 'low' weighting the research design would include a discussion piece or expert opinion. Numerical scores were generated from descriptive weightings. A score of '3' was awarded to studies of 'high' methodological relevance, a score of '2' was given to studies with a 'medium' weighting and a score of '1' was given to those with a 'low' weighting.

### **2.3.3 Topic relevance (Weight of Evidence C)**

Judgement about the relevance of the evidence to the review question was based on the administrative and interpretive approach undertaken by the researchers. Weightings reflected the extent to which detail provided in the papers could be generalised to answer the review question. In order to receive a 'high' weighting the research included a holistic, integrative approach to the KFD. In order to receive a 'medium' weighting the research provides some discussion on an integrative approach. In order to receive a 'low' weighting the research provides no discussion i.e. primarily interprets the KFD using a scoring tool. A score of '3' was awarded to studies of 'high' topic relevance, a score of '2' was given to studies with a 'medium' weighting and a score of '1' was given to those with a 'low' weighting.

### **2.3.4 Weight of evidence findings**

Table 2.5 shows the weight of evidence findings for each study, including the overall weight of evidence (Weight of Evidence D). Findings are presented as numerical scores as well as descriptive weightings. Scores for the overall weight of evidence were calculated by averaging the three scores from Weights of Evidence A, B and C. Studies with the scores in the range '2.5' to '3' were awarded a 'high' overall weighting, those with scores between '1.5' and '2.4' were given a 'medium' overall weighting and studies with scores falling at '1.4' or below were given a 'low' overall weighting.

Table 2.5: Weight of evidence findings

<b>Authors (date)</b>	<b>Methodological quality (WoE A)</b>	<b>Methodological relevance (WoE B)</b>	<b>Topic Relevance (WoE C)</b>	<b>Overall (WoE D)</b>
Austin, Krumholz & Tharinger (2012)	2.7 high	3 high	3 high	2.9 high
Backos & Samuelson (2017)	2.3 medium	2 medium	3 high	2.4 medium
Bannon, Tirella & Miller (2016)	3 high	1 low	2 medium	2 medium
Freidlander et al., (2000)	2.7 high	2 medium	2 medium	2.2 medium
Holt & Kaiser (2001)	2 medium	1 low	1 low	1.3 low
Levi (2017)	3.3 high	3 high	3 high	3.1 high
Packman et al., (2008)	2.7 high	1 low	1 low	1.6 medium
Saneei & Haghayegh (2011)	2 medium	1 low	1 low	1.3 low
Stein (2001)	2.3 medium	3 high	3 high	2.8 high
Tasker Granville (2011)	2.7 high	2 medium	2 medium	2.2 low
Thornton (2014)	3 high	3 high	2 medium	2.7 high
Ubha & Cahill (2014)	3 high	2 medium	2 medium	2.3 medium
Veltman & Browne (2001)	2.7 high	1 low	1 low	1.6 medium

## **2.4 Critical review of the selected studies**

### **2.4.1 Participants**

The number of participants in the included studies ranged from 1 to 77 and they were recruited from the USA ( $n=6$ ), UK ( $n=6$ ) and Israel ( $n=1$ ). When the included studies were collated there were 358 children in total. The ages of the participants ranged from 5-13 years. One paper did not disclose the exact age of the participant, instead referring to him as adolescent. Eight papers in the collated sample consisted of 41 males and 53 females. Five studies did not disclose the genders, consisting of 264 participants. 42 participants were described as having additional needs; their primary need included autism ( $n=33$ ), profound deafness ( $n=1$ ), substance misuse ( $n=1$ ), attachment ( $n=7$ ). 260 participants family situations were described, including domestic violence ( $n=65$ ), adopted ( $n=78$ ), parental alcoholism ( $n=17$ ), siblings with cancer ( $n=77$ ), lesbian-led ( $n=17$ ), new born sibling ( $n=1$ ), childhood abuse ( $n=5$ ). The overall sample was primarily dominated by individuals expressing a social, emotional or mental health need. It was not possible to identify from the studies if there was a gender imbalance due to the large number of participants where gender was not disclosed.

### **2.4.2 Context**

In relation to the context of the research two studies were conducted within a school context, five studies were conducted within a clinical context and six studies recruited their participants through community support groups for the purpose of research. Eight of the studies used the KFD for diagnostic purposes such as to identify indicators for specific populations. Two studies used the KFD as a pre and post measure for an intervention. Three of the studies used the KFD for individual therapeutic assessment. The research

demonstrates potential for the KFD to be used for individual therapeutic assessment within a school context, however the review did not identify research where the tool was used in this particular context.

### **2.4.3 Design**

Each study in the review was rated for methodological quality (WoE A) using a coding protocol relevant to the design (Critical Appraisal Skills Program, 2018). The framework applied was adapted depending on the research methodology. The framework comprised of 10 screening points including: statement of aims, appropriate methodology, research design, recruitment strategy, data collection, researcher reflexivity (for qualitative studies, for quantitative studies this scored a point as not relevant to the research design), ethical issues, data analysis, statement of findings and implications for practice. As the review is not looking for effect sizes of the research, the appraisal did not discriminate scoring depending on type of study, as a result none of the studies received a low WoE A score.

The studies in this review used a variety of research designs (WoE B). Five of the studies had a qualitative methodology. They comprised of mixed analysis, two were descriptive case studies, one being a single case study, three used thematic analysis for findings, all of the qualitative studies triangulated the KFD with clinical interview. Three studies had mixed method design comprising of normative and projective measures to triangulate findings from the KFD. Five studies used a quantitative design. Four studies had an experimental design, one investigated correlation between the human figure drawing and the KFD.

Single case designs scored highest in the literature review hierarchy of evidence. Research using a single case design enables investigation of small sample sizes. Single case designs can be used to establish practice-based evidence (Fox, 2011). Single case designs can be beneficial as the data collected focuses on the individual, these designs are suitable for heterogeneous populations, which can be particularly useful when carrying out research within special education. However as small samples are used in these designs, generalisation of results should be made with caution. Consequently, single case designs are relevant to this literature review question, and reflected by all included studies received a high rating for WoE B.

#### **2.4.4 Administration process**

Due to the nature of this review, aiming to explore whether KFD research includes a qualitative, holistic approach to interpretation, it is important to assess the administration and interpretation of the tool in the included studies. All 13 of the studies administered the KFD in accordance with the original guidance, where a child is presented with a piece of paper and pencil/pens and asked to *'draw a picture of everyone in your family, including you doing something [...]'*.

Einarsdottir, Dockett & Perry (2009) argue narratives around a KFD are more important than individual features and emphasise the importance of clarification. Eight of the studies supplemented the administration with inquiry (Austin, Krumholz & Tharinger, 2012; Backos & Samuelson, 2017; Bannon, Tirella & Miller, 2016; Levi, 2017; Stein, 2001; Tasker & Granville, 2011; Thornton, 2014; Ubha & Cahill, 2014) and five studies took the tool at face value without clarification through questioning either during or after the drawing (Freidlander et al., 2000; Holt & Kaiser, 2001; Packman et al., 2008; Saneei & Haghayegh,

2011; Veltman & Browne, 2001). Of these four studies did not have the raters' present during the task.

#### **2.4.5 Interpretive process**

In terms of interpretation, six out of the 13 studies did not score the KFD, however three studies cited systems that helped facilitate the interpretation (Beaver, 2011; Burns & Kaufman, 1971; Koppitz, 1968). Seven of the 13 studies scored the KFD using a range of scoring systems (Burns, 1982; Holt & Kaiser, 2001; Knoff & Prout, 1985; McPhee & Wegner, 1976; Peterson & Harding, 1995; Wegmann & Lusebrink, 2000). Of these, five employed peer analysis to explore of inter-rater reliability.

The majority of studies triangulated the KFD with other sources of information, with 3 studies analysing the KFD in isolation (Holt & Kaiser, 2001; Saneei & Haghayegh, 2011; Veltman & Browne, 2001). All of these studies included parent or child (or both) interview. One study included a classroom observation and teacher interview. In addition, a number of additional measures were taken including: projective techniques (e.g. children's apperception test, draw-a-person, early memory procedure, Rorschach, story stems); cognitive assessments (e.g., WISC-IV); questionnaires/rating scales (e.g. adoption satisfaction questionnaire, attachment behaviour characteristics, BRIEF, behavioural indicators of self esteem (BIOS), Boxall profile, child behaviour checklist (CBCL), MMPI-2, strengths & difficulties questionnaire (SDQ)).

## 2.5 Findings in relation to the review question

### *What approach to the administration and interpretation of the KFD is used within the research?*

The most noticeable finding in relation to the literature review is that a number of approaches to administration and interpretation are used within the body of research. Consequently, the literature review was unable to definitively answer the review question. It appears that the most common approaches to administration are either with the use of a scoring system or through qualitative interpretation, and are discussed below.

All of the studies that used a scoring system identified limitations with their respective scoring system. Five studies did not establish significant difference when the system was applied to the KFD as a screener, to establish group difference or pre-post intervention change (Backos & Samuelson, 2017; Holt & Kaiser, 2001; Packman et al., 2008; Saneei & Haghayegh, 2011; Veltman & Browne, 2001). The evidence suggests that scoring systems should not be used when interpreting the KFD and highlights the subjective nature of information captured through the tool.

The research identified a number of benefits to interpreting the KFD qualitatively. Levi (2017) demonstrated when used for individual assessment the KFD supplemented case conceptualisation and therapeutic intervention. The KFD enabled a method for systematising impressions of a child's subjectivity without reducing it to a collection of symptoms. Backos & Samuelson (2017) found themes provided a focus for additional therapeutic support and clinical inquiry. Stein (2001) found the KFD a helpful tool to open up dialogue between parents and with the child. When administered regularly as part of

ongoing therapeutic involvement the KFD can demonstrate developmental and relational changes over time.

Thornton (2014) found a brief summary of the KFD was sufficient for analysis by noticing features of significance. He further recommended interpretations should be made cautiously with no single feature used as a sole indicator and no fixed meaning given to any of images.

### **2.5.1 Ethical considerations**

The literature review raised a number of ethical factors that need to be considered before selecting the KFD as projective technique. Firstly, when deciding whether the KFD is appropriate, other methods for gathering family information have been found to be more helpful. For example, Tasker & Granville (2011) argued genogram techniques give a better depiction of family organisation, particularly in wider and complex family compositions that may be difficult for the child to draw. Therefore, in line with the wider literature base, before selecting the tool it is important to have at least some background information on the family context.

Secondly, if the KFD is chosen, the research highlighted the importance of triangulating the KFD with other sources of information. This fits with guidance in the broader literature which has described how the tool is subjective in nature, therefore before using the information to develop hypotheses this needs to be checked out with other sources. While there is support for CYP to be attuned to the family dynamics adding validity to the KFD, Austin, Krumholz & Tharinger (2012) argue this should always be conducted as part of a holistic, integrative assessment. Bannon, Tirella & Miller (2016) found that parent reports and behaviour checklists are appropriate measures to validate the drawings.

Thirdly, before using the KFD, age and ability need to be considered. The research identified that the KFD has been for children and young people between 5 and 17 years old, challenging the view that adolescents are less likely to engage with the activity. With regard to ability, Bannon, Tirella & Miller (2016) described how the KFD correlated against parent questionnaires for both positive SEMH competence (social skills and school achievement) and negative SEMH needs (internalising i.e. depression/anxiety and externalising i.e. aggressive behaviour as well as attention and thought problems). Whilst this study provides support that the KFD can be used with children and young people with a range of abilities and needs, it feels particularly relevant when thinking about the ethics of using the KFD as an assessment tool for children and young people with significant social, emotional and mental health needs.

This issue fits with the broader literature on projective techniques described in the introduction chapter. The aim of the KFD as a projective technique is to explore with the focus child what may be going on below the surface in terms of their thoughts and motives about their family, and to raise awareness with the focus child to develop a shared meaning. This raises an ethical issue for the practitioner with regards to what to do with that information, particularly around gaining consent for sharing the information and feeding back to parents while being mindful of safeguarding issues. While these ethical considerations could be considered criticisms of the tools more generally, they are on the other hand what provides the 'added benefit' of the tool. As Levi (2017) reflected in his study, when the tool is used in a therapeutic way it can help 'in comprehending the nature of his problem and helped him in his attempts to reintegrate the fragments of his personality'.

Overall, these findings again highlight significant ethical considerations that need to be made before deciding to use the KFD such as the importance of having background information on the context of the child and their family situation, the ability of the child, and the scope of the assessment session (whether a one off or within a longer-term piece of case work). Consequently, this adds to the pertinence of exploring best practice for using the tool.

### ***2.5.2 Theoretical considerations***

Based on the evidence derived from the literature review, interpreting the KFD through the application of psychometric measurement was not found to be effective. Studies have shown the KFD has inconclusive reliability and validity (Freidlander et al., 2000; Handler & Habenicht, 1994) suggesting a reductionist ontological position is confounding as it does not fit with the tool's roots. The researcher suggests in order to evaluate the benefit of the KFD as an assessment tool it must be understood in relation to its theoretical origins. The KFD sits within a psychoanalytic paradigm. It was designed to capture unconscious drives, wishes and feelings through a method of projection (Chandler, 2003), where individuals view and interpret their world in terms of their own experience. Projective tools enable a clinician to assess intrapsychic as well as interpersonal challenges in idiosyncratic ways (Laplanche, 1992).

Key psychoanalytic concepts include emotional trauma, anxiety, defence mechanisms, transference, counter-transference and projective identification (Curtis, 2015). The theoretical origins of the interpretive systems developed by Burns & Kaufman (1971) and Koppitz (1968) draw on object relations theory. Broadly speaking all interpretations hold some relevance to these schools of thought. However, there appears to be an absence of

the utilisation of these concepts when administering and interpreting the KFD in the literature.

When the KFD was used as part of non-intensive psychotherapy (Levi, 2017) the researcher, described how the tool provided an additional therapeutic benefit for the young person 'in comprehending the nature of his problem and helped him in his attempts to reintegrate the fragments of his personality'. The training of the researcher and context of their case study undoubtedly has implications for the orientation of the research and findings.

Across all studies it was noticeable how little the relationship between the clinician and the child in engagement with the activity was drawn on. Transference and projective identification are key concepts in psychoanalytic thinking, even without specific psychoanalytic training, the child's approach to task and affective response is a common observation within any psychological assessment.

Three papers who interpreted the features of the drawing explicitly drew on psychoanalytic concepts. Packman et al. (2008) described unconscious fears depicted through brightness of colour. Stein (2001) reflected on the drawings in terms of oedipal conflicts. Both Stein (2001) and Ubha & Cahill (2014) explicitly linked to Burns & Kaufman (1971) drawing on positioning, proximity, omission and shading. This may suggest the researchers had some understanding of applying object relations theory to the assessment tool.

## **2.6 Conclusion**

The systematic literature review initially attempted to provide some clarity about the use of the KFD in EP practice, however there was a lack of identified research. Arguably, one potential reason for the lack of research could be the tool is not widely used amongst EPs.

Of the studies that were identified for inclusion in the review a definitive answer to the administration and interpretation approaches could not be identified. The systematic literature review identified the KFD is used in three main ways: as a pre-post measure, as a tool with specific populations and incorporated into therapeutic assessment. The populations where the KFD has been used for research are varied, including cancer patients, adopted children and children with LGBT parents. This may suggest the tool is applicable to assessing a wide range of SEMH needs by capturing a child's self-concept of interpersonal relationships with a family.

The review identified studies where the KFD was used for research purposes within school settings. There was also reference made in the literature where the KFD was used as an individual analytical tool, which may have potential for EP practice due to the fit with the eco-systemic framework of assessment and service delivery model of assessment through consultation. Further research relating to using the KFD within individual school based SEMH assessment is recommended as well as the specific uses and benefits of this tool.

None of the included studies received a low methodological quality score for research design. However, the literature review would have benefited from further critique of the methodology including credibility, transferability of qualitative studies and reliability and validity of quantitative studies. In terms of methodological relevance, eight of the studies had a mixed methods or quantitative design where the KFD was used as a pre-post measure for research purposes. Of the five studies that used a qualitative methodology only two were descriptive case studies that gave reflections on the role of the researcher within the individual clinical assessment. From the research there appears to be a lack of qualitative case studies giving expert opinion on the type of casework which the KFD can be applied

to, particularly within an educational context. Further research in this area is recommended.

In term of the process of administration this was determined by whether the KFD was used for research or assessment purposes. For the studies that used the KFD for research purposes, findings were mixed as to whether inquiry was given to supplement administration and also variable as to whether the researchers who interpreted the drawings were present during the administration. For the studies that used the KFD for assessment purposes the inquiry phase was reported to be the aspect that provided rich information and allowed the participant to expand and reflect, thus providing a therapeutic benefit to assessment. However, of these studies there was inconsistent rationale or theory underpinning the inquiry phase, instead drawing from a number of dated sources. Further research into the administration process of the KFD within individual assessment is needed as the core text and subsequent studies provide little detail on the process.

It appears from the research that exploring symbolism and signs within the drawings is still used to aid interpretation. Moreover, scoring these indicators is still in use despite the practice being challenged. The review identified the importance of triangulating the KFD alongside other sources of information when drawing out themes, primarily through interview but also through standardised measures. Only the case studies appeared to interpret the drawings in terms of psychoanalytic concepts and linked those to the intrapsychic qualities of the child. Further research into how to interpret the KFD protectively drawing on psychoanalytic concepts and reporting the KFD is required.

## **2.7 Implications for practice**

This study showed that the KFD is a useful tool for individual assessment however more research is required into the process of administering and interpreting the tool. Further research into this area is also required to provide an initial evidence base within EP practice.

## **3 Methodology**

### **3.1 Conceptualisation of the problem**

Existing research, identified that different approaches to using the KFD exist (psychoanalytic, cognitive, behavioural) and the KFD has been used as a pre-post intervention measure and as a procedural tool to explore clinical populations. No published studies were identified into the process of using the KFD for individual assessment, within UK EP practice.

Robson & McCartan (2016) outlined that exploration studies are appropriate when there are few studies relating to the research area. As the research area is poorly understood, it was felt pertinent to the researcher to conduct an exploratory piece of research to identify current practice, in particular the processes used by EPs who use the KFD.

The researcher then looked at existing literature on the application of projective techniques to identify themes of best practice which may inform the study. Similar to the KFD little guidance exists within the literature base and manuals of the individual assessment tools. In a study exploring the use of projective assessment within EP practice, King (2017) identified a lack of standardised instructions for administering projective tools in general, and acknowledges a need for training in psychoanalytic concepts in order for practitioners to feel confident and competent to use these techniques.

The picture of the current evidence base appears to demonstrate an information gap on the process of administering and interpreting the KFD with individual children and achieving a baseline of information seemed a logical next step.

This exploratory research seeks to gain a consensus from experienced EPs who incorporate the KFD in their toolkit on the important features of practice when using the tool. The purpose is to explore 'what does good use look like', and what skills, knowledge and process are required to do this well. The ultimate aim of the research is to develop guidelines based on a consensus method, which can then be used by other practitioners to develop their competence and confidence with the KFD.

To do this, the following research question is addressed.

***What are the features of an effective use of the kinetic family drawing (KFD) as a projective technique?***

### **3.2 Ontology and Epistemology**

Ontology sets out what the researcher believes to be the form and nature of reality, the philosophical standpoint of what exists and what can be known about it. This study holds a realist approach to ontology in so much as it is concerned with obtaining knowledge in its real-life existence within a complex system (Emmel, Greenhalgh, Manzano, Monaghan & Dalkin, 2018). The underlying assumption is that EPs do know the 'truth' i.e. they are experienced through their training and real-life application within the context of their work but variance of the truth will occur. The researcher reflected on the context dependent nature of the participants' knowledge. Arguably, a viewpoint will be constrained by the context of role and practice, such as the EP whose practice is within a local authority will

have a different viewpoint of the appropriateness of selecting a KFD as an assessment tool compared to one that's practice is in a clinical or private setting.

This perspective shaped the decision of the epistemology of the research. Critical realism acknowledges truths can be observed as 'reality' and can be evidenced and measured, but these are shaped over time and would not exist independently. It assumes there are certain truths, while recognising there are no facts that are beyond dispute. While taking a subjective standpoint it believes quantification is necessary, incorporating assumptions of positivism to enhance explanatory narratives (Robson & McCartan, 2016).

Wong et al. (2012) support a critical realist approach to explorative research, arguing that designs that do not control for context and focus on 'pure' effect limit the ability to understand how, when and for whom an intervention will be effective. The critical realist paradigm is appropriate as this research seeks to describe the characteristics of the KFD (Robson & McCartan, 2016) through a qualitative narrative of what happens when it is used as a projective technique. Alternative paradigms such as post-positive would only be appropriate for research that evaluates the effectiveness of the tool, or constructivist if the research question sought to investigate the experience of EPs in using the tool.

### **3.3 Development of the research**

In order to identify the features of an effective use of the KFD as a projective technique in practice, the research aimed to achieve this through the use of key competencies. Data collection of the competencies required and subsequent level of agreement was made through an e-Delphi multi staged survey approach. This involved three questionnaires (known as 'rounds') being sent out sequentially to participants, identified as experts in the

field. In order to generate themes and then reach a consensus both qualitative and quantitative data were required. The first round involved idea generation, through the collection of qualitative data. The subsequent rounds sought to achieve consensus through the collection of quantitative data.

Robson & McCartan (2016) suggests mixed method approaches are commonly used for exploratory research and surveys. Burke Johnson & Onwuegbuzie (2004) argue several points in favour of a mixed method approach that fit with the research purpose. They outline how the goal of mixed methods is to draw from aspects of qualitative and quantitative approaches to enable a richer picture of the research and to minimise limitations in research methodology. Arguably, this methodology links closer with practice as explores the detail of individual practice and seeks a level of agreement.

### **3.4 Competency Frameworks**

The use of competencies within EP practice has been used to operationalise the level of skill and knowledge required in initial training (BPS, 2017) and standards of proficiency for practicing psychologists (HCPC, 2015).

*‘Competency is a measure of an individual’s ability in terms of their knowledge, skills and behaviour to perform a given role.’ (Holt & Perry, 2011, p.xvi).*

Reference is made to using standardised assessments in EP professional guidance. In addition competence in educational testing has been operationalised to support training (Real Training, 2015). However, the researcher was unable to identify specific reference to the competencies required when using projective techniques in any literature produced by

the governing bodies. One reason could be that standardised ways of administering tools are easier to define as they are manualised and the procedure is prescribed to a single way.

The theoretical underpinnings of projective techniques position them to rely more on the professional judgement in the moment. Consequently, they could be seen more akin to a therapeutic intervention as they require the assessor to respond in a dynamic way to the individual needs, so every session in some sense is unique. Therefore, a competency framework that draws on similar architecture to those within therapeutic interventions such as with cognitive behavioural therapy (Roth & Pilling, 2008) by including the process, could be relevant.

In this research the competency framework is designed to include the process, knowledge and skills of the person undertaking the assessment and will be used as themes to identify and group the competencies within the qualitative data. According to the Cambridge dictionary (2020) the definition of these are:

- Process: A series of actions that you take in order to achieve a result
- Knowledge: Skill in, understanding of, or information about something, which a person gets by experience or study
- Skill: A particular ability that you develop through training and experience and that is useful in a job

### **3.5 Delphi Method**

The Delphi technique is a method for conducting multi-staged surveys. The procedural approach requires participants to anonymously provide their opinions and then access the views from other participants, in order to revise their original view in light of the group

opinion (Stone Fish & Busby, 2005). The philosophical assumption is 'n heads are better than one' (Dalkey, 1972).

The Delphi technique, or method is defined by Linstone & Turoff (1995 & 2002) as:

... a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem (Linstone & Turoff, 2002, p.3).

The Delphi method was first developed by the RAND Corporation and has its roots in defence and military applications (Dalkey & Helmer, 1963) where it was used to aid decision making during the cold war. It has since been a methodology used to explore complex problems across many fields including, nursing and health (Keeney, Hasson, & McKenna, 2011; Pope & Mays, 2000). The Delphi method has been used to develop knowledge on psychotherapeutic models such as the clarification of therapeutic techniques and for consolidation of opinions on what represents best practice (Earley, 2015). In addition, the methodology has been used to develop competency frameworks within the field of educational psychology (Atkinson, Dunsmuir, Lang & Wright, 2015; Green & Birch, 2019).

The main aim of the Delphi method is to achieve consensus. The key features of achieving consensus through this approach are anonymity, iteration, controlled feedback and statistical group response (Pill, 1971; Rowe et al., 1991). Figure 3.1 defines each of these features.

*Figure 3.1: Features of a consensus approach*

<b>Anonymity</b>	To avoid dominance; achieved by use of a questionnaire in Delphi and private ranking
<b>Iteration</b>	Processes occur in 'rounds' allowing individuals to change their opinion
<b>Controlled feedback</b>	Showing the distribution of the group's response (indicating to each individual their own previous response in Delphi)
<b>Statistical group response</b>	Expressing judgement using summary measures of the full group response, giving more information than a simple consensus statement

Linstone & Turoff (1975) suggest research situations where a Delphi methodology is considered particularly appropriate to use:

- When a problem doesn't lend itself to precise analytical techniques and can benefit from subjective judgement
- When a sample population is geographically and/or professionally diverse
- When frequent meetings of the sample panel are unfeasible

There are different approaches and interpretations of the Delphi method, and it is widely acknowledged in the research that modifications of the technique are accepted (Alder & Ziglio, 1996; Linstone & Turoff, 1975). The 'classical Delphi' is characterised by a series of surveys, sent out to a group of 'experts' to obtain a consensus on a defined issue, and typically involve at least three 'rounds' (Keeney et al. 2011). The classical Delphi uses an open first round to facilitate idea generation to elicit opinion and gain consensus in subsequent rounds. An additional approach is the e-Delphi which adopts the process of

the classical Delphi but is administered by email or online web survey as opposed to through the post.

This research seeks to explore the features that are required for effective use of the KFD. The e-Delphi method was selected for this study for a number of reasons. Firstly, the literature revealed a variety of definitions of how the KFD is most effectively used. In order to get agreement and achieve a baseline of information it was hypothesised a variety of views on the subject may exist in the participants, therefore a method that captured this was deemed important. Secondly, given the geographical spread of the participants organising face to face contact would be difficult given the timeframe for data collection. As data collection using the e-Delphi method can be made via email and electronic surveys the issue of geographical spread would be addressed. Another important factor for selecting the e-Delphi method is that the participants could be considered a homogenic sample due to the close working nature and training of EPs. Arguably this would increase the likelihood that participants know or be known to each other. Clayton (1997) highlighted the e-Delphi method lends itself well in decision-making where anonymity is an important factor, so that participants are not influenced by the views of another. This is pertinent to the ideas generation stage to maximise the potential pool. Therefore, to ensure anonymity the e-Delphi method was deemed more appropriate than face to face methods such as focus groups.

### **3.6 Validity and Reliability**

Validity and reliability have been identified as the two contributing factors when deciding the most appropriate research design (Hayes, 2000). When deciding on a suitable research design for this study consideration was given to the strengths and limitations of seeking

replicability and generalisation versus the social processes involved in the topic area. The goal of obtaining qualitative information in Round 1 is to generate a true understanding of what competencies are required in real practice by those considered experts in using the KFD. Consequently, external validity was less of an issue as the findings are not intended to be generalised beyond the context of the study.

The accuracy of the data is demonstrated by using highly purposive sampling to identify the credentials of the experts. Verification is achieved during the recruitment phase through the use of a screening tool. By taking a qualitative approach to address the research question in the first round, the statements generated provide content validity of the data. The content validity is strengthened as the results are derived from group opinion in the subsequent round. In addition, the study is actively seeking the subjective experience of the participants by drawing on their professional expertise. While the study does not aim to establish construct validity, arguably this is achieved in Round 1, through the questions asked of the participants.

Demonstrating methodological rigour of Delphi studies will depend on the epistemological paradigm and modifications to the technique. By taking a critical realist approach the study uses mixed-methods to demonstrate trustworthiness and creditability through its robust design. Whilst achieving reliability is not the focus of Delphi studies (Keeney et al., 2011), reliability is demonstrated through the rigorous process used to identify consensus on the topic and from this basis the Delphi approach has been found to be an effective methodology. The assumption driving the methodological approach is that group opinion is more valid than single opinion, in that it scopes a broader range of individual ideas. A survey approach was felt relevant, and the Delphi method being one survey approach,

enables trends to be identified in a reliable way. This then has the potential to be applied by other professionals.

### **3.7 Ethical Approval**

The research was undertaken in accordance with the British Psychological Society (BPS) Code of Human Research Ethics (BPS, 2014). Approval for this study was through the Tavistock & Portman NHS Foundation Trust's Research Ethics Committee. and a copy of the application and approval email can be found in Appendix E. In order to proceed, the researcher ensured the participants had informed consent so that their views could be included in the research. The participants received full information about the commitment needed for the study in terms of their time and the timescale. It was the researchers aim to be as flexible as possible to accommodate the potentially busy lives of the participants and therefore a time gap of two weeks was given for responses in order to accommodate the times of the week most suitable for the individuals to complete the survey. Consideration was given to the time of the year most suitable for data collection in order to accommodate less busy times for the professionals within the research process.

The names of the participants were not identifiable to ensure anonymity between participants and in the writing up of the theses. Participants had the opportunity to withdraw from the study at any time. While this right was protected, due to the nature of the research process, participants were informed that data will be included in analysis at each round to inform subsequent rounds. Consequently, as a result it would not be possible to completely remove their opinion from previous stages of the data collection should they wish to withdraw. Special arrangements for participants who are deemed vulnerable for eliciting informed consent, or may not adequately understand the written information

provided was not deemed necessary as the participants are professional psychologists and therefore proficiency is demonstrated through their professional qualification.

The means of data collection for the survey involved the use of self-completed questionnaires which were emailed, consequently the participants would not meet each other and therefore deemed low level of risk in terms of power imbalance and anonymity. Participants were informed about the method of ensuring anonymity in the storage of electronic data in line with GDPR regulations.

Due to the nature of their professional practice, it was anticipated participants had access to supervision which is a route to support for any personal feelings raised by participating in the research. The researcher also provided their contact details to mitigate the risk should participants find the process distressing so that support could be requested at a mutually convenient time negotiated between the researcher and participant.

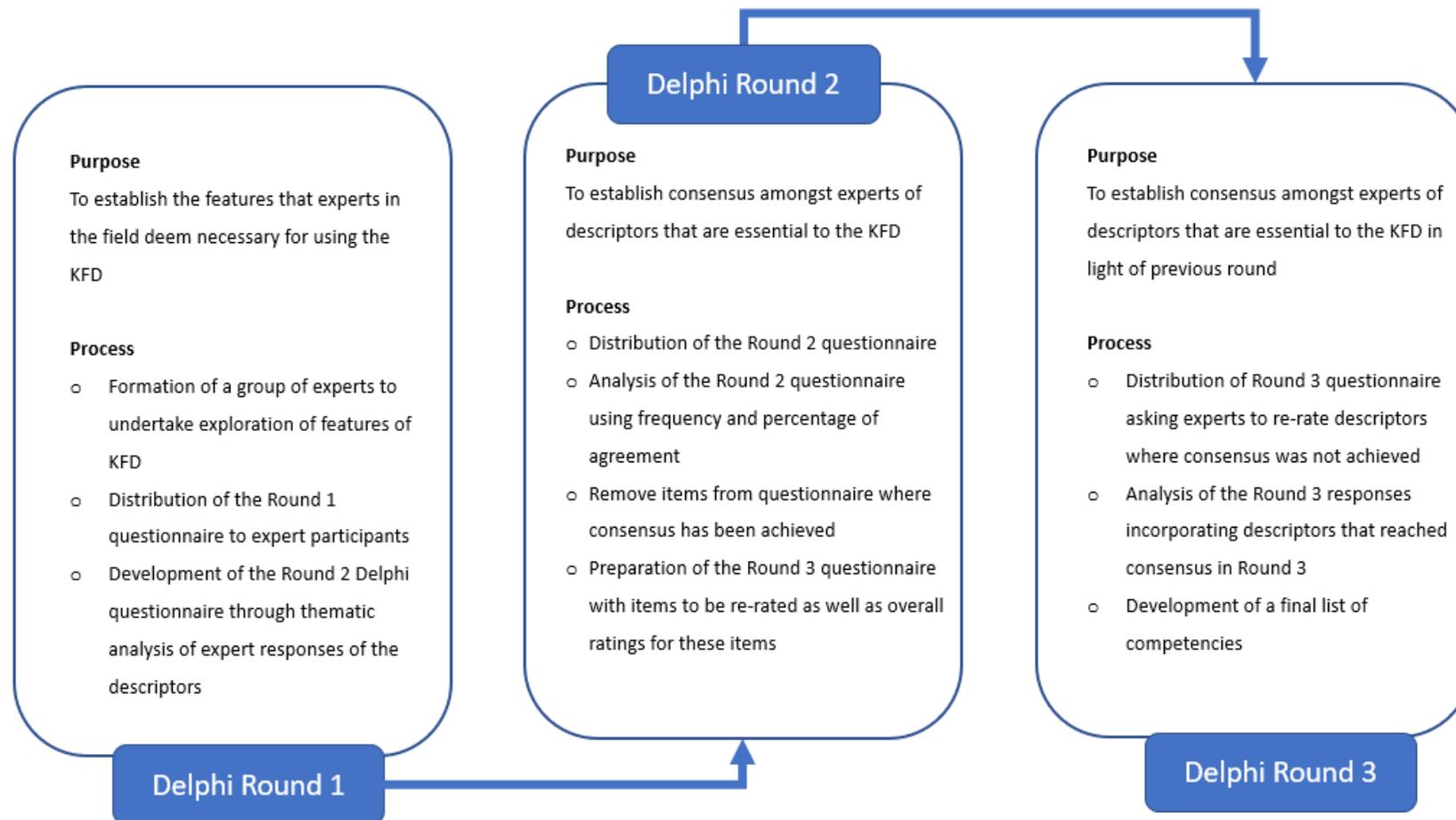
The main benefit of participating in the research is the contribution to knowledge in this research field. It is hoped through the research process the participants will develop their own knowledge through accessing the groups responses and therefore provide an opportunity to reflect on their own practice and the practice of others. The participants received feedback throughout the process as part of the standard research procedure. Participants would be entitled to receive a copy of the best practice framework which is anticipated to be created at conclusion of this research.

### **3.8 Research design of the main study**

The research took a sequential process consisting of three rounds involving data collection and analysis at each stage. The purpose of the first round was to generate statements of

the competencies the participants deemed necessary for using the KFD and to develop the Round 2 questionnaire. The purpose of Round 2 was to gain initial consensus on the competencies identified in Round 1. The purpose of Round 3 is to allow participants the chance to consider their original rating in Round 2 in the context of the whole group opinion. The theory being that this might influence group opinion and the central element of the approach. An outline of the research process detailing the tasks of each round of data collection and analysis is summarised in Figure 3.2.

Figure 3.2: Summary of the e-Delphi process design in this study



### **3.8.1 Pilot Study**

Once the design had been finalised a small pilot study was carried out in order to trial and test the methodology, drop-out rate and attempt to determine how much time might be needed for analysis at each stage. This helped to ensure clarity around informing the participants of the process. A full analysis of the pilot study was not performed and consequently reporting the themes were beyond the scope of the pilot.

For this pilot study, trainees of the same university doctoral programme as the researcher's university were approached via email and invited to participate. Six trainees expressed an interest in participating and were sent a letter of invitation (Appendix F) and a letter for informed consent (Appendix G). Five trainees completed and returned these within the two-week window and were sent the Round 1 questionnaire (Appendix H). All five trainees completed and returned the Round 1 questionnaire within the timeframe. The results were analysed within a week to construct the Round 2 questionnaire (Appendix I). The Round 2 questionnaire was sent to the five participants who returned the questionnaire within a week and used to inform the construction of the Round 3 questionnaire, an example is provided in Appendix J. Again, all five participants completed and returned the Round 3 questionnaire. In order to gain some insight into how the study might be perceived by the final participants, each pilot participant was asked via email to share their experience of the research process. This allowed any potential misunderstandings or issues in the main study to be anticipated where possible.

### **3.8.2 Issues raised in the pilot study**

#### *3.8.2.1 Level of interest.*

A total of 28 trainees were invited to participate in the pilot. The criteria being that they must have used a KFD in their practice and be able to commit to the time frame. It was anticipated that trainees would have recent knowledge and application of the tool as relevant seminars had been delivered within their training modules. In this context, take up was a fifth of the total number invited. When asked for feedback the main reason given was that the timing of the pilot impacted the decision to participate. The participant who had expressed an interest but did not complete the first round expressed they were concerned they did not have the expertise to answer the question fully. It was interesting to note that the colleague was a year 1 trainee and potentially had limited experience in using the KFD. One possible explanation is the open-ended nature of the question acted as a barrier to the final number of participants. This feedback resulted in adaptations to the Round 1 questionnaire for the main study so that it was more straightforward to complete.

#### *3.8.2.2 Drop out.*

Keeney et al. (2011) noted impersonal contact and time lapse between rounds as two factors that largely impact dropout. Dropout amongst participants who had not been met in person may be high due to their level of investment gained through the interpersonal interaction. Consideration was given to carrying out Round 1 through the use of a face to face semi-structured interview, in the hope this would maximise commitment. Due to the geographical spread of the participants it was not feasible to meet them individually face to face. Instead the approach advocated by Keeney et al.

(2011) was adopted where attempts to establish good email rapport with participants and send friendly reminders to complete rounds was used in lieu of face to face contact.

Reflections from the pilot study raised the issue of timing of the first round being important in the decision of whether to engage with the study. In order for the study to be feasible key milestones need to be met within the deadlines set by the programme. Giving consideration to the work schedules of the participants Round 1 data collection needed to be made in the summer months when there is less commitment from schools and there is time to engage with the research. The methodology also restricts data collection to be in a sequential fashion where all Round 1 data needs to be collected to inform Round 2 questionnaire construction. Therefore, availability of all participants during the same data collection window was essential.

#### *3.8.2.3 Timeframes.*

Feedback from the pilot indicated the timeframes were acceptable. One week was given in between each round. The researcher found that one week was enough time to analyse the qualitative data from five participants. In the main study given that the participants are likely to have more experience to draw on, and consequently write more in their Round 1 questionnaire, and the number of participants was anticipated to increase, the researcher amended the timescales to allow two weeks between first and second rounds to allow enough time to perform analysis.

#### *3.8.2.4 Questionnaire design.*

Defining what constituted consensus within this pilot study raised questions in relation to the structure of the scaling and then calculating consensus. One issue arising from

the pilot was defining the Likert scale. In the Round 2 pilot questionnaire a 5-point Likert scale was chosen as the measure of attitude ranging from 'very important to unimportant'. Garland (1991) argues Likert scales are more beneficial when the range is an even number, so to force respondents to make a choice. While 5-point and 7-point scales are helpful when participants may be less confident in their choices. The research does not suggest additional benefits of selecting one over another (Hartley, 2014). In addition to capturing different strengths of opinion, a Likert scale can be used to capture where there is no opinion at all (Hayes, 2000) suggesting they can be used effectively for ordinal scales of measurement. When considering operationalisation of the Likert scale between 'very important and important' or 'not important to unimportant' the researcher considered feedback from the pilot. The researcher identified that the pilot participants associated the terms with their personal level of confidence. As the participants for the final study are formed of an expert group the researcher felt that confidence was not the measure being sought, therefore adaptations to the scaling from 5 points to 3 points was deemed appropriate. Feedback from the pilot also indicated variance within the responses depending on the individual circumstances of the case where the KFD is being used as a tool, therefore a category that captured the flexibility in context was deemed important. Upon review the final Round 2 questionnaires were adapted to a three-point scale with range operationalised as essential in all situations, essential in some situations, not essential. A further discrete category where participants could indicate if they were unsure was also added.

### **3.9 Purposive sampling**

This research sought to gain consensus from an 'expert' panel who use the technique in the defined manner. The study adopted a highly purposive sampling approach. In this study and with Delphi studies more generally, the quality of data is dependent on the expertise of the participants. Defining what constitutes expertise is the primary consideration when considering sampling. It was not the aim of the research to seek generalisability beyond the sample therefore non-probability sampling was adopted. The criteria used when defining expertise led the sample to be a homogeneous group as it is suggested that projective techniques are typically used by EPs who have received their training at the Tavistock & Portman NHS trust or who have undertaken psychotherapeutic training (King, 2017). Purposive and snowball sampling has been found to have good results for a small number of participants (Keeney et al., 2011). By adopting a purposive sampling approach, the researcher retained some control in overseeing the level of expertise potential participants had and their credentials on this panel.

### **3.10 Defining the expertise of the participants**

A critical aspect for research quality and rigour in a Delphi study is determining the expertise for the sample group. An 'expert' is defined by McKenna (1994) as a group of informed individuals who are professionals in their field. It is suggested that recruitment of the expert group should be dependent on clear inclusion criteria such as qualifications, publications, geography and years of experience (Keeney et al., 2011). Adler & Ziglio (1996) identify the following requirements for expertise: knowledge and

experience with an issue; capacity and willingness to participate; sufficient time to participate; effective communication skills.

In the context of this study the 'expertise' of the participants required careful consideration. According the Cambridge Dictionary (2020), an expert is defined as 'a person with a high level of knowledge or skill relating to a particular subject or activity'. In order to advise on best practice with authority it was important that each individual had experience of applying the KFD as a projective technique and had considerable training. For the above reasons, the group of experts were selected based on the inclusion criteria outlined in table 3.1

*Table 3.1: Inclusion criteria of the expert panel*

<b>Category/Credentials</b>	<b>Criteria</b>	<b>Rationale</b>
Practicing EP	Essential	Context of study
Experience in using the KFD as a projective technique within individual casework	Essential	Working knowledge of the KFD as a projective technique
Received training or have delivered training on projective techniques	Essential	Theoretical position of interest in relation to process, knowledge, skills and attitudes
Published articles in the topic area	Desirable	Investment in the topic while recognising there is limited published UK research available

### **3.11 Number of participants**

There is no set agreement on the exact number of participants required for a Delphi study. Sample size and heterogeneity depend upon many factors including purpose,

design and time frame. Delphi studies often require a homogeneous sample to ensure appropriate expert opinion is included. This type of sampling has been found to have good results for a small number of participants (Keeney, 2011). Although generally accepted in survey research that the more participants the better, there is little evidence on the effect of sample size on increased reliability and reduced error in a consensus approach (Murphy et al., 1998).

The target population who were eligible to participate in this study are EPs with experience of using the KFD as a projective technique. Expertise in establishing a valid opinion that is more important than the breadth of opinion when attempting to define best practice (Clayton, 1997). Consequently, they are considered a homogenic population in terms of their experience not in terms of their personal characteristics such as age and gender.

Delphi studies with less than 10 participants have been utilised to achieve expert opinion from a hog. For example, Ferguson et al. (2008) recruited four participants for their expert panel group. In order direct the number of participants, it felt important to determine what constitutes a representative sample of the expertise in the field of study. Through an analysis of experts who had published in Dynamic Assessment, the research by Green (2015) recruited an expert panel of five participants.

Therefore, given the time constraints of this study and identifying the experts in the field a sample of between six and twelve participants was deemed appropriate. The final number of participants recruited in each round (Round 1  $n=9$ ; Round 2  $n=8$ ; Round 3  $n=8$ ) was considered sufficient to meet the study aims.

### 3.12 Recruitment

Given that the literature raised the issue of limited teaching on projective techniques within the initial training of EPs in the UK (King, 2017), the identification of ‘experts’ through purposive recruitment was adopted. The focus for recruitment was initially through published researchers in the field and the EPs working through the Tavistock. An assumption had been made regarding the background of expert participants to be only Tavistock trained EPs and associated staff. Therefore, an additional a fourth phase was considered relevant to clarify this assumption and to identify professionals from a wider recruitment pool. Table 3.2 outlines the number of participants recruited in each phase.

*Table 3.2: Recruitment of participants by each phase*

<b>Recruitment phase</b>	<b>Number of participants</b>
1	2
2	2
3	1
4	5

Recruitment letters and information on the study were included in the call for participants (Appendix K). It was considered the use of this communication method would limit the drop-out rate as the scope and commitment were made explicit prior to consent, enabling participants to make an informed decision with regards to their capacity and interest.

### **3.12.1 Phase one**

To establish the highest level of expertise were recruited for the study, the results of the literature review on the use of projective techniques in UK EP practice was examined and the authors noted. This created a list of two authors, who for the purpose of this research, were considered 'experts' in this field. The EPs who had published were directly approached via email to ask if they would participate in the study. From this phase both EPs agreed to participation.

### **3.12.2 Phase two**

The director of the EP training course at the Tavistock & Portman was approached to invite members of staff who are practicing EPs and who meet the inclusion criteria. An email was sent out by the director to the relevant internal members of staff. From phase two recruitment, two EPs agreed to participate in the study.

### **3.12.3 Phase three**

From phases one and two a snowballing approach was adopted whereby participants could recommend colleagues who they identify as having met the inclusion criteria and have professional interest. From this approach one EP was recruited.

### **3.12.4 Phase four**

As the Tavistock & Portman do not currently hold a record of alumni students for EP training the use of the social media platform EPNET was used to extend the recruitment to Tavistock & Portman alumni and a wider search of EPs working in the UK from a range of settings (LA, NHS, private) who may meet the recruitment criteria. From this

recruitment phase a further five EPs were recruited. At this stage of recruitment two participants were neither trained at or currently working at the Tavistock & Portman Trust.

### **3.13 Background of participants**

At the point of giving informed consent, participant's credentials for meeting the inclusion criteria were checked through completing a short questionnaire and verified by using their work email for correspondence. Participants were asked to declare professional context, qualifications, training and experience that they had received that makes them eligible to be included in the study. An additional screening measure was included to identify the type of casework where the KFD would be considered appropriate and included in Appendix L.

#### ***3.13.1 Professional context***

The professional context where the participants were employed as Educational Psychologists varied. In total eight participants were employed in Local Authorities and two participants were employed by the NHS. Three of the participants also held a dual-roles as practicing EPs and tutors on an EP training course.

#### ***3.13.2 Qualifications of participants***

Seven of the participants received their initial training on the Tavistock & Portman course. Three participants were trained elsewhere (University of East London, University College London, University of Sheffield). Those who were not trained at the Tavistock & Portman cited additional qualifications that draw on psychotherapeutic techniques such

as psychotherapy, play therapy, teaching of projective assessment. The majority of participants cited their highest qualification ( $n=9$ ) at doctoral level (DEdPsy). One participant cited their highest qualification at Masters level (MSc Educational Psychology and Masters of Gestalt Psychotherapy). This participant with the MSc qualification was also trained outside of the Tavistock and withdrew from the study after giving consent. The range of experience of the participants practicing as EPs varied from 7 years to 18 years at the time of writing.

### **3.13.3 Training**

All participants cited their training in the KFD and projective techniques came through their initial training ( $n=10$ ). Two participants demonstrated ongoing training through the use of supervision. Two participants demonstrated ongoing training through publication, one participant currently teaches a projective assessment module within an initial EP training course, delivered a workshop on this topic at the International School Psychology Association (ISPA) conference and regularly facilitates a reflective practice group within the context of their work.

### **3.13.4 Experience**

All participants describe having considerable experience of using the KFD, however the frequency and regularity varied, Figure 4. 1 in the results chapter illustrates the breadth of experience. As part of the recruitment process the participants were sent open questions to screen the perceived benefit of the KFD. The responses of this questionnaire are summarised in the following chapter.

### **3.13.5 Participant selection**

The outcome of the selection process resulted in a group of ten experts initially giving consent to participate. However, after the first Round was distributed one participant withdrew from the study and their screening information was not included in further analysis. The final number of participants for Round 1 was nine. Due to the small number and similarity in background the sample constituted a homogenous group and the number recruited was sufficient for this study.

### **3.13.6 Withdrawal points**

As previously described, a total of 10 participants initially gave consent. One participant withdrew from the study after the distribution of the Round 1 questionnaire. As they did not complete this round, the information provided in the screener was not included. One participant withdrew from the study after returning the Round 1 questionnaire. Consequently, the information provided in the screener and the idea generation phase (Round 1) was included in the analysis. Table 3.3 outlines the point at which participants withdrew from the study, the cited reasons and the data included.

*Table 3.3: Withdrawal points of participants by each phase*

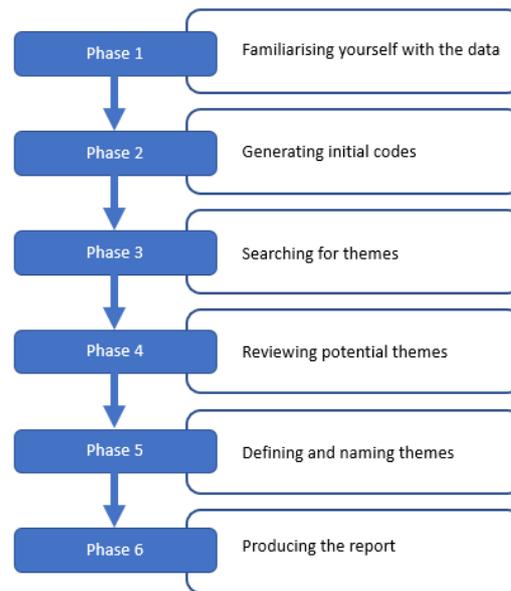
<b>Round</b>	<b>Number of participants who withdrew</b>	<b>Cited reason</b>	<b>Data included in the study</b>
After round 1 sent out	1	Personal reasons	Screening information not included
After round 2 sent out	1	Personal reasons	Screening information included. Round 1 data included

### **3.14 Thematic analysis**

With regard to analysing the Round 1 questionnaire it is important to adopt a transparent and systematic approach to analysing qualitative data that is reliable and replicable (Miles & Huberman, 1994). In this research a deductive thematic analysis approach to the qualitative responses in Round 1 was undertaken. The Braun & Clarke (2006) process of thematic analysis was chosen as it is appropriate for a 'top down' or deductive thematic analysis and adopted. In addition, the process adopts systematic approach to identify, analyse and report the themes within the data (Figure 3.3). For this study themes were analysed at a semantic level.

Braun & Clarke (2006) recommend this approach when coding for a specific research question or theoretical interest in the area. This study had a clear position in terms of what constitutes as competencies, by looking for features of process, knowledge and skills required to administer the KFD. Furthermore, in this research the definition of projective techniques can be understood in terms of a clear theoretical position, therefore it is assumed that the responses will include concepts of psychoanalytic thinking.

Figure 3.3: Braun & Clarke six phase thematic analysis



As the e-Delphi process was the main focus for the study, the thematic analysis is described in relation to the process of analysing Round 1 data rather than at later stages of the research.

Further thematic analysis could have been considered to have been completed at the end of the e-Delphi process when developing the KFD best practice framework however it was not within the scope of this study. It could also be viewed the 6<sup>th</sup> phase of the process (as described in figure 3.3.) was conducted as part of the proficiency mapping when developing the KFD best practice framework.

The impetus to develop the KFD best practice framework arose after analysing the results of the main study. Consequently, it felt relevant to position the KFD best practice framework in the discussion chapter (section 5.2) rather than in the results section.

### 3.15 Consensus

This section will describe the criteria for describing consensus and setting the consensus level. In a systematic literature review of Delphi studies (Earley, 2015) the decision on how to measure consensus differed across the studies. According to Hasson et al. (2000) there is no universal agreement as to the level which consensus can be accepted. Published consensus levels from Delphi studies are wide ranging. McKenna (1994) suggest 51% agreement equates to consensus level. Graham & Milne (2003) used a percentage of agreement of 65.5% and above, amongst respondents, while Ulschak (1983) chose 80%. Keeney et al. (2011) suggest when deliberating on the level of consensus the aims and objectives of the study are important considerations. For example, the sample numbers and resources of the research will influence the difficulty of achieving a consensus within the research timescale.

Keeney et al. (2011) puts forward that a statistical approach and percentage levels can be used to describe when consensus is achieved as well as responses falling within a prescribed range. Consideration to the sample size will determine the decision. Statistical approaches may be more helpful in describing measures of dispersion and central tendency for larger sample sizes, whereas percentage of agreement is acceptable for smaller sample sizes. For this study percentage of agreement was used as the criteria for deciding what would constitute as consensus. As the study is exploratory in nature, the level was set at 62.5% and above which represents when at least five of the eight participants give the same rating on an item, thus providing a majority agreement amongst the participants. According to the research, consensus levels at 75% are at the higher end of the range. The researcher felt that the next level

of percentage of agreement at 75% (when six of the eight participants agreed) would not be feasible within three rounds.

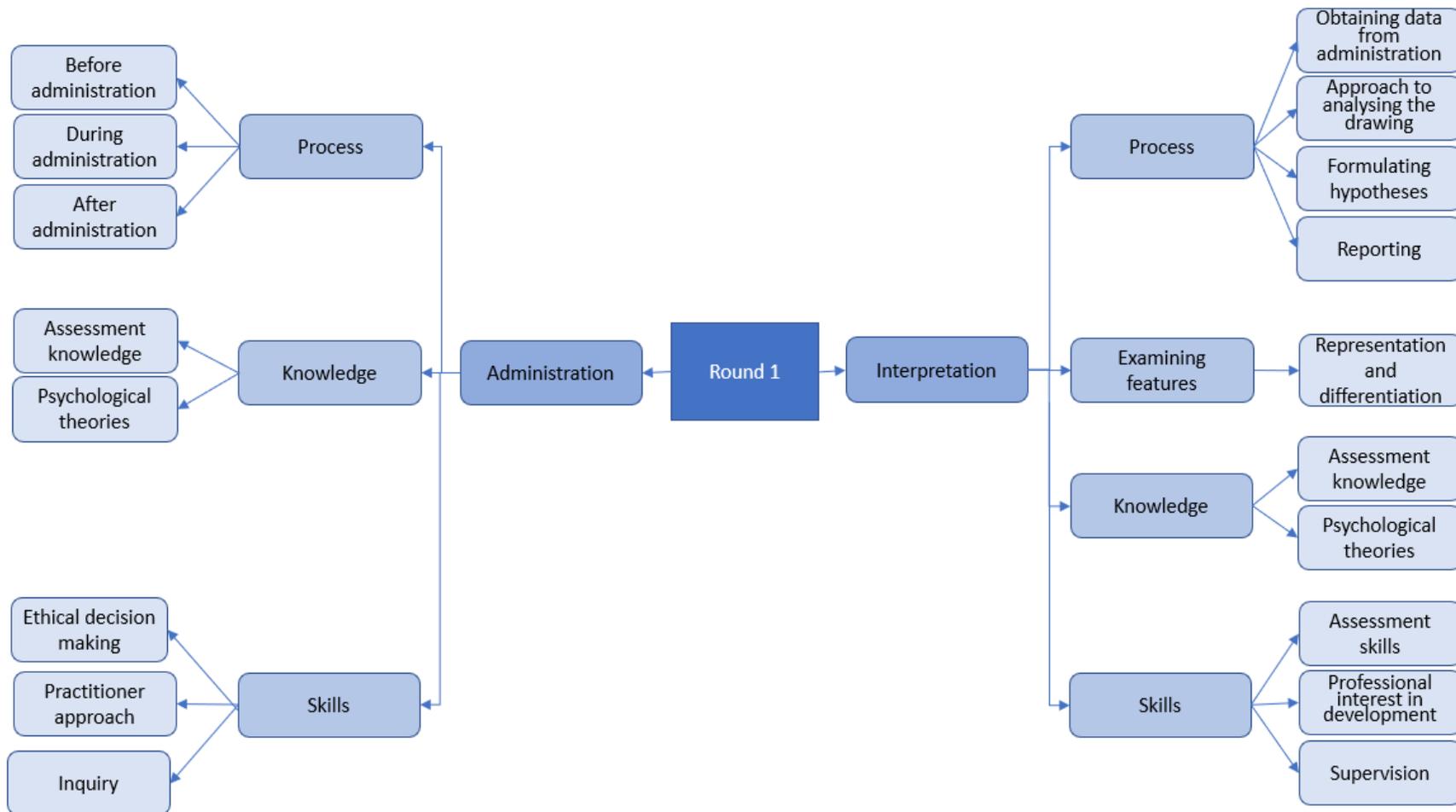
### **3.16 Data collection**

#### ***3.16.1 Round 1 – Idea generation phase***

Ten participants were emailed the first-round questionnaire (Appendix M). Four participants returned their completed questionnaire within the first week. A follow up email was sent to the remaining six participants with the option of limited participation whereby completing only Rounds 2 and 3 should responding within the deadline be difficult. One person withdrew at this stage, and a total of nine participants returned their completed questionnaire within the designated timeframe.

Following analysis 172 statements were generated that would form the Round 2 questionnaire. The statements were divided into seven overarching themes and eighteen subthemes. Figure 3.4 displays the thematic mind-map arising from Round 1. Once all statements were analysed, they were entered onto an 'Excel' spreadsheet as a separate variable for analysis in subsequent rounds.

Figure 3.4: Round 1 thematic mind-map



### **3.16.2 Round 2 – consensus phase (middle)**

Nine participants were emailed the second-round questionnaire (Appendix N). Each statement formed a separate questionnaire item alongside a Likert scale for participants to rate the essentiality. One participant withdrew from the study and eight participants returned their completed questionnaire within the two-week timeframe. A follow up email was sent to the remaining participant who withdrew from the study at this point.

Once the questionnaires were returned the statements were analysed in terms of percentage of agreement. Consensus was reached when the percentage of agreement was at or above 62.5% and removed from the construction of the third-round questionnaire and contributed to answering the research question at this point. From Round 2, 76 statements reached a percentage of agreement of 75% or above; and 34 statements reached a percentage of agreement at 62.5%. The remaining 55 statements were returned to the participants for Round 3. The statements with consensus as 'not essential' were also removed as agreement had been reached that they do not address the research question.

### **3.16.3 Round 3 – consensus phase (end)**

The remaining statements without consensus were used to generate the Round 3 questionnaire (Appendix O). The participants were provided with the statements without consensus from Round 2, alongside the group consensus and their individual response from Round 2. They were given the opportunity to amend their response in light of the group's response.

Eight participants were emailed the third-round questionnaire. Eight participants returned their completed questionnaire within the two-week window. Once the questionnaires were returned, analysis of data was conducted by looking at the percentage of agreement. Consensus was achieved when the level of agreement was at 62.5% or above. Of the remaining 55 statements 21 statements received a consensus of 62.5% or above in Round 3.

The statements where consensus was reached from Rounds 2 and 3 were organised into sections. Section 1 includes items rated essential to all situations of using the KFD and included in answering the research question if it was rated as 'essential in all situations' and the percentage of agreement between the participants was >62.5%. Section 2 includes items that were rated essential in some situations of using the KFD and included in answering the research question if it was rated as 'essential in some situations' and the percentage of agreement between the participants was >62.5%. Items that were excluded from answering the research question received a rating as 'not essential' and the percentage of agreement between participants was >62.5%.

### **3.17 Summary**

The current research project adopted a mixed method research design in order to identify and investigate the competencies required to use the KFD as a projective tool within EP assessment practice. The current study adopted highly a purposive sampling of experienced EP practitioners from around the UK. However, only small sample was achieved due to the niche research area and the high level of expertise required to participate. Email questionnaire was the method of data collection using an e-Delphi approach. The initial round asked open questions which were analysed using thematic

analysis. Consensus of 62.5% or above was set against the statements within the themes arising from the initial round. A presentation of the findings from the Delphi survey will be provided in the results chapter. Further discussion of the methodology and its limitations will be elaborated upon in the discussion section along with the development of the KFD best practice framework.

## 4 Results

This chapter will present the findings from the e-Delphi study in four sections. The first section will present the range of experience and perceived benefit of using the KFD gathered from the participants, and used to establish expertise. The second section presents the statements that were generated in Round 1 following thematic analysis. The third section presents the statements that reached a level of agreement at Round 2 and Round 3 followed by those where no consensus could be reached. The chapter will then go on to present the statements that were rated 'essential in all situations', 'essential in some situations', and 'not essential' before concluding with an overall summary of the findings.

### 4.1 Experience and perceived benefit

As discussed in the methodology chapter the experience of the participants at using the KFD varied. Most of the participants had used the KFD within the last month, and frequency varied from using the tool in most casework to only occasionally. Figure 4.1 illustrates this breadth.

Figure 4.1: Participant experience of using the KFD



In order to identify expertise, screening questions were included in the recruitment process. The potential participants were asked four questions on the perceived benefits of using the tool. The questions asked *‘what type of casework would you use a KFD for? What are the strengths, what value is added and how does the tool help?’* Broad themes were developed from extrapolating the responses including:

- Suitability for range of ages
- Suitable for a range of referral questions
- Rationale for assessment choice
- Cases where the KFD is not suitable
- Strengths
- Value added
- Weaknesses

A summary of the responses organised into the broad themes are illustrated in Table 4.1

Table 4.1: Summary of screening tool responses

Broad themes	Extrapolated responses
Suitable for a range of ages	<p><i>Suitable for CYP up to 13</i></p> <p><i>Suitable for older children with learning needs</i></p>
Suitable for a range of referral questions	<p><i>Context of developmental trauma</i></p> <p><i>Behavioural concerns, or difficulties with attention / focus which may have an emotional component</i></p>
Rationale for assessment choice	<p><i>Limited information about child's views of their family/functioning/system</i></p> <p><i>As a tool to follow up on questions that arose from initial consultation relating to family dynamics</i></p> <p><i>How their family situation may (or may not) be contributing / have been contributing to their difficulties and how their difficulties might influence their family relationships</i></p>
Cases where the KFD is not suitable	<p><i>I would also be mindful of a child's physical ability (e.g., if a child has difficulty with pencil grip/physical co-ordination and finds drawing laborious) and their preference for visual tools</i></p> <p><i>if a child disliked drawing, I would not use it</i></p>
Strengths	<p><i>Some insight into how the family functions - where the young person feels their place is within the family, what the relationships are like (who is supportive, who is more distant), if the family contributes to making the situation better or worse (and if worse, are there opportunities to intervene).</i></p> <p><i>KFD is interpretative and subjective – it often allows me to access the CYP's subjective interpretations of their family relationships.</i></p>

Broad themes	Extrapolated responses
	<p data-bbox="593 264 1973 336"><i>KFD can uncover unconscious dynamics (that preoccupy them) – given the fact that is often makes it easier for CYP to talk about how they feel more openly. Things that are often hard to talk about directly can be communicated more easily.</i></p> <p data-bbox="645 373 1921 445"><i>Most children will readily engage with, and it will often deepen and expand my hypothesising about a child and inform intervention, alongside other assessment materials</i></p> <p data-bbox="869 481 1697 513"><i>Drawing acts as a bridge between the child’s inner self and the outside world</i></p> <p data-bbox="712 550 1854 582"><i>It is not a traditional assessment that links to their school work but can be experienced as more enjoyable</i></p> <p data-bbox="1032 619 1532 651"><i>No requirement for specialist assessment tool</i></p>
Weaknesses	<p data-bbox="813 691 1753 722"><i>Open to subjective interpretation and could be used to advance misleading conclusions</i></p> <p data-bbox="600 759 1966 831"><i>Perhaps a downside is that it is exploring unconscious processes, sometimes. Ethically, care then needs to be taken in agreeing what will or will not be shared with others, particularly family members</i></p>
Value added	<p data-bbox="593 871 1973 943"><i>The wealth of information that can be generated from the drawing and dialogue, and the way that this can aid the collaborative component of an assessment</i></p> <p data-bbox="600 979 1966 1083"><i>Because themes and patterns are shared with the young person, it enables them to comment on/build upon (or reject) the EP’s possible ‘interpretations’ and therefore facilitates co-construction. e.g. understanding of what it might be like for you at home/school</i></p> <p data-bbox="792 1120 1771 1152"><i>It can provide a systemic panorama and can open up areas for conversation or exploration</i></p> <p data-bbox="719 1189 1850 1220"><i>You never know what you are going to get but you will always get something even if they draw very little</i></p>

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**Broad themes****Extrapolated responses**

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*You also don't know what is going to come up, and the young person perhaps feels surprise sometimes too*

*Unconscious dynamics and processes within families.*

*Subjective interpretations – the young person's perspective and voice*

*Further questions or lines of enquiry – often a KFD can generate more questions than answers, which is very useful*

*If sharing with others (after having CYP's permission) it can be a helpful way of gently raising the child's views or gaining parental associations in a way that can be more subtle/tactful than the written word or a response via a questionnaire*

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## **4.2 Results of Round 1 analysis**

For Round 1 the questionnaire was sent to ten participants. One participant withdrew from the study due to personal reasons. A total list of 172 statements were generated amongst nine participants. As discussed, the research design draws on the principles of competency frameworks and explores the process, knowledge and skills required to use the KFD. These three overarching themes were separated into administration and interpretation. Administration is considered what occurs in the assessment session with the child, interpretation considers what occurs with the data following the assessment session. The statements were grouped under eight broad categories: administration process, administration knowledge, administration skills, interpretation process, interpretation by examining features, interpretation knowledge, interpretation skills. Each of the eight categories will be described below and followed by the statements presented in Table 4.2.

### **4.2.1 Administration process**

Theme one, 'Administration process', related to statements associated with the process of administering a KFD a total of 57 statements were generated. There is no specific guidance in the literature (Burns & Kaufman, 1971; Beaver 2011) on the administration process beyond the script of introducing the activity so the researcher aimed to further break down the process. The statements in this theme were grouped into three sub themes: before administration ( $n=7$ ), during administration ( $n=31$ ) and after administration ( $n=19$ ).

#### **4.2.2 Administration knowledge**

Theme two, 'Administration knowledge', related to statements associated with the knowledge required to make sense of the administration, including factual and theoretical information. In this theme a total of 20 statements were generated. The statements in this theme were grouped into two sub themes: assessment knowledge ( $n=5$ ), psychological theories ( $n=15$ ).

#### **4.2.3 Administration skills**

Theme three, 'Administration skills', related to statements associated with the skills required to apply the specific knowledge relevant to the assessment administration. In this theme a total of ten statements were generated. The statements in this theme were grouped into three sub themes: ethical decision making ( $n=4$ ), practitioner approach ( $n=3$ ), and inquiry ( $n=3$ ).

#### **4.2.4 Interpretation process**

Theme four, 'Interpretation process', related to statements associated with the process of using the KFD after it has been completed with the child, to gather information and develop understanding. In this theme a total of 35 statements were generated. The statements in this theme were grouped into four sub themes: obtaining data from administration ( $n=12$ ), approach to analysing the drawing ( $n=12$ ), formulating hypotheses ( $n=6$ ) and reporting ( $n=5$ ).

#### **4.2.5 Interpretation by examining the features of the drawing**

Theme five, 'examining features', related to statements associated with interpreting the content of the drawing to gather information after the drawing has been completed with the child. Deriving meaning from the characteristics that have been projected into the drawings is where the KFD has its theoretical roots and included in the traditional method of using the KFD (Burns & Kaufman, 1971). While these features could have been included into the broader interpretation process the researcher felt they required a distinct theme. In this theme a total of 15 statements were generated. The statements in this theme were organised under one sub theme: representation and differentiation.

#### **4.2.6 Interpretation knowledge**

Theme six, 'Interpretation knowledge', related to statements associated with the knowledge required to analyse the drawing and assessment session. In this theme a total of 17 statements were generated. The statements in this theme were grouped into two sub themes: assessment knowledge ( $n=2$ ), psychological theories ( $n=15$ ).

#### **4.2.7 Interpretation skills**

Theme seven, 'Interpretation skills', related to statements associated with the skills required to incorporate the data from the assessment session. In this theme a total of 18 statements were generated. The statements in this theme were grouped into three sub themes: assessment skills ( $n=7$ ), professional interest in development ( $n=8$ ), and supervision ( $n=3$ ).

Table 4.2: Statements generated from Round 1

Item	Theme/subtheme/statement
1.1	Administration process: Before administration
1.1.1	To use the tool once confidentiality, consent and information-sharing have been discussed
1.1.2	To use the tool once introductions and rapport has been established
1.1.3	To be explicit about the intention of the KFD
1.1.4	To not explain the aim of the KFD so as not to inhibit immediate responses
1.1.5	To introduce the tool using the standard question ' <i>to draw everyone in your family doing something</i> '
1.1.6	To provide minimal resources i.e. white A4 paper, pencil
1.1.7	To provide an option of drawing tools i.e. coloured pencils, eraser, coloured paper
1.2	Administration process: During administration
1.2.1	To provide guidance on how to draw the figures i.e. not stick figures/cartoons
1.2.2	To ask questions during the drawing
1.2.3	To remain silent while the CYP is drawing
1.2.4	To provide reassurance that the task is not about drawing skills
1.2.5	To provide reassurance on where to start, who is in the family, what they would be doing - if the CYP is hesitant to start
1.2.6	To provide reassurance that is non-leading using open questions- if the CYP is hesitant
1.2.7	To provide reassurance to keep going if they have said they have made a mistake, but otherwise remain silent
1.2.8	To provide reassurance by responding to questions with simple, factual answers
1.2.9	To reaffirm comments made by the CYP with statements rather than questions
1.2.10	To allow the CYP to take the lead
1.2.11	To observe how the CYP responded to the instruction and the task
1.2.12	To observe anything the CYP verbalises as they draw
1.2.13	To observe the CYP's emotional state during drawing
1.2.14	To observe the CYP's degree of absorption with the activity
1.2.15	To observe any difficulties the CYP has with maintaining focus
1.2.16	To offer the CYP a sense of 'being with them'
1.2.17	To have no set time limit on the task
1.2.18	To observe the time spent on any particular part of the drawing
1.2.19	To observe the time taken to complete the task
1.2.20	To observe the order of the figures drawn
1.2.21	To observe positioning of figures on the page
1.2.22	To observe proximity between figures
1.2.23	To observe similarities or differences between family members
1.2.24	To observe any omissions

<b>Item</b>	<b>Theme/subtheme/statement</b>
1.2.25	To observe any pets or unusual figures drawn
1.2.26	To observe any aspect that is hard to understand and requires clarification from CYP either with the activity, or object
1.2.27	To observe details that catch your attention
1.2.28	To observe if/when the CYP has included themselves in the drawing
1.2.29	To observe any changes made and areas where they appear to struggle
1.2.30	To observe figures that seem easier or more difficult for the CYP to draw
1.2.31	To pay attention to what you are thinking and feeling
<b>1.3</b>	<b>Administration process: After administration</b>
1.3.1	To provide prompting if the CYP excludes drawing themselves
1.3.2	To provide prompting of anyone else the CYP would like to include
1.3.3	To offer the CYP to respond to the picture first before asking questions i.e. what would you like to tell me about your picture
1.3.4	To ask the CYP to talk through their drawing identifying each figure and describing their actions
1.3.5	To be dynamic with the inquiry process depending on the CYP's response during the task
1.3.6	To ask wondering type questions after the drawing
1.3.7	To ask questions about the CYP's family activities e.g. detail/frequency of activities
1.3.8	To ask questions that draw on personal construct psychology e.g. to elicit verbal constructs
1.3.9	To ask questions that draw on systemic psychology e.g. circular questions, relationships
1.3.10	To engage in some sharing of themes/patterns/ideas with the CYP
1.3.11	To allow the CYP to draw another picture after the KFD has been completed
1.3.12	To engage the CYP in a neutral activity after the KFD has been completed
1.3.13	To ask the CYP how they felt about the session
1.3.14	To ask the CYP how they would like to get feedback
1.3.15	To ask the CYP if you can keep the drawing
1.3.16	To give the CYP the option to keep the drawing, if requested
1.3.17	To reaffirm the aim of the KFD i.e. a way of getting to know you
1.3.18	To reaffirm next steps
1.3.19	To agree with the CYP what information will be shared and with who
<b>2.1</b>	<b>Administration knowledge: Assessment knowledge</b>
2.1.1	The limits of any assessment
2.1.2	Interpreting features within children's drawings e.g. Burns & Kaufman
2.1.3	Administering a dynamic tool and engaging in flexible dialogue
2.1.4	An inquiry process you can draw on e.g. Knoff & Prout
2.1.5	The learning triangle (learner, adult, task)
<b>2.2</b>	<b>Administration knowledge: Psychological theories</b>

<b>Item</b>	<b>Theme/subtheme/statement</b>
2.2.1	Psychodynamic theory: transference/counter transference
2.2.2	Psychodynamic theory: projection
2.2.3	Psychodynamic theory: conscious/unconscious processes
2.2.4	Psychodynamic theory: containment
2.2.5	Psychodynamic theory: object-relations
2.2.6	Attachment theory: ideas around the internal working model
2.2.7	Attachment theory: principles of attunement
2.2.8	Systemic family therapy theories: systemic questioning, circular questions.
2.2.9	Systemic theory: familial allegiances and social graces
2.2.10	Narrative ideas
2.2.11	Relational dynamics
2.2.12	Power dynamics: subverted and reinforced
2.2.13	Cognitive development: indications of age (with younger children)
2.2.14	Developmental theories: drawing and motor control
2.2.15	Personal construct psychology
<b>3.1</b>	<b>Administration skills: Ethical decision making</b>
3.1.1	Agree what will be fed back to the CYP and shared with others
3.1.2	Respond with ethical transparency on decisions around assessment choice
3.1.3	Terminate the task if the CYP is showing signs of distress
3.1.4	Apply a collaborative component of assessment, and answering questions
<b>3.2</b>	<b>Administration skills: Practitioner approach to assessment</b>
3.2.1	Get alongside a CYP so they feel encouraged to engage in the task
3.2.2	Adopt self-reflexivity in the extent to which a practitioner contributes to the context
3.2.3	Use a style and approach that creates a containing and trusting atmosphere
<b>3.3</b>	<b>Administration skills: Inquiry</b>
3.3.1	Ask open questions and being flexible to responses
3.3.2	Be flexible with questions depending on the CYP's response
3.3.3	Be flexible with questions dependent on the CYP's language skills and developmental ability for reflection
<b>4.1</b>	<b>Interpretation process: Obtaining data from administration</b>
4.1.1	To not follow a set pattern for interpretation
4.1.2	Not to make direct interpretations or comments
4.1.3	Draw on experience, practice-based knowledge and knowledge of the situation
4.1.4	Remain tentative and cautious
4.1.5	Be sensitive to the subjective nature of the task on that day
4.1.6	Question both the content and process
4.1.7	To pay more attention to the to the dialogue than the drawing

<b>Item</b>	<b>Theme/subtheme/statement</b>
4.1.8	To pay more attention to the process of doing the drawing and the meaning of the features in the drawing
4.1.9	To test out ideas from the KFD with the CYP
4.1.10	Awareness that some analysis may arise at a later date that cannot be checked out with the CYP
4.1.11	Triangulate ideas with other data sources from your direct work
4.1.12	Use the drawing as an information source for further inquiry
<b>4.2</b>	<b>Interpretation process: Approach to analysing the drawing</b>
4.2.1	Discuss drawing with colleague or in supervision
4.2.2	Directly use Koppitz or Goodenough indicators to examine features
4.2.3	Include the symbolism of features within the drawing
4.2.4	Include the overall composition of the picture i.e. proximity
4.2.5	Include the overall impression of the picture i.e. where your eye was drawn, how it made you feel
4.2.6	Include the process of their drawing i.e. order of figures drawn
4.2.7	Include observations and thoughts during the administration
4.2.8	Reflect on your feelings that arose during the administration
4.2.9	Reflect how it might feel to be in the picture
4.2.10	Include the CYPs initial response to the task e.g. confidence, response to questions
4.2.11	Include the CYP's verbal descriptions of family
4.2.12	Include the CYPs narrative of their family i.e. coherence
<b>4.3</b>	<b>Interpretation process: Formulating hypotheses</b>
4.3.1	Keep thinking that emerged within your own hypothesising
4.3.2	Extend your understanding/interpretation beyond the session
4.3.3	Direct any further explorations with adults rather than the CYP
4.3.4	Triangulate information with relevant professionals
4.3.5	Use the drawing actively within parent feedback meetings, openly asking for initial thoughts and asking gentle questions
4.3.6	Use the drawing actively within parent feedback meetings, sharing observations and themes
<b>4.4</b>	<b>Interpretation process: Reporting</b>
4.4.1	Consider circumstances when sharing may not be appropriate
4.4.2	Not to include direct interpretations when reporting
4.4.3	Discuss drawings with parents
4.4.4	Do not include copies of the drawings in reports
4.4.5	Include copies of the drawing in reports
<b>5.1</b>	<b>Interpretation examining features: Representation and differentiation</b>

<b>Item</b>	<b>Theme/subtheme/statement</b>
5.1.1	Position of figures on the page
5.1.2	Position of figures in relation to each other
5.1.3	Size of drawing in relation to the blank piece of paper
5.1.4	Size of figures in relation to each other
5.1.5	Individual features present e.g. facial features, limbs, trunk, hands, feet
5.1.6	Figures who have no grounding or stable base
5.1.7	Patterns/ groupings within drawings
5.1.8	Unusual features
5.1.9	Shading of people/objects
5.1.10	Absences
5.1.11	Facial expressions
5.1.12	Detail of people
5.1.13	Barriers
5.1.14	Activities
5.1.15	The feelings/emotions elicited by the drawing
<b>6.1</b>	<b>Interpretation knowledge: Assessment knowledge</b>
6.1.1	Interpreting features within children's drawings e.g. Burns & Kaufman
6.1.2	The learning triangle (learner, adult, task)
<b>6.2</b>	<b>Interpretation knowledge: Psychological theories</b>
6.2.1	Psychodynamic theory: transference/counter transference
6.2.2	Psychodynamic theory: projection
6.2.3	Psychodynamic theory: conscious/unconscious processes
6.2.4	Psychodynamic theory: containment
6.2.5	Psychodynamic theory: object-relations
6.2.6	Attachment theory: ideas around the internal working model
6.2.7	Attachment theory: principles of attunement
6.2.8	Systemic family therapy theories: systemic questioning in particular, circular questions.
6.2.9	Systemic theory: familial allegiances and social graces e.g. how is gender represented
6.2.10	Narrative ideas
6.2.11	Relational dynamics
6.2.12	Power dynamics: subverted and reinforced
6.2.13	Cognitive development: gaining broad indication of age (with younger children)
6.2.14	Developmental theories: drawing and motor control
6.2.15	Personal construct psychology
<b>7.1</b>	<b>Interpretation skills: Assessment skills</b>
7.1.1	Apply observational skills of observing CYP

Item	Theme/subtheme/statement
7.1.2	Apply understanding of how children develop and express themselves
7.1.3	Apply interpersonal skills (between you and the CYP)
7.1.4	Apply intra-psychic skills (your own thoughts, feelings and responses)
7.1.5	Have confidence in applying psychodynamic thinking, such as living with ambiguity
7.1.6	Undertake formal training in the tool
7.1.7	Have access to robust professional development
7.2	Interpretation skills: Professional interest in development
7.2.1	Have confidence in generating hypotheses and actively exploring these with sensitivity
7.2.2	Have confidence in viewing any interpretations with caution (psychodynamic, systemic, developmental appropriateness)
7.2.3	Experience at using the tool in order to build confidence in how and what to share
7.2.4	Experience at using the tool in order to recognise patterns and gaining a baseline
7.2.5	Experience at using the tool to not overly interpret information
7.2.6	Experience in being sensitive about the information
7.2.7	Self-reflexivity in terms of an awareness of your own experiences of being in a family, and cultural or familial bias
7.2.8	Self-reflexivity in terms of your own emotional state at the time of administration
7.3	Interpretation skills: Supervision
7.3.1	Ongoing reflective supervision
7.3.2	Access to a group of psychoanalytic trained practitioners/supervisors
7.3.3	Access to group therapy/experiential groups

### 4.3 Results following analysis at Round 2

In Round 2 the statements were sent out to nine participants and eight returned their answers. One participant withdrew from the study. 117 of the 172 statements reached a consensus of >62.5% by the participants. For six of these a level of agreement was reached that they were 'not essential' and removed from further analysis. The percentage of agreement for each statement that achieved consensus in Round 2 are presented in Table 4.3.

Table 4.3: Percentage of agreement with consensus reached after Round 2

Item	Statements	Percentage of agreement			
		Essential in all	Essential in some	Not essential	Don't know
1.1	Administration process: Before administration				
1.1.2	To use the tool once introductions and rapport has been established	100%	0.0%	0.0%	0.0%
1.1.1	To use the tool once confidentiality, consent and information-sharing have been discussed	75%	25%	0.0%	0.0%
1.1.5	To introduce the tool using the standard question ' <i>to draw everyone in your family doing something</i> '	62.5%	25%	0.0%	12.5%
1.2	Administration process: During administration				
1.2.11	To observe how the CYP responded to the instruction and the task	100%	0.0%	0.0%	0.0%
1.2.12	To observe anything the CYP verbalises as they draw	100%	0.0%	0.0%	0.0%
1.2.13	To observe the CYP's emotional state during drawing	100%	0.0%	0.0%	0.0%
1.2.14	To observe the CYP's degree of absorption with the activity	100%	0.0%	0.0%	0.0%
1.2.24	To observe any omissions	100%	0.0%	0.0%	0.0%
1.2.31	To pay attention to what you are thinking and feeling	100%	0.0%	0.0%	0.0%
1.2.20	To observe the order of the figures drawn	87.5%	12.5%	0.0%	0.0%
1.2.15	To observe any difficulties the CYP has with maintaining focus	87.5%	12.5%	0.0%	0.0%
1.2.22	To observe proximity between figures	87.5%	12.5%	0.0%	0.0%
1.2.23	To observe similarities or differences between family members	87.5%	12.5%	0.0%	0.0%
1.2.25	To observe any pets or unusual figures drawn	87.5%	12.5%	0.0%	0.0%
1.2.27	To observe details that catch your attention	87.5%	12.5%	0.0%	0.0%
1.2.28	To observe if/when the CYP has included themselves in the drawing	87.5%	12.5%	0.0%	0.0%
1.2.29	To observe any changes made and areas where they appear to struggle	87.5%	0.0%	12.5%	0.0%

Item	Statements	Percentage of agreement			
		Essential in all	Essential in some	Not essential	Don't know
1.2.30	To observe figures that seem easier or more difficult for the CYP to draw	87.5%	0.0%	12.5%	0.0%
1.2.16	To offer the CYP a sense of 'being with them'	75%	25%	0.0%	0.0%
1.2.21	To observe positioning of figures on the page	75%	12.5%	0.0%	0.0%
1.2.4	To provide reassurance that the task is not about drawing skills	62.5%	37.5%	0.0%	0.0%
1.2.10	To allow the CYP to take the lead	62.5%	25%	12.5%	0.0%
1.2.18	To observe the time spent on any particular part of the drawing	62.5%	37.5%	0.0%	0.0%
1.2.26	To observe any aspect that is hard to understand and requires clarification from CYP either with the activity, or object	62.5%	37.5%	0.0%	0.0%
1.2.17	To have no set time limit on the task	25%	62.5%	12.5%	0.0%
1.2.1	To provide guidance on how to draw the figures i.e. not stick figures/cartoons	12.5%	25%	62.5%	0.0%
1.2.2	To ask questions during the drawing	12.5%	25%	62.5%	0.0%
<b>1.3</b>	<b>Administration process: After administration</b>				
1.3.5	To be dynamic with the inquiry process depending on the CYP's response during the task	87.5%	0.0%	12.5%	0.0%
1.3.15	To ask the CYP if you can keep the drawing	75%	12.5%	12.5%	0.0%
1.3.19	To agree with the CYP what information will be shared and with who	75%	25%	0.0%	0.0%
1.3.11	To allow the CYP to draw another picture after the KFD has been completed	0.0%	25%	75%	0.0%
1.3.16	To give the CYP the option to keep the drawing, if requested	62.5%	25%	0.0%	12.5%
1.3.17	To reaffirm the aim of the KFD i.e. a way of getting to know you	62.5%	37.5%	0.0%	0.0%
1.3.7	To ask questions about the CYP's family activities e.g. detail/frequency of activities	0.0%	62.5%	25%	12.5%
1.3.8	To ask questions that draw on personal construct psychology e.g. to elicit verbal constructs	0.0%	37.5%	62.5%	0.0%
1.3.12	To engage the CYP in a neutral activity after the KFD has been completed	37.5%	0.0%	62.5%	0.0%

Item	Statements	Percentage of agreement			
		Essential in all	Essential in some	Not essential	Don't know
2.1	Administration knowledge: assessment knowledge				
2.1.1	The limits of any assessment	100%	0.0%	0.0%	0.0%
2.1.3	Administering a dynamic tool and engaging in flexible dialogue	87.5%	0.0%	0.0%	0.0%
2.2	Administration knowledge: psychological theories				
2.2.11	Relational dynamics	87.5%	0.0%	12.5%	0.0%
2.2.12	Power dynamics: subverted and reinforced	87.5%	12.5%	0.0%	0.0%
2.2.3	Psychodynamic theory: conscious/unconscious processes	75%	25%	0.0%	0.0%
2.2.4	Psychodynamic theory: containment	75%	25%	0.0%	0.0%
2.2.6	Attachment theory: ideas around the internal working model	75%	12.5%	12.5%	0.0%
2.2.13	Cognitive development: indications of age (with younger children)	75%	25%	0.0%	0.0%
2.2.14	Developmental theories: drawing and motor control	75%	25%	0.0%	0.0%
2.2.1	Psychodynamic theory: transference/counter transference	62.5%	37.5%	0.0%	0.0%
2.2.2	Psychodynamic theory: projection	62.5%	37.5%	0.0%	0.0%
2.2.7	Attachment theory: principles of attunement	62.5%	37.5%	0.0%	0.0%
3.1	Administration skills: Ethical decision making				
3.1.2	Respond with ethical transparency on decisions around assessment choice	100%	0.0%	0.0%	0.0%
3.1.3	Terminate the task if the CYP is showing signs of distress	100%	0.0%	0.0%	0.0%
3.1.4	Apply a collaborative component of assessment, and answering questions	100%	0.0%	0.0%	0.0%
3.1.1	Agree what will be fed back to the CYP and shared with others	87.5%	12.5%	0.0%	0.0%
3.2	Administration skills: Practitioner approach				
3.2.2	Adopt self-reflexivity in the extent to which a practitioner contributes to the context	100%	0.0%	0.0%	0.0%

Item	Statements	Percentage of agreement			
		Essential in all	Essential in some	Not essential	Don't know
3.2.3	Use a style and approach that creates a containing and trusting atmosphere	100%	0.0%	0.0%	0.0%
3.2.1	Get alongside a CYP so they feel encouraged to engage in the task	87.5%	12.5%	0.0%	0.0%
3.3	Administration skills: Inquiry				
3.3.1	Ask open questions and being flexible to responses	100%	0.0%	0.0%	0.0%
3.3.2	Be flexible with questions depending on the CYP's response	100%	0.0%	0.0%	0.0%
3.3.3	Be flexible with questions dependent on the CYP's language skills and developmental ability for reflection	100%	0.0%	0.0%	0.0%
4.1	Interpretation process: Obtaining data from administration				
4.1.4	Remain tentative and cautious	100%	0.0%	0.0%	0.0%
4.1.5	Be sensitive to the subjective nature of the task on that day	100%	0.0%	0.0%	0.0%
4.1.11	Triangulate ideas with other data sources from your direct work	100%	0.0%	0.0%	0.0%
4.1.3	Draw on experience, practice-based knowledge and knowledge of the situation	87.5%	12.5%	0.0%	0.0%
4.1.12	Use the drawing as an information source for further inquiry	87.5%	12.5%	0.0%	0.0%
4.1.6	Question both the content and process	75%	12.5%	0.0%	12.5%
4.1.7	To pay more attention to the to the dialogue than the drawing	12.5%	75%	0.0%	12.5%
4.1.9	To test out ideas from the KFD with the CYP	12.5%	75%	12.5%	0.0%
4.1.8	To pay more attention to the process of doing the drawing and the meaning of the features in the drawing	0.0%	62.5%	25%	12.5%
4.2	Interpretation process: Approach to analysing the drawing				
4.2.10	Include the CYPs initial response to the task e.g. confidence, response to questions	75%	25%	0.0%	0.0%
4.2.8	Reflect on your feelings that arose during the administration	62.5%	12.5%	25%	0.0%
4.2.1	Discuss drawing with colleague or in supervision	37.5%	62.5%	0.0%	0.0%

Item	Statements	Percentage of agreement			
		Essential in all	Essential in some	Not essential	Don't know
4.2.11	Include the CYP's verbal descriptions of family	37.5%	62.5%	0.0%	0.0%
4.2.2	Directly use Koppitz or Goodenough indicators to examine features	12.5%	12.5%	62.5%	12.5%
4.3	Interpretation process: Formulating hypotheses				
4.3.3	Direct any further explorations with adults rather than the CYP	12.5%	62.5%	25%	0.0%
4.4	Interpretation process: Reporting				
4.4.1	Consider circumstances when sharing may not be appropriate	100%	0.0%	0.0%	0.0%
5	Interpretation examining features: Representation and differentiation				
5.1.10	Absences	87.5%	12.5%	0.0%	0.0%
5.1.13	Barriers	87.5%	0.0%	12.5%	0.0%
5.1.14	Activities	87.5%	12.5%	0.0%	0.0%
5.1.15	The feelings/emotions elicited by the drawing	87.5%	12.5%	0.0%	0.0%
5.1.1	Position of figures on the page	75%	12.5%	12.5%	0.0%
5.1.2	Position of figures in relation to each other	75%	12.5%	12.5%	0.0%
5.1.3	Size of drawing in relation to the blank piece of paper	75%	12.5%	12.5%	0.0%
5.1.4	Size of figures in relation to each other	75%	12.5%	12.5%	0.0%
5.1.7	Patterns/ groupings within drawings	75%	25%	0.0%	0.0%
5.1.8	Unusual features	75%	12.5%	12.5%	0.0%
5.1.12	Detail of people	75%	0.0%	25%	0.0%
5.1.5	Individual features present e.g. facial features, limbs, trunk, hands, feet	62.5%	12.5%	25%	0.0%
5.1.6	Figures who have no grounding or stable base	62.5%	12.5%	25%	0.0%
5.1.9	Shading of people/objects	62.5%	12.5%	25%	0.0%

Item	Statements	Percentage of agreement			
		Essential in all	Essential in some	Not essential	Don't know
5.1.11	Facial expressions	62.5%	12.5%	25%	0.0%
6.1	Interpretation knowledge: Assessment knowledge				
6.1.2	The learning triangle (learner, adult, task)	62.5%	25%	12.5%	0.0%
6.2	Interpretation knowledge: Psychological theories				
6.2.3	Psychodynamic theory: conscious/unconscious processes	75%	25%	0.0%	0.0%
6.2.6	Attachment theory: ideas around the internal working model	75%	12.5%	12.5%	0.0%
6.2.11	Relational dynamics	75%	12.5%	12.5%	0.0%
6.2.12	Power dynamics: subverted and reinforced	75%	0.0%	12.5%	12.5%
6.2.14	Developmental theories: drawing and motor control	75%	25%	0.0%	0.0%
6.2.1	Psychodynamic theory: transference/counter transference	62.5%	37.5%	0.0%	0.0%
6.2.2	Psychodynamic theory: projection	62.5%	37.5%	0.0%	0.0%
6.2.4	Psychodynamic theory: containment	62.5%	25%	12.5%	0.0%
6.2.7	Attachment theory: principles of attunement	62.5%	25%	12.5%	0.0%
6.2.13	Cognitive development: gaining broad indication of age (with younger children)	62.5%	25%	12.5%	0.0%
6.2.15	Personal construct psychology	12.5%	62.5%	25%	0.0%
7.1	Interpretation skills: Assessment skills				
7.1.4	Apply intra-psychic skills (your own thoughts, feelings and responses)	100%	0.0%	0.0%	0.0%
7.1.1	Apply observational skills of observing CYP	87.5%	12.5%	0.0%	0.0%
7.1.2	Apply understanding of how children develop and express themselves	87.5%	12.5%	0.0%	0.0%
7.1.3	Apply interpersonal skills (between you and the CYP)	87.5%	12.5%	0.0%	0.0%
7.1.7	Have access to robust professional development	87.5%	12.5%	0.0%	0.0%

Item	Statements	Percentage of agreement			
		Essential in all	Essential in some	Not essential	Don't know
7.1.5	Have confidence in applying psychodynamic thinking, such as living with ambiguity	75%	12.5%	12.5%	0.0%
7.1.6	Undertake formal training in the tool	62.5%	12.5%	25%	0.0%
7.2	Interpretation skills: Professional interest in development				
7.2.2	Have confidence in viewing any interpretations with caution (psychodynamic, systemic, developmental appropriateness)	100%	0.0%	0.0%	0.0%
7.2.6	Experience in being sensitive about the information	100%	0.0%	0.0%	0.0%
7.2.7	Self-reflexivity in terms of an awareness of your own experiences of being in a family, and cultural or familial bias	100%	0.0%	0.0%	0.0%
7.2.8	Self-reflexivity in terms of your own emotional state at the time of administration	100%	0.0%	0.0%	0.0%
7.2.1	Have confidence in generating hypotheses and actively exploring these with sensitivity	87.5%	12.5%	0.0%	0.0%
7.2.5	Experience at using the tool to not overly interpret information	87.5%	12.5%	0.0%	0.0%
7.2.3	Experience at using the tool in order to build confidence in how and what to share	75%	25%	0.0%	0.0%
7.2.4	Experience at using the tool in order to recognise patterns and gaining a baseline	75%	0.0%	25%	0.0%
7.3	Interpretation skills: Supervision				
7.3.1	Ongoing reflective supervision	100%	0.0%	0.0%	0.0%

#### 4.4 Results following analysis at Round 3

The 117 statements where consensus was reached in Round 2 were removed from the Round 3 questionnaire. For Round 3 the remaining 55 statements were sent out to eight participants and all participants returned their answers within the two-week timescale. Consensus of >62.5% was reached on 21 of the statements. Four of these statements reached a level of agreement that they were 'not essential' and removed from further analysis. The percentage of agreement for each statement in Round 3 are listed in Table 4.3 alongside the percentage of agreement in Round 2.

After three rounds consensus of >62.5% from the participants could not be reached for 34 statements. Table 4.5 displays the percentage of agreement achieved after each round.

The coding of items helps to distinguish the part of the KFD process where the statements are applied and have the potential to be later subsumed. For example, items under 1.2 refer to those which are relevant 'during assessment'. Where item 1.2.1 '*To provide guidance on how to draw figures i.e. not stick figures or cartoons*' has been identified as not essential during administration. This is coded and considered different to other parts of the process. For example, the study identified it is essential to administer the tool in line with original instructions 1.1.5 '*To introduce the tool using the standard question 'to draw everyone in your family doing something... not cartoons or stick people''* at the beginning of the administration process.

Table 4.4 Percentage of agreement with consensus reached after Round 3

Item	Statements	Percentage of agreement after Round 3 (Percentage of agreement after Round 2)			
		Essential in all	Essential in some	Not essential	Don't know
1.1	Administration process: Before administration				
1.1.3	To be explicit about the intention of the KFD	25%	25%	62.5% (50%)	0.0%
1.1.7	To provide an option of drawing tools i.e. coloured pencils, eraser, coloured paper	0.0%	37.5% (50%)	62.5% (50%)	0.0%
1.2	Administration process: During administration				
1.2.6	To provide reassurance that is non-leading using open questions- if the CYP is hesitant	0.0% (25%)	100% (50%)	0.0% (25%)	0.0%
1.2.8	To provide reassurance by responding to questions with simple, factual answers	62.5% (50%)	25% (37.5%)	12.5% (25%)	0.0%
1.2.3	To remain silent while the CYP is drawing	0.0%	62.5% (50%)	37.5% (50%)	0.0%
1.2.5	To provide reassurance on where to start, who is in the family, what they would be doing - if the CYP is hesitant to start	0.0%	62.5% (50%)	37.5% (50%)	0.0%
1.2.19	To observe the time taken to complete the task	37.5% (37.5%)	62.5% (50%)	0.0% (12.5%)	0.0%
2.1	Administration knowledge: assessment knowledge				
2.1.2	Interpreting features within children's drawings e.g. Burns & Kaufman	62.5% (50%)	12.5% (25%)	25% (25%)	0.0%
2.1.5	The learning triangle (learner, adult, task)	62.5% (50%)	25% (37.5%)	12.5% (12.5%)	0.0%
2.2	Administration knowledge: psychological theories				
2.2.9	Systemic theory: familial allegiances and social graces	62.5% (50%)	12.5% (25%)	25% (25%)	0.0%

Item	Statements	Percentage of agreement after Round 3 (Percentage of agreement after Round 2)			
		Essential in all	Essential in some	Not essential	Don't know
4.1	Interpretation process: Obtaining data from administration				
4.1.1	To not follow a set pattern for interpretation	62.5% (50%)	12.5% (25%)	12.5% (12.5%)	12.5% (12.5%)
4.2	Interpretation process: Approach to analysing the drawing				
4.2.6	Include the process of their drawing i.e. order of figures drawn	62.5% (50%)	25% (50%)	12.5%	0.0%
4.2.3	Include the symbolism of features within the drawing	25% (37.5%)	12.5% (50%)	62.5% (12.5%)	0.0%
4.3	Interpretation process: Formulating hypotheses				
4.3.2	Extend your understanding/interpretation beyond the session	12.5% (25%)	75% (50%)	0.0%	12.5% (25%)
4.3.1	Keep thinking that emerged within your own hypothesising	62.5% (50%)	12.5% (12.5)	0.0% (37.5%)	25%
4.3.4	Triangulate information with relevant professionals	62.5% (50%)	37.5% (50%)	0.0%	0.0%
4.4	Interpretation process: Reporting				
4.4.5	Include copies of the drawing in reports	0.0% (12.5%)	62.5% (50%)	37.5% (37.5%)	0.0%
6.2	Interpretation knowledge: Psychological theories				
6.2.8	Systemic family therapy theories: systemic questioning in particular, circular questions	62.5% (50%)	12.5% (12.5%)	25% (37.5%)	0.0%
6.2.9	Systemic theory: familial allegiances and social graces e.g. how is gender represented	62.5% (50%)	12.5% (12.5%)	25% (37.5%)	0.0%
6.2.10	Narrative ideas	25% (37.5%)	62.5% (50%)	12.5% (12.5%)	0.0%
7.3	Interpretation skills: Supervision				
7.3.3	Access to group therapy/experiential groups	0.0% (12.5%)	37.5% (37.5%)	62.5% (37.5%)	0.0%

Table 4.5 Percentage of agreement for items without consensus

Item	Statements	Percentage of agreement after Round 3 (Percentage of agreement after Round 2)			
		Essential in all	Essential in some	Not essential	Don't know
1.1	Administration process: Before administration				
1.1.4	To not explain the aim of the KFD so as not to inhibit immediate responses	50% (25%)	25% (25%)	25% (37.5%)	0.0%
1.1.6	To provide minimal resources i.e. white A4 paper, pencil	25% (25%)	50% (50%)	25% (25%)	0.0%
1.2	Administration process: During administration				
1.2.7	To provide reassurance to keep going if they have said they have made a mistake, but otherwise remain silent	37.5% (37.5%)	50% (37.5%)	12.5% (25%)	0.0%
1.2.9	To reaffirm comments made by the CYP with statements rather than questions	37.5% (37.5%)	50% (37.5%)	12.5% (25%)	0.0%
1.3	Administration process: After administration				
1.3.1	To provide prompting if the CYP excludes drawing themselves	37.5% (37.5%)	12.5% (12.5%)	50% (50%)	0.0%
1.3.2	To provide prompting of anyone else the CYP would like to include	12.5% (25%)	37.5% (25%)	50% (50%)	0.0%
1.3.3	To offer the CYP to respond to the picture first before asking questions i.e. what would you like to tell me about your picture	37.5% (37.5%)	50% (25%)	12.5% (12.5)	0.0%
1.3.4	To ask the CYP to talk through their drawing identifying each figure and describing their actions	50% (37.5%)	25% (37.5%)	25% (25%)	0.0%
1.3.6	To ask wondering type questions after the drawing	25% (37.5%)	50% (37.5%)	25% (25%)	0.0%

Item	Statements	Percentage of agreement after Round 3 (Percentage of agreement after Round 2)			
		Essential in all	Essential in some	Not essential	Don't know
1.3.9	To ask questions that draw on systemic psychology e.g. circular questions, relationships	0.0%	50% (50%)	50% (50%)	0.0%
1.3.10	To engage in some sharing of themes/patterns/ideas with the CYP	12.5% (12.5%)	50% (50%)	37.5% (37.5%)	0.0%
1.3.13	To ask the CYP how they felt about the session	50% (37.5%)	25% (25%)	25% (37.5%)	0.0%
1.3.14	To ask the CYP how they would like to get feedback	37.5% (25%)	37.5% (50%)	12.5% (25%)	0.0%
1.3.18	To reaffirm next steps	50% (50%)	37.5% (37.5%)	12.5% (12.5%)	0.0%
2.1	Administration knowledge: Assessment knowledge				
2.1.4	An inquiry process you can to draw on e.g. Knoff & Prout	37.5% (25%)	12.5% (25%)	25% (25%)	25% (25%)
2.2	Administration knowledge: Psychological theories				
2.2.5	Psychodynamic theory: object-relations	50% (50%)	50% (37.5%)	0.0% (0.0%)	0.0% (12.5%)
2.2.8	Systemic family therapy theories: systemic questioning, circular questions.	50% (50%)	25% (12.5%)	25% (37.5%)	0.0%
2.2.10	Narrative ideas	37.5% (37.5%)	50% (50%)	12.5% (12.5%)	0.0%
2.2.15	Personal construct psychology	12.5% (12.5%)	50% (50%)	37.5% (37.5%)	0.0%
4.1	Interpretation process: Obtaining data from administration				
4.1.2	Not to make direct interpretations or comments	37.5% (37.5%)	50% (37.5%)	12.5% (25%)	0.0%

Item	Statements	Percentage of agreement after Round 3 (Percentage of agreement after Round 2)			
		Essential in all	Essential in some	Not essential	Don't know
4.1.10	Awareness that some analysis may arise at a later date that cannot be checked out with the CYP	37.5% (37.5%)	50% (50%)	0.0%	12.5% (12.5%)
4.2	Interpretation process: Approach to analysing the drawing				
4.2.4	Include the overall composition of the picture i.e. proximity	37.5% (37.5%)	50% (50%)	12.5% (12.5%)	0.0%
4.2.5	Include the overall impression of the picture i.e. where your eye was drawn, how it made you feel	37.5% (37.5%)	50% (50%)	12.5% (12.5%)	0.0%
4.2.7	Include observations and thoughts during the administration	50% (50%)	50% (50%)	0.0%	0.0%
4.2.9	Reflect how it might feel to be in the picture	25% (25%)	37.5% (37.5%)	37.5% (37.5%)	0.0%
4.2.12	Include the CYPs narrative of their family i.e. coherence	50% (50%)	50% (50%)	0.0%	0.0%
4.3	Interpretation process: Formulating hypotheses				
4.3.5	Use the drawing actively within parent feedback meetings, openly asking for initial thoughts and asking gentle questions	25% (25%)	37.5% (37.5%)	37.5% (37.5%)	0.0%
4.3.6	Use the drawing actively within parent feedback meetings, sharing observations and themes	12.5% (12.5%)	50% (50%)	37.5% (37.5%)	0.0%
4.4	Interpretation process: Reporting				
4.4.2	Not to include direct interpretations when reporting	37.5% (37.5%)	37.5% (37.5%)	25% (25%)	0.0%

Item	Statements	Percentage of agreement after Round 3 (Percentage of agreement after Round 2)			
		Essential in all	Essential in some	Not essential	Don't know
4.4.3	Discuss drawings with parents	12.5% (25%)	50% (37.5%)	37.5% (37.5%)	0.0%
4.4.4	Do not include copies of the drawings in reports	12.5% (12.5%)	37.5% (37.5%)	50% (50%)	0.0%
6.1	Interpretation knowledge: Assessment knowledge				
6.1.1	Interpreting features within children's drawings e.g. Burns & Kaufman	37.5% (37.5%)	37.5% (37.5%)	25% (25%)	0.0%
6.2	Interpretation knowledge: Psychological theories				
6.2.5	Psychodynamic theory: object-relations	50% (50%)	50% (37.5%)	0.0% (12.5%)	0.0%
7.3	Interpretation skills: Supervision				
7.3.2	Access to a group of psychoanalytic trained practitioners/supervisors	37.5% (50%)	50% (37.5%)	12.5% (12.5%)	0.0%

## 4.5 Results by rating

The researcher felt it was pertinent to present the results that were rated essential in all situations versus those which were rated essential in some situations, given the idiosyncratic nature of the assessment tool. This section in the chapter will present these findings. First those 112 statements where there was a level of agreement they were ‘essential in all situations’ is displayed in table 4.6. Secondly the 16 statements where there was a level of agreement they were ‘essential in some situations’ is displayed in table 4.7. Finally, ten statements where agreement was reached, they were ‘not essential’ (Round 2  $n=6$ , Round 3  $n=4$ ) is displayed in table 4.8.

### 4.5.1 Essential in all situations

*Table 4.6: Agreed statements rated essential in all situations*

Item	Statement
1.1.1	To use the tool once confidentiality, consent and information-sharing have been discussed
1.1.2	To use the tool once introductions and rapport has been established
1.1.5	To introduce the tool using the standard question ‘ <i>to draw everyone in your family doing something [...]</i> ’
1.2.4	To provide reassurance that the task is not about drawing skills
1.2.8	To provide reassurance by responding to questions with simple, factual answers
1.2.10	To allow the CYP to take the lead
1.2.11	To observe how the CYP responded to the instruction and the task
1.2.12	To observe anything the CYP verbalises as they draw
1.2.13	To observe the CYP’s emotional state during drawing
1.2.14	To observe the CYP’s degree of absorption with the activity
1.2.15	To observe any difficulties the CYP has with maintaining focus
1.2.16	To offer the CYP a sense of ‘being with them’
1.2.18	To observe the time spent on any particular part of the drawing
1.2.20	To observe the order of the figures drawn
1.2.21	To observe positioning of figures on the page
1.2.22	To observe proximity between figures
1.2.23	To observe similarities or differences between family members
1.2.24	To observe any omissions
1.2.25	To observe any pets or unusual figures drawn
1.2.26	To observe any aspect that is hard to understand and requires clarification from CYP either with the activity, or object
1.2.27	To observe details that catch your attention

Item	Statement
1.2.28	To observe if/when the CYP has included themselves in the drawing
1.2.29	To observe any changes made and areas where they appear to struggle
1.2.30	To observe figures that seem easier or more difficult for the CYP to draw
1.2.31	To pay attention to what you are thinking and feeling
1.3.5	To be dynamic with the inquiry process depending on the CYP's response during the task
1.3.15	To ask the CYP if you can keep the drawing
1.3.16	To give the CYP the option to keep the drawing, if requested
1.3.17	To reaffirm the aim of the KFD i.e. a way of getting to know you
1.3.19	To agree with the CYP what information will be shared and with who
2.1.1	The limits of any assessment
2.1.2	Interpreting features within children's drawings e.g. Burns & Kaufman
2.1.3	Administering a dynamic tool and engaging in flexible dialogue
2.1.5	The learning triangle (learner, adult, task)
2.2.1	Psychodynamic theory: transference/counter transference
2.2.2	Psychodynamic theory: projection
2.2.3	Psychodynamic theory: conscious/unconscious processes
2.2.4	Psychodynamic theory: containment
2.2.6	Attachment theory: ideas around the internal working model
2.2.7	Attachment theory: principles of attunement
2.2.9	Systemic theory: familial allegiances and social graces
2.2.11	Relational dynamics
2.2.12	Power dynamics: subverted and reinforced
2.2.13	Cognitive development: indications of age (with younger children)
2.2.14	Developmental theories: drawing and motor control
3.1.1	Agree what will be fed back to the CYP and shared with others
3.1.2	Respond with ethical transparency on decisions around assessment choice
3.1.3	Terminate the task if the CYP is showing signs of distress
3.1.4	Apply a collaborative component of assessment, and answering questions
3.2.1	Get alongside a CYP so they feel encouraged to engage in the task
3.2.2	Adopt self-reflexivity in the extent to which a practitioner contributes to the context
3.2.3	Use a style and approach that creates a containing and trusting atmosphere
3.3.1	Ask open questions and being flexible to responses
3.3.2	Be flexible with questions depending on the CYP's response
3.3.3	Be flexible with questions dependent on the CYP's language skills and developmental ability for reflection
4.1.1	To not follow a set pattern for interpretation
4.1.3	Draw on experience, practice-based knowledge and knowledge of the situation
4.1.4	Remain tentative and cautious
4.1.5	Be sensitive to the subjective nature of the task on that day
4.1.6	Question both the content and process
4.1.11	Triangulate ideas with other data sources from your direct work
4.1.12	Use the drawing as an information source for further inquiry
4.2.6	Include the process of their drawing i.e. order of figures drawn
4.2.8	Reflect on your feelings that arose during the administration
4.2.10	Include the CYPs initial response to the task e.g. confidence, response to questions
4.3.1	Keep thinking that emerged within your own hypothesising
4.3.4	Triangulate information with relevant professionals
4.4.1	Consider circumstances when sharing may not be appropriate

Item	Statement
5.1.1	Position of figures on the page
5.1.2	Position of figures in relation to each other
5.1.3	Size of drawing in relation to the blank piece of paper
5.1.4	Size of figures in relation to each other
5.1.5	Individual features present e.g. facial features, limbs, trunk, hands, feet
5.1.6	Figures who have no grounding or stable base
5.1.7	Patterns/ groupings within drawings
5.1.8	Unusual features
5.1.9	Shading of people/objects
5.1.10	Absences
5.1.11	Facial expressions
5.1.12	Detail of people
5.1.13	Barriers
5.1.14	Activities
5.1.15	The feelings/emotions elicited by the drawing
6.1.2	The learning triangle (learner, adult, task)
6.2.1	Psychodynamic theory: transference/counter transference
6.2.2	Psychodynamic theory: projection
6.2.3	Psychodynamic theory: conscious/unconscious processes
6.2.4	Psychodynamic theory: containment
6.2.6	Attachment theory: ideas around the internal working model
6.2.7	Attachment theory: principles of attunement
6.2.8	Systemic family therapy theories: systemic questioning in particular, circular questions.
6.2.9	Systemic theory: familial allegiances and social graces e.g. how is gender represented
6.2.11	Relational dynamics
6.2.12	Power dynamics: subverted and reinforced
6.2.13	Cognitive development: gaining broad indication of age (with younger children)
6.2.14	Developmental theories: drawing and motor control
7.1.1	Apply observational skills of observing CYP
7.1.2	Apply understanding of how children develop and express themselves
7.1.3	Apply interpersonal skills (between you and the CYP)
7.1.4	Apply intra-psychic skills (your own thoughts, feelings and responses)
7.1.5	Have confidence in applying psychodynamic thinking, such as living with ambiguity
7.1.6	Undertake formal training in the tool
7.1.7	Have access to robust professional development
7.2.1	Have confidence in generating hypotheses and actively exploring these with sensitivity
7.2.2	Have confidence in viewing any interpretations with caution (psychodynamic, systemic, developmental appropriateness)
7.2.3	Experience at using the tool in order to build confidence in how and what to share
7.2.4	Experience at using the tool in order to recognise patterns and gaining a baseline
7.2.5	Experience at using the tool to not overly interpret information
7.2.6	Experience in being sensitive about the information
7.2.7	Self-reflexivity in terms of an awareness of your own experiences of being in a family, and cultural or familial bias
7.2.8	Self-reflexivity in terms of your own emotional state at the time of administration
7.3.1	Ongoing reflective supervision

#### 4.5.2 *Essential in some situations*

*Table 4.7: Agreed statements rated essential in some situations*

<b>Item</b>	<b>Statement</b>
1.2.3	To remain silent while the CYP is drawing
1.2.5	To provide reassurance on where to start, who is in the family, what they would be doing - if the CYP is hesitant to start
1.2.6	To provide reassurance that is non-leading using open questions if the CYP is hesitant
1.2.17	To have no set time limit on the task
1.2.19	To observe the time taken to complete the task
1.3.7	To ask questions about the CYP's family activities e.g. detail/frequency of activities
4.1.7	To pay more attention to the to the dialogue than the drawing
4.1.8	To pay more attention to the process of doing the drawing and the meaning of the features in the drawing
4.1.9	To test out ideas from the KFD with the CYP
4.2.1	Discuss drawing with colleague or in supervision
4.2.11	Include the CYP's verbal descriptions of family
4.3.2	Extend your understanding/interpretation beyond the session
4.3.3	Direct any further explorations with adults rather than the CYP
4.4.5	Include copies of the drawing in reports
6.2.10	Narrative ideas
6.2.15	Personal construct psychology

#### 4.5.3 *Not essential*

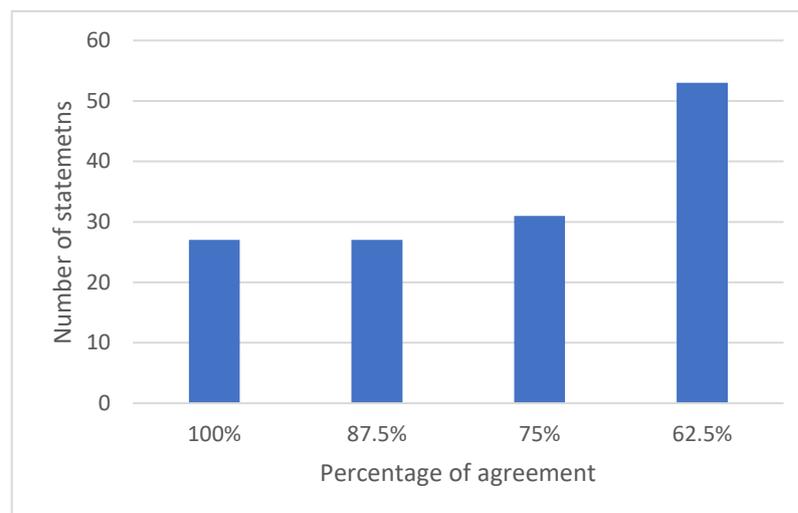
*Table 4.8: Agreed statements rated not essential*

<b>Item</b>	<b>Statement</b>
1.1.3	To be explicit about the intention of the KFD
1.1.7	To provide an option of drawing tools i.e. coloured pencils, eraser, coloured paper
1.2.1	To provide guidance on how to draw the figures i.e. not stick figures/cartoons
1.2.2	To ask questions during the drawing
1.3.8	To ask questions that draw on personal construct psychology e.g. to elicit verbal constructs
1.3.11	To allow the CYP to draw another picture after the KFD has been completed
1.3.12	To engage the CYP in a neutral activity after the KFD has been completed
4.2.2	Directly use Koppitz or Goodenough indicators to examine features
4.2.3	Include the symbolism of features within the drawing
7.3.3	Access to group therapy/experiential groups

#### 4.6 Summary of overall results

From the overall Delphi survey process consensus was reached on 138 of the statements after all rounds were completed. An overall descriptive summary of the results in relation to each subtheme can be found in Appendix P. After Round 3, 100% consensus was reached for 27 statements; 87.5% consensus was reached for 27 statements; 75% consensus was reached for 31 statements and 62.5% consensus was reached for 53 statements. This is presented in Figure 4.2. A more detailed discussion of the results with in relation to consensus appears in the following chapter.

*Figure 4.2: Percentage of agreement across all statements after Round 3.*



The main objective of this study was to explore the features of an effective use of the KFD. Whilst it cannot be concluded from this study alone that the findings are exhaustive, it presents an initial baseline of the essential competencies for using the tool. Consequently, it seems evident the research achieved its aim. The research found that expert EPs were able to agree to a level of consensus the competencies of practice rated essential in all situations and some situations.

## 5 Discussion

As mentioned in the literature review, there appears to be no definitive agreement about the procedure in administering and interpreting the KFD. In order to investigate this further, the purpose of this study was to develop a common procedure for using the KFD in EP practice. In doing, the research explored what are the features of an effective use of the KFD. 138 statements from the survey reached consensus on whether they were essential features of using the tool.

Upon review of the results of the Delphi survey the researcher became interested in any potential overlap in competencies that are met within the normal course of professional EP development and those exclusive to the KFD. Consequently, this project provided an important opportunity to develop a KFD best practice framework. Further analysis of the competencies of the survey was conducted to meet this aim.

This chapter is organised into four main sections. Firstly, the findings in relation to existing knowledge will be explored before providing a descriptive summary of the results of the Delphi survey. The aim of the second section is to present the process and results of developing the KFD best practice framework. The third section provides a summary appraisal of the literature, followed with a critique of the methodology including the research design and analysis. The final section provides concluding comments along with suggestions for future development and dissemination.

### 5.1 Findings in relation to existing knowledge

This study used the term projective techniques to describe projective methods of assessment and defined the KFD as a tool or assessment activity. This is an intentional use of language, as the use of the word 'test' does not appear to fit with how the tool is being described in this research. In their book Burns & Kaufman (1971) initially titled the activity as the *kinetic family drawing test* and a number of projective tests are in existence (Thematic apperception test, Rorschach test, Draw-a-person test). The word 'test' may hold connotations that performance can be measured, and one can either pass or fail. Much of the criticisms around the use of projectives lie in their scientific status, when attempting to derive scores (McCarthy Woods, 2008). This perspective takes little account for their benefit as idiosyncratic tools that are subjective in nature. Moreover, a number of descriptions within the Burns & Kaufman book would challenge it as being a 'test' such as a stimulus to adjunct interview and therapy and that the content relies heavily on subjective interpretation. Therefore, when describing the KFD for the way it is administered in this research the word 'test' does not feel appropriate.

As previously described in the introduction and the literature review, this consideration leads to reflect more generally on the importance of language. In particular not being mindful of the language used can raise ethical implications for administering and interpreting the KFD. For example, when thinking about using the tool for children with significant SEMH needs such as within the context of developmental trauma, or to explore how a family situation may or may not be contributing to their difficulties, introducing the tool as an activity is less likely to make the CYP feel it is something they

can get wrong than if introduced as a test. This recognises the power relations at play within the assessment situation.

Current literature on projective assessments suggests that use of the KFD may be informed by a range of psychological theories and for differing purposes in both clinical and educational settings. One such approach to its use is as a projective assessment through application of psychoanalytic theory to develop hypotheses about unconscious processes that may be influencing children and young people. While there are many psychoanalytic concepts, it is suggested that some may be more relevant to projective assessment than others, such as object relations, defences, containment, transference. Relatively little is known about those that are directly important to the KFD. The current study was able to identify the key theoretical concepts essential for the KFD and is discussed in the following sections.

Information drawn from the original text and subsequent writings on the projective use of children's human figure drawings (Burns & Kaufman, 1971; Klepsch & Logie, 2014), highlight three important considerations: Firstly, the importance of prior knowledge of the case. This consideration is consistent with the findings from this study. For example, the screening tool from the recruitment process identified using the KFD to follow-up on questions relating to family dynamics that arise from an initial consultation, and when there is limited information about the child's views of their family. Secondly, the importance of dialogue to clarify features. While this is deemed an essential, the existing literature does not suggest it is important to clarify beyond the features of the drawing. The current study was able to provide evidence that engaging in a wider dialogue can provide additional value. Thirdly, clinicians' attitudes are important when using the KFD

as this can affect the kind of understanding drawn. Klepsch & Logie (2014) suggest it is necessary to remain curious about meaning derived from drawings and subsequent hypotheses in order to avoid drawing unnecessary conclusions. The current research supports these suggestions.

## **5.2 Descriptive summary of results**

This section will describe the results by each subtheme developed from the Round 1 questionnaire. The section also provides potential explanation why some statements achieved consensus quicker, linking to existing knowledge.

### **5.2.1 Results which reached consensus**

#### *5.2.1.1 Ethical decision making*

In Round 1 of the research 'ethical decision making' was a theme that arose from the data in terms of practitioner skills. All four items (3.1.2 *respond with ethical transparency around assessment choice*, 3.1.4 *apply a collaborative component of assessment and answer questions*, 3.1.1 *agree what will be fed back to the CYP and shared with others* and 3.1.3 *terminate if the CYP becomes distressed*) reached consensus at the highest two levels (100% and 87.5%) after round 2. This demonstrates the participants were quickly able to reach a collective agreement that ethical considerations are essential in all situations of using the KFD as a projective technique.

Conversely, none of the three statements relating to feedback (described in chapter 5.2.3.4) achieved consensus. This may also demonstrate that decisions around feedback should be made on a case by case basis and a high level of practitioner skill for interpretation is required in dealing with the sensitivities of the KFD, and this is best

achieved through ongoing supervision. Through supervision the practitioner is given the opportunity to speak as an expert as their hypotheses can be reflected upon with other practitioners. Again, this can be highlighted by findings that the drawing itself as a stimulus for shared meaning making rather than drawing a fixed interpretation from the features.

#### *5.2.1.2 Administration process.*

Introducing the tool with the standard instruction included in the original text (Burns & Kaufman, 1971) and text relating specifically to educational psychology casework (Beaver, 2011) achieved consensus. All included studies ( $n=13$ ) of the literature review used the standard instruction.

As identified from the literature review there is little guidance available about the administration process of the KFD in clinical assessment. This study was able to provide more detail on the administration process for EP assessment. There was agreement that during the administration process it was necessary to provide reassurance in the child's approach to the task and utilise a variety of observational skills including observing the child's response to the instructions, their emotional state during drawing, any verbalisations, and degree of absorption in the activity. Furthermore, there was consensus that administrators should offer the child a sense of 'being with them' and be dynamic in their approach depending on the child's response. The principles of attunement and building intersubjectivity is drawn on to offer practice guidance (Kennedy, Landor & Todd, 2011). These principles are commonly used in EP practice with the use of Video Interaction Guidance (VIG) and Video Enhanced Reflective Practice (VERP). This could be one argument why consensus was reached quickly. The principles

of attuned interaction include being attentive, encouraging initiatives and receiving initiatives as necessary components for building relationships. Furthermore, the principles of attunement draw from attachment theory and can also be understood from a psychoanalytic perspective as attention is paid to unconscious processes. The research also identified the assessor tuning into their own feelings is important in the process and provides additional validation the participants are using the tool as a projective technique.

A collective agreement was reached after Round 2 that the tool should be administered in a flexible and collaborative way. BPS (2017) outlines that EPs need to be competent in responding to individual differences to promote mental and emotional well-being. Later agreement in Round 3 identified the principles of the tripartite model of assessment (attention is paid to interactions between the learner the adult and the task) as essential in all situations. Providing further evidence, the administration process should be conducted in a non-standardised way. Further insight around what that looks like is provided by looking at the specific theories considered important.

#### *5.2.1.3 Theoretical knowledge.*

This study is concerned with the KFD being used as a projective technique. The aim of the study was iterated throughout the recruitment process. Consensus was reached in Round 2 that knowledge about psychodynamic, attachment and systems theory were essential in all situations. As these theories underpin projective techniques generally, and the KFD in particular, arguably this is a contributing factor why a collective agreement was reached quickly. Interestingly, participants made explicit additional theories that fall under the above umbrella terms. Results from the study identify

projection, transference, attunement and containment are also relevant. The consensus of the above theories correlated with those identified in theme 6.2 *Interpretation knowledge: psychological theories* and as a result the themes were collapsed into one. Agreement was obtained that cognitive and developmental theories are also essential to the application of the KFD in all situations. Taking an integrative approach to assessment is fundamental to EP practice (BPS, 2017) as it enables practitioners to explore wider hypotheses around the child's functioning. While not necessarily looking for assessment of cognitive functioning the knowledge could be seen as a potential secondary gain and one argument why it is included by the experts. Furthermore, personal construct psychology and narrative ideas while not essential to all applications of the KFD, there was agreement they could be used in some situations therefore knowledge of these theories are relevant to using the KFD.

#### *5.2.1.4 Inquiry and dialogue phase.*

Consensus was reached in Round 2 that practitioners require skills in inquiry during administration. Existing literature highlights the importance of inquiry to supplement the administration (Austin, Krumholz & Tharinger, 2012; Backos & Samuelson, 2017; Bannon, Tirella & Miller, 2016; Levi, 2017; Stein, 2001; Tasker & Granville, 2011; Thornton, 2014; Ubha & Cahill, 2014). While there is currently no specific guidance providing detail on inquiry during the process. This study was able to extend further knowledge into the importance of inquiry for EP assessment. It identified that asking questions during the administration process was essential in all uses of KFD. The study also identified that it may be necessary to ask questions around the child's family and questions drawing on personal construct psychology in some situations. This finding fits

with the study by Einarsdottir, Dockett & Perry (2009) who argue narratives around a KFD are more important than individual features. In addition to 'information gathering' assessment may be used as a therapeutic intervention. Levi (2017) found when discussion was included in the process it could offer additional therapeutic benefit. Therapeutic assessment is a brief intervention that helps the client during the assessment process. Consensus was reached after Round 2 that in some situations it may be necessary to pay more attention to the dialogue than the drawing. The findings suggest that the use of dialogue during the process could enable the KFD to be used as a therapeutic assessment tool. Through therapeutic interview a client may experience feeling listened to, and may find the process provides a therapeutic benefit.

#### *5.2.1.5 Content of the drawings.*

While using scoring tools and analysing the content to derive fixed interpretations is challenged (Backos & Samuelson, 2017, Thornton, 2014), this study sought to explore which aspects of the drawing could be helpful. The study identified that paying attention to the content of the drawing is an essential feature of the KFD as well as observing the child while they draw. Consensus was reached after Round 2 that knowledge of interpreting features by looking for representation and differentiation in position, size, details of individual features, barriers, activities, shading, omissions, additions and emotions elicited were essential. Furthermore, examining the features according to Burns & Kaufman (1971) reached consensus after Round 3 which provides evidence that the symbolism of these features is important when using the tool.

#### *5.2.1.6 Subjective interpretation.*

Consensus was reached after Round 2 that consideration should be given to the subjective nature of the task, and question both the content and the process during interpretation for all situations. While already established the features contained in the drawing should be considered, when asked to rate the approach to interpretation there was agreement in Round 3 it should be flexible. The practice of interpreting the drawing led the researcher to question the language around describing this. Interpretation is defined by the Cambridge dictionary (online) “as an explanation or opinion of what something means”.

This fits within the ethical principles of EP assessment that meaning should be made in the context of hypotheses and conclusions made with caution. Furthermore, the study has shown that an effective use of the KFD as a method of information gathering involves looking beyond the content of the drawing and that hypotheses can be formed based on the relationship between the assessor and child, by drawing on the transference. In the screening tool one participant commented they have developed their focus on the KFD to be particularly interested in the dialogue phase of assessment rather than interpretation of the drawing. These explanations position why consensus was reached that the interpretation process be flexible.

#### *5.2.1.7 Practitioner skills for interpretation.*

All of the competencies relating to practitioner skills in interpreting the KFD reached consensus after Round 2 as being essential in all situations. The skills relate to psychodynamic thinking, intrapsychic skills, training, continued professional

development and access to supervision. The participants were selected due to their expertise and training, which could imply why consensus was reached quickly. Miller & Nickerson (2006) suggest that a high level of training and experience is necessary to apply the level of inference required when using the KFD as a projective technique. King (2017) identified that training on psychodynamic approaches is not prioritised on the majority of initial training courses for educational psychology. Undertaking formal training had the lowest level of consensus (62.5%) in this subtheme, while professional interest to develop competence in self-reflexivity, applying psychodynamic thinking, generating hypotheses reached a high level of agreement in Round 2 as did supervision. This suggests supervision is one route to develop competence and experiential learning could be more important than formal training in the KFD, highlighting the need for a resource to support practitioner skills in this area.

### **5.2.2 *Non-essential competencies***

Seven competencies achieved consensus that they were not essential to the process and removed from the overall list of competencies. These are discussed below.

#### *5.2.2.1 Restricting the process.*

In line with existing research, using scoring tools were deemed not essential and excluded. It was not deemed necessary to be explicit about the intention of the KFD which fits with the administration process of being delivered in a flexible way. It was also deemed not necessary to provide an option of drawing tools, again relating to the flexibility of the administration process. The statement not to provide guidance on the

figure during administration i.e. drawing stick people or cartoons was also removed as this is included in the standard introduction.

#### *5.2.2.2 Explicit questions.*

'To ask questions during the drawing' was rated not essential, however of the overall statements generated, 17 related to dialogue. As previously discussed, the dialogue phase has been established as essential. One argument as to why this statement was considered not essential may be due to the wording being too fixed or closed. Another suggestion is that when the questionnaire was presented to the experts, other statements relating to the dialogue phase superseded this item.

#### *5.2.2.3 Symbolism of drawings.*

There was collective agreement that the statement 'include the symbolism of features within the drawing' in the interpretation process was not essential. On one hand it has been agreed that the drawings be interpreted in line with Burns & Kaufman original text. The original text draws on the work by Manchover on the characteristics of individual human figure drawings and their clinical interpretations (Manchover, 1949) as well as deriving the meaning from compartmentalisation, underlining, actions and rivalry. There was consensus that these characteristics are still essential in all situations.

There are a number of examples of symbolism in the original text by Burns & Kaufman. Examples of identification and early emotional development by gender and age (e.g. navigating the overpowering mother for girls and identification of power in fathers for boys) is described. Ambivalence and power in adolescent identity development are universal personality developments from a psychanalytic perspective which can be

evidenced through the content of a drawing. This is done by looking at the placement, size and proximity of the child in relation to their parent. Preoccupations and difficulties in emotional development are identified through the symbolism within the drawing. Other examples described as commonly projected include: the dinner table suggesting preoccupations with food in a child who has experienced neglect; intestinal shaped objects such as a vacuum cleaner in children with gastrointestinal difficulties. The light or heat syndrome (lightbulbs, fires, sun) suggest a need for warmth and love in emotional neglect. X syndrome (drawing the figure 'x') as a struggle for control over anxieties. One explanation why this item was removed is that consensus was reached that attention to the process and hypotheses generated-in-action were more important. An alternative explanation relates to the values of the EP profession. The role of the EP does not involve diagnosis or delivering direct psychotherapy as an intervention; therefore, this depth of interpretation is not required. Furthermore, the symbolism included in the book was written at a time that may reflect the society and family structure of that time and is perhaps less relevant today.

#### *5.2.2.4 Supervision.*

The final statement removed from the framework at this stage relates to access to group therapy or experiential groups for practitioners. No consensus was reached as to whether access to a group of psychoanalytic trained practitioners or supervisors was essential. Access to reflective supervision was considered essential in developing competence and supersedes the need for specific type of supervision described in these statements.

### **5.2.3 Results that did not reach consensus**

Of the original 172 statements generated from the Round 1 questionnaire, a level of consensus could not be reached on 19.8% of the items. These items fall under four broad categories: administration process, dialogue phase, relevant theories, examining features and feedback, which will be discussed in turn.

#### *5.2.3.1 Administration process.*

As described earlier in the chapter having a flexible administration process is essential. Items that provided fixed detail beyond the themes such as item '*awareness that analysis may arise later that cannot be checked out with the CYP*' (4.1.10) could be one explanation of why consensus could not be reached. In terms of interpretation process consensus could not be reached on whether making direct interpretations or comments is essential. This could relate to the idiographic nature of the assessment and therefore superficial to rate.

#### *5.2.3.2 Dialogue phase.*

Of the 17 statements that relate to dialogue, over half did not reach consensus ( $n=8$ ). It has been established that skills in inquiry are essential in all situations of the administration process suggesting the dialogue phase could be more important than the content of the drawing. Furthermore, engaging in a dynamic inquiry process; such as adapting questions to the child's language development and response to the task has also been established as essential in all situations. The items where consensus could not be reached included when to ask questions e.g. to prompt or reassure otherwise remaining silent (1.2.7, 1.3.1, 1.3.2) and detail on the type of questions, (1.3.3, 1.3.4,

1.3.6, 1.3.9, 2.1.4) e.g. direct, wondering, open, prompting, circular, Knoff & Prout. One argument as to why consensus was not reached is that they were too directive and the flexibility required would come from developing skills in this area. However, they could provide direction for developing these skills as they were generated in the original questionnaire so are being used at an individual level by the experts.

#### *5.2.3.3 Object relations theory.*

The most surprising finding in this study is that of object relations theory. This theory underpins the premise of projective assessment and the KFD. It was included in the Round 1 questionnaire as an important theory for both administration and interpretation. However, consensus could not be reached in any of the three ratings (essential in all situations, essential in some situations, not essential) for either item. One possible explanation is the influence of more dominant discourses. Firstly, as described in the introduction chapter, object relations theory relates to the function parents play in mediating self-identification. Arguably, more recently attachment theory has become more dominant in explanations of the role of the parent in mediating emotional regulation, and the internal working model (map of the self). Interestingly, consensus was reached that knowledge of attachment theory was essential to the use of the KFD.

#### *5.2.3.1 Personal construct psychology.*

An additional unusual finding was using questions that draw on personal construct psychology during administration, and knowledge in personal construct psychology for interpretation which were both found to be essential in some situations. While this is

moving away from the tool being used as a projective technique it does highlight the integrative and flexible nature of the tool. Another explanation could be due to the questionnaire design as no consensus could be reached on having knowledge of personal construct psychology for administration.

#### *5.2.3.2 Narrative ideas.*

A second interesting finding relates to narrative ideas. Consensus could not be reached whether narrative ideas are essential to administer the tool during administration to *'include the CYPs narrative of their family'* (2.2.10). Whilst narrative ideas are concerned with the story the individual gives to their situation, the researcher found the finding surprising given the emphasis on the dialogue phase.

#### *5.2.3.3 Examining features.*

While some aspects of examining features are essential to the KFD. A number of features could not reach consensus. These included two relating the overall composition and impression of the picture which could suggest EPs should pay more attention to the detail. There were two conflicting statements in the framework. *'Interpreting features within children's drawings e.g. Burns & Kaufman'* (6.1.1). While it was agreed this was essential to administration knowledge, no consensus could be reached whether it was essential to interpreting the drawing.

#### *5.2.3.4 Feedback.*

Three statements related directly to feedback; all three statements did not achieve consensus. One related to asking the CYP how they would like feedback, and two related

to using the drawings within parent feedback meetings. There are two suggestions put forward why this is the case. Firstly, EPs have a duty of care to safeguard children, given this is an assessment tool to explore family functioning for children with SEMH difficulties and the idiographic nature of the tool, gives one reason why consensus could not be reached as opposed to being seen as essential in some situations. Secondly, the context of service delivery may influence how EPs perceive feedback and their ability to involve children directly with feedback or have access to involve parents directly.

### **5.3 Developing the KFD best practice framework**

Upon review of the results the researcher considered the extent to which they could be taken further to provide a practical resource for EP practice. Previous studies have identified that the KFD could compliment more traditional assessment methods. However, a major problem with using projective techniques is the lack of guidance and training. It was therefore felt relevant to develop a KFD best practice framework, excluding statements which were relevant for general EP assessment. To the best knowledge of the researcher, this is the first study that attempts to achieve consensus opinion amongst EPs with a high level of expertise on key competencies for best practice in this area. Consequently, the term 'KFD best practice framework' was adopted as it was felt to appropriately reflected the expertise of the participants.

In order to create the KFD best practice framework the 129 competencies where a level of agreement was reached that they were either 'essential in all situations' or 'essential in some situations' were separated by those which could be considered general psychological assessment skills, from those which are unique to the KFD. When deciding if the statements fall under the skills and knowledge required by practicing psychologists

more generally, and therefore implicit when conducting individual assessment, they were cross referenced against the transferable competencies that are required to be demonstrated in order to become a qualified educational psychologist (BPS, 2017) and generic professional practice guidelines (BPS, 2008, HCPC, 2015). Personal qualities are also a condition of a competency framework. High quality inter-personal skills are required for successful educational psychology practice. The statements which fell within those presented in the therapeutic relationship (Rogers, 2007) and incorporated within training competencies (BPS, 2017) were considered non distinct to the KFD and removed from the overall framework.

45 competencies were excluded from the KFD best practice framework. This process highlights two important considerations. Arguably, that general assessment skills are implicit to the process. It further highlights the importance in having a thorough knowledge of psychological assessment and suggests that professionals using the KFD as a projective assessment should do so within their competence and adherence of assessment guidelines (BPS, 2008, 2017; HCPC, 2015, 2016; Rogers, 2007).

### ***5.3.1 KFD best practice framework section 1 – Essential in all situations***

Of the 112 statements where consensus was reached as being essential in all situations, 76 were included in section 1 of the KFD best practice framework after reviewing governing policies. The process identified seven key decisions for removal which include:

- Confidentiality, consent and information sharing
- Effective interpersonal skills
- Rationale for assessment choice
- Ethics for taking up responsibility and alternative course of action if client shows signs of distress or not deriving benefit

- Modifying communication to take account of child's language development
- Interpreting psychological assessments cautiously, in light of additional information and in an ecological systemic framework – triangulating information, formulating hypotheses in collaboration
- Repeated in other sections of the framework

The decision-making process for the KFD best practice framework and removal of the 36 statements is outlined below:

Subtheme 1.1 Before administration: Three statements were considered essential in all situations. One statement (1.1.1) fell within the principles of contracting outlined in the generic professional practice guidelines (BPS, 2008). One statement (1.1.2) was considered effective interpersonal skills and fell within the core competencies for training (BPS, 2017 4b p17) and removed from the final framework.

Subtheme 1.2 During administration: 22 statements were considered essential in all situations. The statements incorporated providing reassurance, being child-led, observing in the moment and being a reflexive practitioner. Incorporating therapeutic techniques and processes when working directly with children is a core competence for training (BPS, 2017 6.e. p18). While therapeutic techniques such as CBT and play therapy are used by EPs, the training of specific techniques will vary according to the training provider. Therefore, they could not be separated from the final framework. The statements under this subtheme are considered therapeutic techniques essential in all situations of using the KFD.

Subtheme 1.3 After administration: Five statements were considered essential in all situations. Three of the statements (1.3.15, 1.3.16, 1.3.19) relate to agreeing about information sharing and therefore considered to be covered under the principles of

access to records and record keeping (BPS, 2008) and removed from the framework. Statement 1.3.17 relates to core competency of the therapeutic relationship and the interpersonal skills of the assessor (BPS, 2017 4b p17) and excluded.

Subtheme 2.1 Assessment knowledge for administration of the KFD: Four statements were rated as essential in all situations. Core BPS competencies make reference to presenting a rationale for any assessment and justifying decisions therefore statement 2.1.1 was removed. The guidance also makes reference to demonstrating competence in thorough knowledge of psychometric theory (BPS, 2017 5. P18) but does not make reference to assessment which is conducted in a dynamic process therefore statements which relate to this were included in the final framework (2.1.3, 2.1.5). Statement 2.1.2 identified that knowledge of interpreting features within children's drawings was essential and included in the final framework.

Subtheme 2.2 Knowledge of psychological theory relevant to administering the KFD: 11 statements were identified as essential in all situations. These can be further grouped under four key theories: psychodynamic (2.2.1, 2.2.2, 2.2.3, 2.2.4), attachment theory (2.2.6, 2.2.7), social theories (2.2.9, 2.2.11, 2.2.12) and cognitive development (2.2.13, 2.2.14). Research into the impact of developmental trauma on cognitive development (Perry & Szalavitz, 2017), presents an argument for considering cognitive features within an SEMH assessment. EPs are required to devise and use context specific procedures in their assessments applying theory to practice and providing a clear rationale. As a result, all statements are incorporated into the final framework.

Subtheme 3.1 Ethical decision making: Four statements achieved consensus they were essential in all situations of using the KFD. Two statements were removed as they related

to information sharing and assessment choice (3.1.1, 3.1.2) and are covered in guidance relevant to all EP assessments (BPS, 2008). One statement was removed (3.1.3) as it relates to adhering to the code of ethics in respect of taking responsibility to take alternative action if the client shows distress (BPS, 2008 2.a p16).

Subtheme 3.2 Practitioner approach to assessment: Consensus was reached that three statements were essential in all situations. These statements were removed (3.2.1, 3.2.2, 3.2.3) as they relate to interpersonal skills required when undertaking assessment (BPS, 2017, 4.a p17).

Subtheme 3.3 Inquiry through questioning: Consensus that inquiry should be made when undertaking the KFD in all situations was reached for three statements (3.3.1, 3.3.2, 3.3.3). While EPs will be competent in interview skills at the end of their training (BPS, 2017 5a. p18) the frameworks for interview that are taught on training courses may not be made explicit. Furthermore, the literature does not provide detail on the inquiry process during administration (Beaver, 2011; Burns & Kaufman, 1971), therefore it was felt important to include statements that relate to asking open questions and be flexible to the response. One statement (3.3.3) was removed from the framework as it relates to modifying questions to take account of the child's language skills and developmental ability for reflection and was felt to be incorporated in professional practice guidelines (HCPC, 2015 8.3 p9).

Subtheme 4.1 Approach to obtaining data from KFD administration process in the interpretation process: Seven statements reached consensus as being essential in all situations. Three statements were felt to relate directly to the KFD and included in the overall framework (4.1.1, 4.1.5, 4.1.6). Four statements relate to using assessment

within a comprehensive framework including the nature of hypotheses and triangulation (4.1.3, 4.1.4, 4.1.11, 4.1.12) and felt to be covered by core competencies (BPS, 2017, 5.c p18) and removed at this stage.

Subtheme 4.2 Approach to analysing the features of the drawing. In terms of the process of analysing the features three statements reached consensus as being essential in all situations (4.2.6, 4.2.8, 4.2.10) as these are all specific to the tool they are included in the final framework.

Subtheme 4.3 Formulating hypotheses. Two statements relate to using assessment within a comprehensive framework and developing hypotheses in collaboration with service users (4.3.1, 4.3.4) and covered by core competencies (BPS, 2017 5.c, 5.e p18) and removed at this stage.

Subtheme 4.4 Reporting. The statement in this item where consensus was reached as essential in all situations (4.4.1) is covered under guidance on information sharing and removed at this stage (BPS, 2008).

Subtheme 5.1 Examining features of the drawing by looking at the representation and differentiation. Consensus was reached that all of the 15 items in this subtheme were essential in all situations. As they relate specifically to interpreting the KFD they are included in the final framework.

Subtheme 6.1 Theoretical assessment knowledge when interpreting the KFD. Consensus was reached as being essential in all situations for one statement (6.1.2). Interpreting psychological information in light of a systematic ecological framework is covered (BPS,

2017 5.d). In addition, the statement is a repetition of 2.1.5 (assessment knowledge required for administration) and therefore removed from the final framework.

Subtheme 6.2 Knowledge of specific psychological theories for interpretation. Consensus was reached on 12 statements that they were essential in all situations of interpreting a KFD. The statements are a repetition of those presented under 2.2 knowledge of psychological theories relevant for assessment administration and removed from the framework at this stage. One statement had not been previously covered (6.2.8) and included in the final framework within the subtheme systems within theoretical knowledge.

Subtheme 7.1 General assessment skills required for interpretation. Consensus was reached on seven statements as being essential in all situations. The ability to apply observational skills, child development and interpersonal skills (7.1.1, 7.1.2, 7.1.3) were considered general core competencies and removed (BPS, 2017). Two statements related to psychodynamic thinking and intra-psychic skills (7.1.4, 7.1.5) and were considered relevant to the final framework. Two statements related to formal training and continued professional development of using the KFD (7.1.6, 7.1.7) and considered relevant to remain in the final framework.

Subtheme 7.2 Interpretation skills deriving from a professional interest to develop own experience and confidence. This section includes statements that relate to confidence in using the tool, generating hypothesis and viewing interpretations and skill in self-reflexivity. Eight statements reached consensus as being essential in all situations. It is clear from the guidance (HCPC, 2016, BPS, 2017) that EPs should work within the limits of their knowledge and skills. While the statements could be considered within meeting

general competence at assessment, the statements highlight factors that need to be achieved to develop competence and therefore are included in the final framework.

Subtheme 7.3 Interpretation skills through access to supervision. Consensus was achieved that it was essential in all situations of using the KFD that when interpreting the drawing EPs should have access to ongoing reflective supervision, as this relates specifically to the tool it was included in the final framework.

The final list of competencies included in section 1 of KFD best practice framework is provided in table 5.1.

*Table 5.1 KFD best practice framework – Section 1 Essential in all situations*

Survey item number	Statement
1.1.5	To introduce the tool using the standard question ' <i>to draw everyone in your family doing something [...]</i> '
1.2.4	To provide reassurance that the task is not about drawing skills
1.2.8	To provide reassurance by responding to questions with simple, factual answers
1.2.10	To allow the CYP to take the lead
1.2.11	To observe how the CYP responded to the instruction and the task
1.2.12	To observe anything the CYP verbalises as they draw
1.2.13	To observe the CYP's emotional state during drawing
1.2.14	To observe the CYP's degree of absorption with the activity
1.2.15	To observe any difficulties the CYP has with maintaining focus
1.2.16	To offer the CYP a sense of 'being with them'
1.2.18	To observe the time spent on any particular part of the drawing
1.2.20	To observe the order of the figures drawn
1.2.21	To observe positioning of figures on the page
1.2.22	To observe proximity between figures
1.2.23	To observe similarities or differences between family members
1.2.24	To observe any omissions
1.2.25	To observe any pets or unusual figures drawn
1.2.26	To observe any aspect that is hard to understand and requires clarification from CYP either with the activity, or object
1.2.27	To observe details that catch your attention
1.2.28	To observe if/when the CYP has included themselves in the drawing
1.2.29	To observe any changes made and areas where they appear to struggle
1.2.30	To observe figures that seem easier or more difficult for the CYP to draw
1.2.31	To pay attention to what you are thinking and feeling
1.3.5	To be dynamic with the inquiry process depending on the CYP's response during task

Survey item number	Statement
2.1.2	Interpreting features within children's drawings e.g. Burns & Kaufman
2.1.3	Administering a dynamic tool and engaging in flexible dialogue
2.1.5	The learning triangle (learner, adult, task)
2.2.1/6.2.1	Psychodynamic theory: transference/counter transference
2.2.2/6.2.2	Psychodynamic theory: projection
2.2.3/6.2.3	Psychodynamic theory: conscious/unconscious processes
2.2.4/6.2.4	Psychodynamic theory: containment
2.2.6/6.2.6	Attachment theory: ideas around the internal working model
2.2.7/6.2.7	Attachment theory: principles of attunement
2.2.9/6.2.9	Systemic theory: familial allegiances and social graces
2.2.11/6.2.11	Relational dynamics
2.2.12/6.2.12	Power dynamics: subverted and reinforced
2.2.13/6.2.13	Cognitive development: indications of age (with younger children)
2.2.14/6.2.14	Developmental theories: drawing and motor control
6.2.8	Systemic family therapy theories: systemic questioning in particular, circular questions.
3.1.4	Apply a collaborative component of assessment, and answering questions
3.3.1	Ask open questions and being flexible to responses
3.3.2	Be flexible with questions depending on the CYP's response
4.1.1	To not follow a set pattern for interpretation
4.1.5	Be sensitive to the subjective nature of the task on that day
4.1.6	Question both the content and process
4.2.6	Include the process of their drawing i.e. order of figures drawn
4.2.8	Reflect on your feelings that arose during the administration
4.2.10	Include the CYPs initial response to the task e.g. confidence, response to questions
5.1.1	Position of figures on the page
5.1.2	Position of figures in relation to each other
5.1.3	Size of drawing in relation to the blank piece of paper
5.1.4	Size of figures in relation to each other
5.1.5	Individual features present e.g. facial features, limbs, trunk, hands, feet
5.1.6	Figures who have no grounding or stable base
5.1.7	Patterns/ groupings within drawings
5.1.8	Unusual features
5.1.9	Shading of people/object
5.1.10	Absences
5.1.11	Facial expressions
5.1.12	Detail of people
5.1.13	Barriers
5.1.14	Activities
5.1.15	The feelings/emotions elicited by the drawing
7.1.4	Apply intra-psychic skills (your own thoughts, feelings and responses)
7.1.5	Have confidence in applying psychodynamic thinking, such as living with ambiguity
7.1.6	Undertake formal training in the tool
7.1.7	Have access to robust professional development
7.2.1	Have confidence in generating hypotheses and actively exploring these with sensitivity
7.2.2	Have confidence in viewing any interpretations with caution (psychodynamic, systemic, developmental appropriateness)

Survey item number	Statement
7.2.3	Experience at using the tool in order to build confidence in how and what to share
7.2.4	Experience at using the tool in order to recognise patterns and gaining a baseline
7.2.5	Experience at using the tool to not overly interpret information
7.2.6	Experience in being sensitive about the information
7.2.7	Self-reflexivity in terms of an awareness of your own experiences of being in a family, and cultural or familial bias
7.2.8	Self-reflexivity in terms of your own emotional state at the time of administration
7.3.1	Ongoing reflective supervision

### **5.3.2 KFD best practice framework section 2 – Essential in some situations**

Given the idiographic nature of assessing SEMH needs the questionnaires adopted scaling that recognised some competencies will not be required in all situations. Consensus was reached that 16 statements were essential in some situations depending on the presenting case. As with section 1 of the KFD best practice framework the statements were reviewed in terms of those that were general competencies and those that were specific to the KFD and 8 statements are included in the final framework. The rationale is set out below, followed by the lists of statements in table 5.2.

Subtheme 1.2 During administration: five statements were considered essential in some situations. The statements incorporated providing reassurance if the child is hesitant to start (1.2.5, 1.2.6), being flexible as to whether to observe time limits (1.2.17, 1.2.19) and remaining silent while the child is drawing (1.2.3). Section 1 of developing the KFD best practice framework involved removing statements that related to providing reassurance, as it was suggested this is included within the scope of interpersonal skills, consequently they are also removed in Section 2. The skill of the psychologist is to make professional judgement as to when and where reassurance is needed therefore the

framework does not require explicit guidance on types of reassurance. In addition, time limit is a matter that could be incorporated within including observational information from assessments and included in BPS assessment competencies, and removed. The result is none of the statements in this subtheme will be included in the final framework.

Subtheme 1.3 After administration: One statement, *'To ask questions about the CYP family activities'* (1.3.7) was considered essential in some situations. As it relates specifically to the KFD session it was not removed.

Subtheme 4.1 Approach to obtaining data from KFD administration process in the interpretation process: Three statements reached consensus as being essential in some situations and felt to relate directly to the KFD and included in the overall framework (4.1.7, 4.1.8, 4.1.9).

Subtheme 4.2 Approach to analysing the features of the drawing. One statement relates to the KFD directly and kept in the final framework (4.2.11). The second statement (4.2.1) is covered in section 1 of using supervision and considered a repetition so was removed from the framework.

Subtheme 4.3 Formulating hypotheses. One statement (4.3.4), relates to interpreting psychological information in a systematic ecological framework (BPS, 2017 5.d) and removed. The other statement talks about directing questions to adults rather than children. Once the session is finished it could be considered unethical to go back to the child and ask further questions, in that sense in some circumstances *'To direct any further explorations with the adults rather than the CYP'* (4.3.3) would be seen helpful and kept in the framework.

Subtheme 4.4 Reporting. The statement in this item where consensus was reached as essential in some situations (4.4.5) is covered under guidance on information sharing and removed at this stage (BPS, 2008).

Subtheme 6.2 Knowledge of specific psychological theories for interpretation. Consensus was reached on two statements that they were essential in some situations of interpreting a KFD. Two statements had not been previously covered in psychological theories relevant to KFD administration (6.2.10, 6.2.15) and included in the final framework.

*Table 5.2 KFD best practice framework – Section 2 Essential in some situations*

Survey item number	Statement
1.3.7	To ask questions about the CYP's family activities e.g. detail/frequency of activities
4.1.7	To pay more attention to the to the dialogue than the drawing
4.1.8	To pay more attention to the process of doing the drawing and the meaning of the features in the drawing
4.1.9	To test out ideas from the KFD with the CYP
4.2.11	Include the CYP's verbal descriptions of family
4.3.3	Direct any further explorations with adults rather than the CYP
6.2.10	Narrative ideas
6.2.15	Personal construct psychology

Upon completion of this process the 84 exclusive statements were divided into four main sub-groups. A visual representation of the classifications used to produce the KFD best practice framework is provided in figure 5.1. This is followed by Table 5.3 which groups the statements under the classified headings.

Figure 5.1 Visual representation of the KFD best practice framework

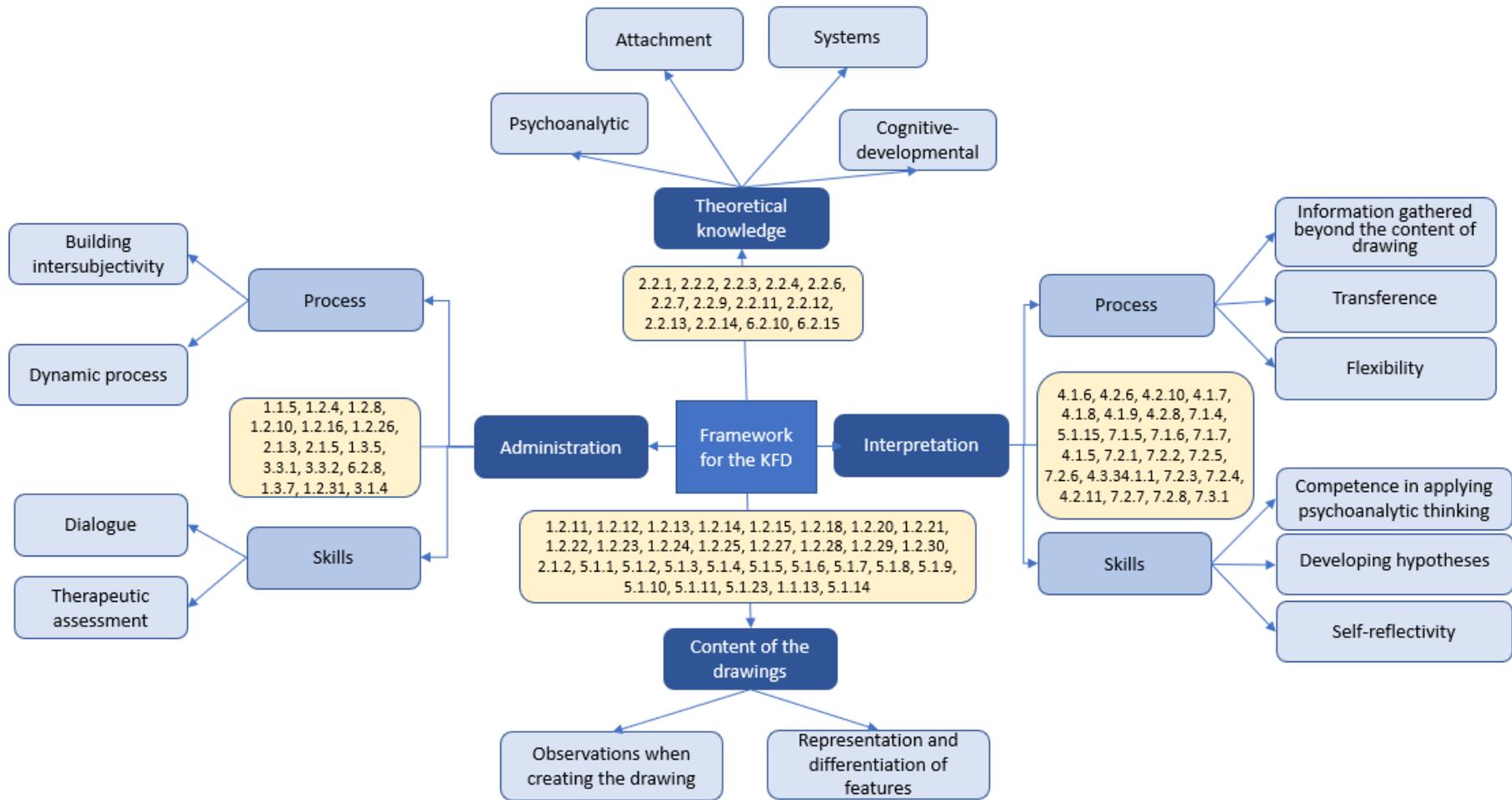


Table 5. 3 KFD best practice framework and statements

Statements are essential for all situations except for those in *italic* which are ‘essential in some situations’

Theoretical Knowledge	
Attachment	Ideas around the internal working model Principles of attunement
Psychoanalytic	Transference/counter transference Projection Conscious/unconscious processes Containment
Systemic	Familial allegiances and social graces Relational dynamics Power dynamics: subverted and reinforced
Cognitive-developmental	Indications of age (with younger children) Drawing and motor control
<i>Essential in some situations</i>	<i>Narrative ideas</i> <i>Personal construct psychology</i>
Administration process	
Building intersubjectivity	To introduce the tool using the standard question ‘ <i>to draw everyone in your family doing something [...]</i> ’ To provide reassurance that the task is not about drawing skills To provide reassurance by responding to questions with simple, factual answers To allow the CYP to take the lead To offer the CYP a sense of ‘being with them’
Dynamic process	To observe any aspect that is hard to understand and requires clarification from CYP either with the activity, or object Administering a dynamic tool and engaging in flexible dialogue The learning triangle (learner, adult, task)
Administration skills	
Dialogue	To be dynamic with the inquiry process depending on the CYP’s response during task Be flexible with questions depending on the CYP’s response Ask open questions and being flexible to responses Systemic family therapy theories: systemic questioning in particular, circular questions.
<i>Essential in some situations</i>	<i>To ask questions about the CYP’s family activities e.g. detail/frequency of activities</i>
Therapeutic assessment	To pay attention to what you are thinking and feeling Apply a collaborative component of assessment, and answering questions

<b>Interpretation process</b>	
Information gathered beyond the content	Question both the content and process Include the process of their drawing i.e. order of figures drawn Include the CYPs initial response to the task e.g. confidence, response to questions
<i>Essential in some situations</i>	<i>To pay more attention to the dialogue than the drawing</i> <i>To pay more attention to the process of doing the drawing and the meaning of the features in the drawing</i> <i>To test out ideas from the KFD with the CYP</i>
Transference	Reflect on your feelings that arose during the administration Apply intra-psychic skills (your own thoughts, feelings and responses)
Flexibility	To not follow a set pattern for interpretation Experience at using the tool in order to build confidence in how and what to share Experience at using the tool in order to recognise patterns and gaining a baseline
<i>Essential in some situations</i>	Include the CYP's verbal descriptions of family
<b>Interpretation Skills</b>	
Competence in applying psychoanalytic thinking	The feelings/emotions elicited by the drawing Have confidence in applying psychodynamic thinking, such as living with ambiguity Undertake formal training in the tool Have access to robust professional development
Developing hypotheses	Be sensitive to the subjective nature of the task on that day Have confidence in generating hypotheses and actively exploring these with sensitivity Have confidence in viewing any interpretations with caution (psychodynamic, systemic, developmental appropriateness) Experience at using the tool to not overly interpret information Experience in being sensitive about the information
<i>Essential in some situations</i>	<i>Direct any further explorations with adults rather than the CYP</i>
Self reflexivity	Self-reflexivity in terms of an awareness of your own experiences of being in a family, and cultural or familial bias Self-reflexivity in terms of your own emotional state at the time of administration Ongoing reflective supervision
<b>Content of the drawings</b>	
Observations when creating drawing	To observe how the CYP responds to the instruction and the task To observe the CYP's emotional state during drawing To observe the CYP's degree of absorption with the activity To observe any difficulties the CYP has with maintaining focus To observe the time spent on any particular part of the drawing To observe the order of the figures drawn To observe positioning of figures on the page To observe proximity between figures To observe similarities or differences between family members To observe any omissions

	<ul style="list-style-type: none"> <li>To observe any pets or unusual figures drawn</li> <li>To observe details that catch your attention</li> <li>To observe if/when the CYP has included themselves in the drawing</li> <li>To observe any changes made and areas where they appear to struggle</li> <li>To observe figures that seem easier or more difficult for the CYP to draw</li> </ul>
Representation and differentiation of features	<ul style="list-style-type: none"> <li>Interpreting features within children's drawings e.g. Burns &amp; Kaufman</li> <li>Position of figures on the page</li> <li>Position of figures in relation to each other</li> <li>Size of drawing in relation to the blank piece of paper</li> <li>Size of figures in relation to each other</li> <li>Individual features present e.g. facial features, limbs, trunk, hands, feet</li> <li>Figures who have no grounding or stable base</li> <li>Patterns/ groupings within drawings</li> <li>Unusual features</li> <li>Shading of people/object</li> <li>Absences</li> <li>Facial expressions</li> <li>Detail of people</li> <li>Barriers</li> <li>Activities</li> </ul>

## 5.4 Critical appraisal of the literature review and methodology

This section will first provide a summary appraisal of the literature review. A detailed critique of the methodology including the research design and analysis will follow. Attempts to provide reasoned explanations for inconsistencies in the data will be made, and for findings that were unexpected.

### 5.4.1 Appraisal of the literature review

A strength of the current research is the rigour given to the literature review. A weight of evidence framework enabled the researcher to identify the quality of the studies in exploring the approach to administration and interpretation of the KFD. This enabled the researcher to identify new claims to knowledge in relation to existing research. The

systematic literature review identified studies from the US and clinical practice. While there may be some overlap, it is argued the differences in role and context between clinical and educational psychology, provides additional rationale. The key findings from existing literature include: -

The body of literature identified the approach to the administration and interpretation of the KFD most commonly used is through examining the features within the drawing. All of the included studies examined the features to some extent.

Six of the studies did not score the KFD, those that did score the tool did not establish a significant difference, arguing this is not essential for its use.

Triangulating the KFD with other sources of information was also included in the majority of studies, and positive correlations with parent reports and behaviour checklists were identified, suggesting that this is an essential feature of using the KFD.

While the majority of included studies were not qualitative or case studies, they did apply an integrative approach to the KFD suggesting topic relevance.

Eight of the studies supplemented the administration with inquiry and the administrators were present during the process. Being present during administration is arguably a necessity when using the tool for projective assessment purposes as opposed to pre/post measures. Further benefits of interpreting the KFD qualitatively include supplementing case conceptualisation and informing therapeutic intervention.

Overall, the literature base was limited in its reporting of the administration procedure and the theoretical underpinnings. As a result, there was no conclusive evidence of best-

practice of using the KFD as projective tool drawing on psychoanalytic concepts. Those studies which did go into more depth were case studies, highlighting a gap in providing an agreed evidence-based amongst experts to the administration process.

#### **5.4.2 Appraisal of the methodology**

##### *5.4.2.1 Research design.*

A review of the previous literature revealed a lack of research amongst EPs using the KFD. The present research was a small scale mixed-methods study and therefore has inherent limitations. There needs to be consideration of the homogeneous sample, which means generalisation of the findings to a broader population should be made with caution. While generalisability was not an aim of the study it achieved a high level of external validity through the sampling process.

##### *5.4.2.2 Participant selection.*

Participants were selected due to their 'expertise' in the KFD gained through experience and training (see table 3.1 in the methodology chapter). This was not intended to be representative of the wider EP community given the selection criteria required for participant selection. One of the aims of the study was to have participants from a range of employment sectors. The selection process partly achieved this aim where the participants included in the study were employed as educational psychologists from local authorities, the NHS and tutors on initial training. Had participants included private practice it would have increased the scope of the selection.

#### *5.4.2.3 Sample size.*

One limitation of this study relates to the small sample size. While there is little evidence of the effect of sample size on enhanced reliability and reduced error (Murphy, 1998), the set of statements describing best practice in Round 2 can only reflect the opinions of the participants in the study. Other 'experts' may have influenced the development of best practice in a dissimilar way.

On the other hand, it was hypothesised there was a small number of EPs who use the KFD and meet the selection criteria. The researcher intentionally adopted a purposive sampling approach. Phase two of this approach involved inviting current members of staff within the dominant training institution. The institution did not include a list of alumni who could have been approached to widen the sample, therefore it felt relevant to extend recruitment through snowballing and through a wider social media community (EPNET). It is proposed that obtaining a larger sample would have impacted the feasibility of the research being conducted within the timeframe. Three participants included in the initial recruitment were not from the dominant institution which was surprising to the researcher. Their training on the tool came from training after they qualified.

#### *5.4.2.4 Delphi method.*

The reliability of the study was demonstrated through the robust process of conducting a Delphi approach. This approach enabled group opinion to be gathered and analysed in a reliable way. In this study the number of rounds were limited to three which resulted in 34 competencies not reaching consensus. It might have been helpful to carry

out an additional round of re-ratings for participants until consensus was reached on all items. This idea was not pursued by the researcher in favour of ethical completion of the project, considering the participants gave informed consent to participate in three rounds of the study and additional demand of their time did not seem possible.

#### *5.4.2.5 Thematic analysis.*

One limitation of the research method relates to the construction of the Round 2 questionnaire. The study took a deductive approach to qualitative data, in that Round 1 was explicit about the information that was required. The questions sought to capture the skills and knowledge required to develop a competency framework as well as detail on the process. The use of the Braun & Clarke (2006) model of thematic analysis was chosen to allow the themes arising from the Round 1 questionnaire to emerge rather than be imposed, which minimised personal bias and provided a richer pool of statements.

During the construction phase the researcher identified some overlap in competencies that formed the Round 2 questionnaire. However, as the study was exploratory it was felt pertinent to include statements that had nuanced differences rather than being reductive at the initial stage.

Member checking was not used to develop the Round 2 questionnaire so the research cannot claim the key themes were validated. However, the process of adopting additional rounds to achieve consensus acted as a form of validation. In hindsight, it may have been useful to adopt a method of inter-rater reliability prior to distribution of the Round 2 questionnaire.

As an alternative to a Delphi survey, the researcher could have conducted semi-structured interviews to gather initial opinion, or focus groups to gather group opinion and provide the opportunity to allow participants to discuss ideas and increase internal validity. This would have allowed the research question to be explored in more depth. However, for reasons explained in the methodology it was not deemed to be a feasible option as group dynamics and the level of reflection on the process required may have inhibited the responses. Another consideration would be to have two groups of participants involved in the data gathering process, this would have enabled the researcher to cross-reference the findings.

#### *5.4.2.6 Questionnaire design.*

Fink (2006) states the importance of piloting questionnaires beforehand to iron out any difficulties. Furthermore, piloting a questionnaire can increase the validity and reliability. The process of the Delphi method and questionnaires were piloted in advance and a relative strength of the study. However, due to the expert panel being both responsible for generating items for the questionnaire and the survey, given their niche expertise it was not possible recruit a separate group with the same level of expertise to pilot the questionnaire for the main study in advance.

This study adopted a 3-point Likert scale with an additional field titled 'don't know'. The rationale is described in detail in the methodology chapter. While the value of including the field 'don't know' is questioned by the researcher due to its lack of use. It was used by one participant in Round 2 against one item. Having this additional field enabled the participant to demonstrate uncertainty and arguably be more honest. The strength of

the Delphi approach is that it enables participants to change their opinion in light of the group response in Round 3.

#### *5.4.2.7 Identifying descriptions of best practice.*

The researcher does not claim that the final framework is a competency checklist in that by following the list one would become a fully 'competent' practitioner of using the KFD. Instead it is intended as guidance on the types of things that should be done to get the most out of using the tool.

There is a lack of guidance around which psychoanalytic principles are relevant to the KFD. The topic is avoided in contemporary texts that give reference to the tool (Beaver, 2011). In the original book, Burns & Kaufman (1971) presents examples from case studies to highlight themes within drawings. They also provide guidance on potential meaning behind certain characteristics of children's drawings, by relating them to the functions of the characteristics. The book describes anxiety as being projected by shading or detail in the drawing but gives no reference to the transference and countertransference in the relationship between the assessor and the child. The new findings from this piece of research has highlighted the importance of a dynamic therapeutic relationship for effective use of the KFD.

#### *5.4.2.8 Response rate.*

The response rate for those agreeing to participate in Round 2 was good. 88.88% of participants returned their questionnaire. The response rate for Round 3 was high with 100% of participants returning their questionnaires. This is a particular strength of the study considering average response rates for surveys are reported to be 49.6% (Van

Horn, Green & Martinussen, 2009). This might have been due to following the steps identified in the pilot study to establish rapport and give consideration to participants work load when deciding on commencement of data collection. The researcher scoped options for potential start dates amongst her current network of EPs and identified the summer months as having the best potential. In order to avoid personal vacations, the researcher asked the participants during the recruitment phase to identify any dates that would be problematic. An additional factor that could have influenced the high response rate is the genuine interest of the participants in promoting the KFD and projective techniques which is argued to be a neglected paradigm and form of assessment.

#### *5.4.2.9 Level of consensus.*

The argument around what constitutes consensus is an area of debate that is ongoing amongst Delphi studies. On one hand setting the level of consensus is one of the determinant features of validity in a Delphi process. As with sample size the guidelines about how to set the level of consensus in a Delphi study vary (Keeney et al, 2011). There are some studies that set the consensus after the data is collected (Williams & Webb, 1994), while other studies pay little attention to defining the consensus level (Powell, 2003). In this study the researcher ensured a transparent and reasoned approach was adopted when establishing a consensus level, which can be seen as a strength of the methodology. In the current study the consensus level was set at 62.5%. While it could be considered that a higher level of consensus may give further weight to the validity of the study, with 80% consensus identified at the higher end of the range (Ulschak, 1983). On analysis of the findings, 72% of the competencies that were included

in the final framework as exclusive to the KFD and essential in all situations had consensus at the higher levels (100%, 87.5% and 75%) suggesting that setting a higher level of consensus would not have had a significant impact on the findings.

On the other hand, Crisp et al. (1997) suggest stability of response is considered a more reliable indicator than consensus level. In their study Rowe & Write (1999) suggest the less variance is associated with more consensus. While it is acknowledged that percentage of agreement does not measure the stability of responses over successive rounds (Keeney et al. 2011), in this study ratings changed on 9.2% statements (7 out of 76) suggesting a low level of variance, particularly considering the low attrition rate.

## **5.5 Concluding comments**

This work is the first of its kind seeking to establish a common procedure for using the KFD in EP practice. The 84 competencies of the KFD framework endorsed by experts in the field represent an empirically derived procedure.

Modifications to this study could include a wider sample of participants from a broader range of employment contexts. While the design is robust, modifications could include increasing the number of rounds so that full consensus is reached and increasing the level of consensus.

### **5.5.1 *Benefit to the EP profession***

It is hoped that the study will be of benefit to the profession and the use of the KFD in EP practice will increase as a result of the findings of this study. The research presents

a much-needed evidence-base for using the tool. In future it is hoped that the framework could be evaluated for its effectiveness.

### **5.5.2 Academic benefits**

The findings from the systematic review, which highlight the approach to administering and interpreting the KFD is relevant to academics and researchers concerned with developing the evidence-base for projective techniques. The construction of an initial best-practice framework may provide a useful medium for training on the KFD in initial EP training courses, or to be included in training delivered by EPs to other suitably qualified professionals.

### **5.5.3 Dissemination**

As a result of this study the researcher aims to pursue publication within peer reviewed journals. In addition to disseminating the KFD framework to the participants it is hoped the researcher will be able to present the findings at local service CPD events and at EP conferences such as the annual BPS trainee educational psychologist conference.

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## Appendices

## Appendix A: Theoretical assumptions of the mind underlying projective techniques

Adapted from Curtis (2015)

Concept	Definition
The depth of the mind. A procedure for exploring unconscious mental processes	Freud (1915) developed the topographical model <ul style="list-style-type: none"> <li>• Includes the conscious, subconscious and unconscious</li> <li>• The dynamic relationship between conscious choices being influenced by unconscious drives deep in the psyche</li> </ul>
A method of understanding the symbolic meaning of symptoms in order to alleviate distress	Freud described dreams as “the royal route to the unconscious” (Freud, 1900) <ul style="list-style-type: none"> <li>• Unconscious material is processed when the mind is at rest in dreams and dreaming occur in the form of symbolism</li> </ul>
Developmental stages of the mind – three layers of maturity	Within the topographical model, Freud (1923) developed a structural model of the mind that explains behaviour in terms of what drives behaviour <ul style="list-style-type: none"> <li>• The mind is driven by the relationship between three aspects the id, ego and superego</li> <li>• The task of the mind is to learn to exist in a society that is not egocentric</li> <li>• The id relates to the instinctual human drive to survive and seek a pleasurable state</li> <li>• The ego develops as a way recognise reality and make decisions and choices, such as the need to control instinct and curb impulses - it mediates the id and superego</li> <li>• The superego is the ruler of the mind it is the moral compass of the mind and can be a harsh ruler. If the ego is not strong enough to mediate impulses and judgement it will lay rise to feelings such as guilt and anxiety</li> </ul>

## Appendix B: Excluded studies in the literature review

Excluded studies – n=50

Reference	Exclusion criteria
Arteche, A., & Murray, L. (2011). Maternal affective disorder and children's representation of their families. <i>Journal of Child and Family Studies</i> , 20(6), 822-832.	4. generic drawings of family; not KFD
Bekhit, N. S., Thomas, G. V., & Jolley, R. P. (2005). The use of drawing for psychological assessment in Britain: Survey findings. <i>Psychology and Psychotherapy: Theory, Research and Practice</i> , 78(2).	4. not using KFD as Ax or measure – survey
Brannigan, G. G., Schofield, J. J., & Holtz, R. (1982). Family drawings as measures of interpersonal distance. <i>The Journal of Social Psychology</i> , 117(1).	5
Cabacungan, L. F. (1985). The child's representation of his family in kinetic family drawings (KFD): A cross-cultural comparison. <i>Psychologia: An International Journal of Psychology in the Orient</i> , 28(4).	4. not using KFD as Ax or measure – comparison study
Danti, J., Adams, C., & Morrison, T. L. (1985). Children of mothers with borderline personality disorder: A multimodal clinical study. <i>Psychotherapy: Theory, Research, Practice, Training</i> , 22(1), 28-35.	5.
Dunn, J., O'Connor, T. G., & Levy, I. (2002). Out of the picture: A study of family drawings by children from step-, single-parent and non-step families. <i>Journal of Clinical Child and Adolescent Psychology</i> , 31(4), 505-512.	4. generic drawings of family; not KFD
Dyette, K., & Nayar-Akhtar, M. (2015). Understanding institutionalized children in a developing country: Exploration of trauma and attachment at an orphanage in India. <i>Journal of the American Psychoanalytic Association</i> , 63(3).	4. KFD not selected as a measure for analysis
Fihrer, I., & McMahon, C. (2009). Maternal state of mind regarding attachment, maternal depression and children's family drawings in the early school years. <i>Attachment &amp; Human Development</i> , 11(6), 537-556.	4. generic drawings of family; not KFD
Fury, G., Carlson, E. A., & Sroufe, L. A. (1997). Children's representations of attachment relationships in family drawings. <i>Child Development</i> , 68(6)	4. generic drawings of family; not KFD
Gernhardt, A., Keller, H., & Rübeling, H. (2016). Children's family drawings as expressions of attachment representations across cultures: Possibilities and limitations. <i>Child Development</i> , 87(4), 1069-1078.	4. generic drawings of family; not KFD
Giasson, V., Daigneault, I., & Hébert, M. (2014). New scoring method of the family drawing for sexually abused preschoolers. <i>Journal of Child Sexual Abuse: Research, Treatment, &amp; Program Innovations for Victims, Survivors, &amp; Offenders</i> , 23(2), 160-178.	4. not using KFD as Ax or measure – development of scoring tool
Goldner, L., Edelstein, M., & Habshush, Y. (2015). A glance at children's family drawings: Associations with children's and parents' hope and attributional style. <i>The Arts in Psychotherapy</i> , 43, 7-15.	4. generic drawings of family; not KFD
Goldner, L., & Levi, M. (2014). Children's family drawings, body perceptions, and eating attitudes: The moderating	4. generic drawings of

Reference	Exclusion criteria
role of gender. <i>The Arts in Psychotherapy</i> , 41(1), 79-88.	family; not KFD
Goldner, L., & Scharf, M. (2011). Children's family drawings: A study of attachment, personality, and adjustment. <i>Art Therapy</i> , 28(1), 11-18.	4. generic drawings of family; not KFD
Gullone, E., Ollendick, T. H., & King, N. J. (2006). The Role of Attachment Representation in the Relationship Between Depressive Symptomatology and Social Withdrawal in Middle Childhood. <i>Journal of Child and Family Studies</i> , 15(3), 271-285.	4. generic drawings of family; not KFD
Hackbarth, S. G., Murphy, H. D., & McQuary, J. P. (1991). Identifying sexually abused children by using kinetic family drawings. <i>Elementary School Guidance &amp; Counseling</i> , 25(4), 255-260.	5.
Handler, L., & Habenicht, D. (1994). The Kinetic Family Drawing Technique: A Review of the Literature. <i>Journal of Personality Assessment</i> , 62(3), 440.	4. not using KFD as Ax or measure – literature review
Harrison, L. J., Clarke, L., & Ungerer, J. A. (2007). Children's drawings provide a new perspective on teacher-child relationship quality and school adjustment. <i>Early Childhood Research Quarterly</i> , 22(1), 55-71.	4. generic drawings of family; not KFD
Knoff, H. M., & Prout, H. T. (1985). The Kinetic Drawing System: A review and integration of the kinetic family and school drawing techniques. <i>Psychology in the Schools</i> , 22(1), 50-59.	4. Not empirical study using KFD as Ax or measure
Koppitz, E. M. (1983). Projective drawings with children and adolescents. <i>School Psychology Review</i> , 12(4), 421-427.	4. Not empirical study using KFD as Ax or measure
Leon, K., & Rudy, D. (2005). Family processes and children's representations of parentification. <i>Journal of Emotional Abuse</i> , 5(2-3), 111-142.	4. generic drawings of family; not KFD
Leon, K., Wallace, T., & Rudy, D. (2007). Representations of parent-child alliances in children's family drawings. <i>Social Development</i> , 16(3), 440-459.	4. generic drawings of family; not KFD
Levant, R. F., & Doyle, G. F. (1983). An evaluation of a parent education program for fathers of school-aged children. <i>Family Relations: An Interdisciplinary Journal of Applied Family Studies</i> , 32(1), 29-37.	5.
Linesch, D., Aceves, H. C., Quezada, P., Trochez, M., & Zuniga, E. (2012). An art therapy exploration of immigration with Latino families. <i>Art Therapy</i> , 29(3), 120-126.	4. generic drawings of family; not KFD
Madigan, S., Goldberg, S., Moran, G., & Pederson, D. R. (2004). Naïve observers' perceptions of family drawings by 7-year-olds with disorganized attachment histories. <i>Attachment &amp; Human Development</i> , 6(3), 223-239.	4. Not empirical study using KFD as Ax or measure

Reference	Exclusion criteria
Madigan, S., Ladd, M., & Goldberg, S. (2003). A picture is worth a thousand words: Children's representations of family as indicators of early attachment. <i>Attachment &amp; Human Development, 5</i> (1), 19-37.	4. KFD used as stimulus not direct ax measure
McPhee, J. P., & Wegner, K. W. (1976). Kinetic-Family-Drawing styles and emotionally disturbed childhood behavior. <i>Journal of Personality Assessment, 40</i> (5), 487-491.	5.
Mostkoff, D. L., & Lazarus, P. J. (1983). The Kinetic Family Drawing: The reliability of an objective scoring system. <i>Psychology in the Schools, 20</i> (1), 16-20.	4. not using KFD as Ax or measure – quantitative scoring validity study
Myers, D. V. (1978). Toward an objective evaluation procedure of the Kinetic Family Drawings (KFD). <i>Journal of Personality Assessment, 42</i> (4), 358-365.	4. not using KFD as Ax or measure – quantitative scoring validity study
Neale, E. L., & Rosal, M. L. (1993). What can art therapists learn from the research on projective drawing techniques for children? A review of the literature. <i>The Arts in Psychotherapy, 20</i> (1), 37-49.	4. not using KFD as Ax or measure – literature review
Nuttall, E. V., Chieh, L., & Nuttall, R. L. (1988). Views of the family by Chinese and US children: A comparative study of kinetic family drawings. <i>Journal of School Psychology, 26</i> (2), 191-194.	4. not using KFD as Ax or measure – comparison study
Pace, C. S., Zavattini, G. C., & Tambelli, R. (2015). Does family drawing assess attachment representations of late-adopted children? A preliminary report. <i>Child and Adolescent Mental Health, 20</i> (1), 26-33.	4. generic drawings of family; not KFD
Payne, M. A. (1996). Some effects of sex, age, and household structure on family drawings of Barbadian children. <i>The Journal of Social Psychology, 136</i> (5), 567-578.	4. generic drawings of family (akinetiC) ; not KFD
Pianta, R. C., Longmaid, K., & Ferguson, J. E. (1999). Attachment-based classifications of children's family drawings: Psychometric properties and relations with children's adjustment in kindergarten. <i>Journal of Clinical Child Psychology, 28</i> (2), 244-255.	4. generic drawings of family; not KFD
Piperno, F., Di Biasi, S., & Levi, G. (2007). Evaluation of family drawings of physically and sexually abused children. <i>European Child &amp; Adolescent Psychiatry, 16</i> (6), 389-397.	4. generic drawings of family; not KFD
Procaccia, R., Veronese, G., & Castiglioni, M. (2014). The impact of attachment style on the family drawings of school-aged children. <i>The Open Psychology Journal, 7</i> .	4. generic drawings of family; not KFD
Rabinowitz, A. (1991). The relation of acceptance-rejection to social schemata and kinetic family drawings. <i>Social Behavior and Personality: An International Journal, 19</i> (4), 263-272.	5.
Raskin, L. M., & Pitcher-Baker, G. (1977). Kinetic Family Drawings by children with perceptual-motor delays. <i>Journal</i>	5.

Reference	Exclusion criteria
<i>of Learning Disabilities, 10(6), 370-374.</i>	
Raskin, L. M., & Bloom, A. S. (1979). Kinetic Family Drawings by children with learning disabilities. <i>Journal of Pediatric Psychology, 4(3), 247-251.</i>	5.
Riordan, R. J., & Verdel, A. C. (1991). Evidence of sexual abuse in children's art products. <i>School Counselor, 39(2), 116-121.</i>	5.
Shiakou, M. (2012). Representations of attachment patterns in the family drawings of maltreated and non-maltreated children. <i>Child Abuse Review, 21(3), 203-218.</i>	4. generic drawings of family; not KFD
Sims, C. A. (1974). Kinetic Family Drawings and the Family Relations Indicator. <i>Journal of Clinical Psychology, 30(1), 87-88.</i>	5.
Stawar, T. L., & Stawar, D. E. (1987). Family kinetic drawings as a screening instrument. <i>Perceptual and Motor Skills, 65(3), 810-810.</i>	5.
Tharinger, D. J., & Stark, K. D. (1990). A qualitative versus quantitative approach to evaluating the Draw-A-Person and Kinetic Family Drawing: A study of mood- and anxiety-disorder children. <i>Psychological Assessment: A Journal of Consulting and Clinical Psychology, 2(4), 365-375.</i>	5.
Veltman, M. W. M., & Browne, K. D. (2003). Trained raters' evaluation of Kinetic Family Drawings of physically abused children. <i>The Arts in Psychotherapy, 30(1), 3-12.</i>	4. Validating KFD, not used as Ax or Measure
Veltman, M. W. M., & Browne, K. D. (2000). Pictures in the Classroom: Can Teachers and Mental Health Professionals Identify Maltreated Children's Drawings? <i>Child Abuse Review, 9(5), 328-336.</i>	4. KFD not used for Ax or measure - used as a stimulus
Wagner, N. J., Mills-Koonce, W. R., Willoughby, M. T., Zvara, B., & Cox, M. J. (2015). Parenting and children's representations of family predict disruptive and callous-unemotional behaviors. <i>Developmental Psychology, 51(7), 935-948.</i>	4. family drawing paradigm measure; not KFD
Wegmann, P., & Lusebrink, V. B. (2000). Kinetic family drawing scoring method for cross-cultural studies. <i>The Arts in Psychotherapy, 27(3), 179-190.</i>	4. Validating KFD, not used as Ax or Measure
Wolfe, L. A., & Collins-Wolfe, J. A. (1983). Action techniques for therapy with families with young children. <i>Family Relations: An Interdisciplinary Journal of Applied Family Studies, 32(1), 81-87.</i>	4. KFD as an engagement tool
Worden, M. (1985). A case study comparison of the Draw-A-Person and Kinetic Family Drawing. <i>Journal of Personality Assessment, 49(4), 427-433.</i>	5.

### Appendix C: Overview of included studies in the literature review

Authors/ title	Aim	Population	Method and analysis	Main findings	Strengths	Limitations
Austin, C. A., Krumholz, L. S., & Tharinger, D. J. (2012). Therapeutic assessment with an adolescent: Choosing connections over substances. <i>Journal of Personality Assessment</i> ,	Case study providing in-depth example of a comprehensive therapeutic assessment	1 male adolescent No age given UK	Qualitative methodology providing in-depth insight into clinician's formulation  Researchers illuminates on the actions and subjective experiences of the case	Significant amount of info portrayed through the drawing reinforcing indications the young person was perceptive and attuned to dynamics of the family  Enabled case conceptualisation, intervention phase, Summary, discussion phase, Written communication phase, Follow up phase	KFD used as assessment tool, holistic, integrative assessment.  KFD triangulated with collaborative interview, objective and projective techniques  Administered in standardised manner followed by inquiry (participant allowed to expand, reflect)  Detailed inquiry phase	Relationship between researcher and participants not discussed  Detail on written/feedback phase not provided
Backos, A., & Samuelson, K. W. (2017). Projective drawings of mothers and children exposed to intimate partner violence: A mixed methods analysis. <i>Art Therapy</i> , 34(2), 58-67.	To examine the use of KFD and DAP with victims of trauma or identifying PTSD	Mothers n=56 (mean= 35.9yrs)  Children n=56 (mean age=13yrs)  Predominantly low SES  USA	Mixed methods: Quant measures & Qual grounded theory developed from themes of KFD  Measures for triangulation: PTSD scale (Burns, 1982), KFD analysis (Knoff & Prout, 1985) Peer analysis – inter-rater reliability	Holistic analysis of KFD through exploratory question. Detail of inquiry given.  Burns method – no difference in indicators from 2 mother groups, no difference in indicators from child groups, Grounded theory – yielded themes that were different between groups Raters commented on negative and mixed affective quality	The qualitative KFD results support recommendations that a holistic and integrative analysis is preferred to analysis of individual features.  Themes provided focus for additional therapeutic support and clinical inquiry.  Qualitative features revealed themes not captured in the Burns scoring system	No reflection on relationship between research and participant given  Limitations of the study – lack of control group, sample of limited racial and ethnic diversity

Authors/ title	Aim	Population	Method and analysis	Main findings	Strengths	Limitations
Bannon, B. L., Tirella, L. G., & Miller, L. C. (2016). Children's drawings: Self-perception and family function in international adoption. <i>Early Child Development and Care</i> , 186(8), 1285-1301.	To investigate internationally adopted children's self-perception and family function	Children n=54 (Mean =8.5yrs)  USA	Within subject's correlation study – utility of family drawings, correlated with parent interview  Measures - CBCL, Adoption satisfaction questionnaire, developmental history and demographics  KFD scoring – Burns & Kaufman, Wegmann & Lusebrink (culturally sensitive scoring method) 2 independent rater  Analysed using t-scores and ANOVA, Pearson correlation	Positive correlations for KFD and parent reports using CBCL; positive associations with higher levels of SEMH competence and negative associations with global problems Positive correlation with parent adoption satisfaction  No difference in age groups refuting suggestions adolescents are less likely to draw self-figures interacting, a reflection of age-appropriate identity	KFD triangulated  Corroborates previous research that KFD are useful indicators of children's self-images and perceptions of their family  Simple and cost-effective method for evaluation especially when used with other measures	KFD administered in standardised manner – no inquiry.
Freidlander, M. L., Larney, L. C., Skau, M., Hotaling, M., Cutting, M. L., & Schwam, M. (2000). Bicultural identification: Experiences of internationally	Interview of adoptive families about cognitive emotional and familial experiences	8 families Parents n=24 Children n=12 (Mean =10yrs) Girls=7 Boys=5  Middle income  USA	Qualitative interview and ratings of KFD (thematic analysis, 2 raters)  Single aspect of drawing not used to predict outcome, analysed as a whole  Inquiry phase	Interview guide developed by researcher,  KFD – test retest moderate to excellent (Handler & Habenich)  Rated independently by 2 researchers- McPhees checklist	KFD triangulated with interview	Parents received no info on children's drawings  KFD raters not present during children drawing

Authors/ title	Aim	Population	Method and analysis	Main findings	Strengths	Limitations
Holt, E. S., & Kaiser, D. H. (2001). Indicators of familial alcoholism in children's kinetic family drawings. <i>Art Therapy, 18</i> (2), 89-95.	To delineate indicators in child's depictions of family that would suggest the presence of parental alcoholism	Children n=17 (aged 7-12 years)  USA	Quantitative study. Control and experimental groups  KFD scoring tool developed by the researcher comprising of 6 items believed to suggest parental alcohol abuse  Statistical analysis	2 of the 6 items of the evaluation scale significantly higher in group with substance abusing parents	Suggested implications relate to using the KFD with COAs in art therapy and the use it can have as a therapeutic intervention	Takes the KFD at face value, no triangulating information. Scores KFD quantitatively. Attempts to use KFD as diagnostic tool.  Raters not present during the drawing and analysed at a later date.
Levi, S. (2017). Measuring change in psychotherapeutic work with a traumatised child on the autistic spectrum. <i>Journal of Child Psychotherapy, 43</i> (3), 330-352.	Case study providing a description of developmental psychotherapy.	Child n=1 (age 7.5 years at outset)  male  2.5 years non-intensive psychotherapy  UK	Mixed methods – descriptive qualitative case study (pre, during, post therapy measures)  Objective = WISC Projective = DAP, KFD, play, CAT  Interviews=parents, school  KFD analysis included psychoanalytic concepts - disassociation, drawing features (blank eyes, doll like), transference,	Objectively measuring effects of psychotherapy through standard psychological testing.  Assessment directs case conceptualisation and therapeutic intervention Possibility of systematising impressions of a child's subjectivity without reducing it to a collection of symptoms	Range of tools tools helped therapist understand the child but also had a therapeutic benefit for the young person in comprehending the nature of his problem and helped him in his attempts to reintegrate the fragments of his personality.  Inquiry used throughout the KFD and the therapist was present –  The role the relationship between the clinician and the child in engagement with the activities –	Detail on written/feedback phase not provided

Authors/ title	Aim	Population	Method and analysis	Main findings	Strengths	Limitations
Packman, W., Mazaheri, M., Sporri, L., Long, J. K., Chesterman, B., Fine, J., & Amylon, M. D. (2008). <i>Projective drawings as measures of psychosocial functioning in siblings</i>	To enrich psychological understanding of the psychosocial functioning of siblings by examining the quantitative and qualitative findings on projective measures.	Children n=77 (mean=11 yrs) USA Middle income SES Mixed ethnicity 75% White	Pre-post measures of an intervention, KFD triangulated information with HFD  scoring tool developed for interpreting KFD of children with cancer and family members.	Non significant reduction in family distress for parent non bereaved.  Attributed to small sample size Scores improved at post test	Interpreters of drawings present during assessment  Although quant scoring then themes emerging from the scoring, triangulated with HFD  Some interpretation in terms of psycho analytic concepts – unconscious fears depicted through Brightness of colour, Living and coping with cancer	No further inquiry given
Saneei, A., & Haghayegh, S. A. (2011). Family drawings of Iranian children with autism and their family members. <i>The Arts in Psychotherapy</i> ,	To investigate attachment of children with ASC through their drawings.	Experimental group n=30 Control group n=30 (Aged 8-10 years mean=8.86yrs)  Israel	Quantitative – experimental and control group  Phi-squared test  Standard administration of KFD – no inquiry	Significant difference between the two groups pictures.  No difference in attachment patterns found	Counter evidence	KFD interpreted at face value through quantitative appraising – no measure for scoring detailed  Raters not present during the drawing

Authors/ title	Aim	Population	Method and analysis	Main findings	Strengths	Limitations
Stein, M. T. (2001). The use of family drawings by children in pediatric practice. <i>Journal of Developmental and Behavioral Pediatrics</i> , 22(2), 49-54.	To highlight the strengths and benefits of KFD and its applicability to primary care service (health supervision)	4 case studies Male n=2 (aged 6 & 13)  Female n=2 (aged 5.5 & 11)  USA	Case studies presented in terms of application and interpretation and linked to practice  Reflections on the drawings. Interpreted according to developmental and psychoanalytic concepts ie Oedipus and Burns & Kaufman (positioning proximity omission)	KFD is helpful tool to open dialogue between parents and with the child  KFD is helpful over time to show developmental and relational changes	No scoring required  Value added from KFD is using over time and opening up dialogue	No reflections on the process
Tasker, F., & Granville, J. (2011). Children's views of family relationships in lesbian-led families. <i>Journal of GLBT Family Studies</i> , 7(1-2), 182-199.	Presenting a new genogram technique and comparing it with KFD to conceptualise family membership of children in lesbian-led families	Children n=17 Male n=7 Female n=10 Age range 7-11  White British  Middle class  UK	Qualitative, thematic analysis  Multiple measures: Adult & Child interview, KFD  KFD analysed for features but not scored (Spigelman) type and number of relationships  Detail of KFD Inquiry included	Apple Tree Family genogram gives a better depiction of family organisation.  Proposes genogram techniques are more helpful in wider/complex family compositions, as fatigue can occur in drawing technique such as KFD	Inquiry phase during completion of the KFD  Gives additional insight into what an holistic integrative use can look like in assessment  Interview can facilitate further support ie narrative parents have given on family composition.	Researchers did not reflect on their relationship between the participants

Authors/ title	Aim	Population	Method and analysis	Main findings	Strengths	Limitations
Thornton, V. (2014). Using the emotional impact of domestic violence on young children. <i>Educational and Child Psychology</i> , 31(1), 90-100.	Grounded theory understanding the emotional impact of domestic violence on children	Children n=8 Male=4 Female=4 Age range 5-9  UK	Qualitative – thematic analysis to develop themes  Parent interview Child interview using HFD and KFD and story stem play  KFD analysis (Koppitz) to identify features but not score	Theoretical model developed - organised into 5 broad areas: Qualities of DV; Impact on children’s feelings; Impact on family dynamics; Children’s coping responses; Children’s capacity to process emotions  Brief summary of interpretation of each of children’s drawings noticing features of significance, made cautiously, no single feature used as a sole indicator, no fixed meaning to any of images	KFD triangulated with other sources of information  Researcher present during drawing – inquiry was free association children allowed to talk as they draw about emotional experiences  Benefit of KFD as tool to supplement interview Implications link to educational outcomes	Researchers did not reflect on their relationship between the participants
Ubha, N., & Cahill, S. (2014). Building secure attachments for primary school children: A mixed methods study. <i>Educational Psychology in Practice</i> , 30(3), 272-292.	Evaluating a school-based attachment intervention	Children n=5 Male=3 Female=2 Age range 7-9yrs  Mixed ethnicity  UK	Mixed methods – Qual to Quant.  10 week intervention  KFD & Interviews – standard administration, Burns & Kaufman interpretation also inquiry phase  Data triangulated against SDQ, BIOS (behavioural indicators of self esteem, Boxall, Attachment behaviour characteristics (PHbABC) – pre & post measures	Attachment based intervention may have had a positive impact on children’s behaviour and made progress in relation to their attachment and behaviour difficulties	Discussion opportunity for generating and refining hypotheses  Relates directly to EP practice - Discusses implications for educational psychology practice – EP well placed to support early intervention process and planning and implementation of appropriate interventions. Allowing EP to work in dynamic, creative and more innovating ways	Small sample No control group  Does not give additional insight into the process for individual assessment or examples of inquiry phase/therapeutic assessment

Authors/ title	Aim	Population	Method and analysis	Main findings	Strengths	Limitations
Veltman, M. W. M., & Browne, K. D. (2001). Identifying childhood abuse through favorite kind of day and kinetic family drawings. <i>The 9Arts in Psychotherapy</i> , 28(4), 251-259.	Identifying childhood abuse by comparing FFD and KFD. Aim to identify if FKD and KFD would make useful screeners for child maltreatment	Children n=28 Male=18 Female=10 Age =10  One class  UK	Quant study – Applying a screening inventory to population (Peterson & Hardin)  Cohen’s Kappa for inter rater-reliability  Single application of tool then features analysed to identify difference between groups	Fair to moderate inter rater reliability on the inventory  KFD not suitable as classroom screening tool and identification of children suffering maltreatment Further research into warranty of KFD inventory	Recommends scoring tools that contain qual and quant indicators provide more complex interpretations of KFD  Recommends results in conjunction with interview  Inventory may be useful for clinical use	Drawings collected blind – researchers not present during drawing  Not reliable when screening maltreatment – needs to have inquiry to be useful and researcher present, screening tools questioned

## Appendix D: Coding Protocol for included studies in the literature review

### Weight of Evidence A

Austin, C. A., Krumholz, L. S., & Tharinger, D. J. (2012). Therapeutic assessment with an adolescent: Choosing connections over substances. *Journal of Personality Assessment*, 94(6), 571-585.

#### Strengths and Weaknesses of the paper

##### Section A: Are the results of the study valid

1. Was there a clear statement of the aims of the research?	Yes 1 No/NA 0
Case study providing in-depth example of a comprehensive therapeutic assessment Relevant because it uses the KFD as an assessment tool, holistic, integrative assessment	
2. Is a qualitative methodology appropriate	Yes 1 No/NA 0
Researcher illuminates the actions and subjective experiences of research participants Qual methodology provides in-depth insight into clinicians formulation	
3. Was the research design appropriate to address the aims of the research?	Yes 1 No/NA 0
Justified the research design – explored benefits of TA-A	
4. Was the recruitment strategy appropriate to the aims of the research?	Yes 1 No/NA 0
Explained selection process	
5. Was the data collected in a way that addressed the research issue?	Yes 1 No/NA 0
Pre measures including the KFD conducted, triangulated with collaborative interview, private interview, developmental and family history. Assessment measures (DAP, KFD, Rorschach, MMPI, Early memory procedure, Brief Intelligence) – standardised administration followed by inquiry - expand, reflect and discuss noteworthy responses.  KFD – explaining the drawing, what’s going on with the people, what each person was feeling, what they wanted, Characterisations of each figure accurate with info from collaborative interview/background Significant amount of info portrayed through the drawing reinforcing indications the young person was perceptive and attuned to dynamics of the family  Cited process - Enabled case conceptualisation, Adolescent Intervention phase, Parent Intervention, Family intervention, Summary discussion phase, Written communication phase, Follow up phase	
6. Has the relationship between the researcher and participants been adequately considered?	Yes 1 No/NA 0

Overall rating of Evidence out of 6 = 5

##### Section B: What are the results

7. Have ethical issues been taken into consideration	Yes 1 No/NA 0
8. Was the data analysis sufficiently rigorous	Yes 1 No/NA 0
9. Is there a clear statement of findings	Yes 1 No/NA 0

Overall rating of Evidence out of 3 = 2

##### Section C: Will the results help answer the literature review question

10. How valuable is the research?	Yes 1 No/NA 0
Comments: See point 5.	

Overall rating of Evidence out of 1 = 1

#### Average WoE A across 3 judgement areas:

Sum of X/n = 2.66      Overall Rating of Evidence 2 High

X = individual quality rating for each judgement area; N= number of judgement areas

## Appendix E: Ethics application and approval

### Tavistock and Portman Trust Research Ethics Committee (TREC)

#### APPLICATION FOR ETHICAL REVIEW OF RESEARCH INVOLVING HUMAN PARTICIPANTS

This application should be submitted alongside copies of any supporting documentation which will be handed to participants, including a participant information sheet, consent form, self-completion survey or questionnaire.

Where a form is submitted and sections are incomplete, the form will not be considered by TREC and will be returned to the applicant for completion.

For further guidance please contact Paru Jeram ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk))

#### PROJECT DETAILS

<b>Current project title</b>	Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology practice: an exploratory study using the Delphi method.		
<b>Proposed project start date</b>	March 2019	<b>Anticipated project end date</b>	May 2020

#### APPLICANT DETAILS

<b>Name of Researcher</b>	Sarah-Louise Rand
<b>Email address</b>	<a href="#">XXXXXXXXXXXXXXXXXXXX</a>
<b>Contact telephone number</b>	XXXXXXXXXXXX

#### CONFLICTS OF INTEREST

<p><b>Will any of the researchers or their institutions receive any other benefits or incentives for taking part in this research over and above their normal salary package or the costs of undertaking the research?</b>  <b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>          If YES, please detail below:</p>
<p><b>Is there any further possibility for conflict of interest? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b>          If YES, please detail below:</p>

#### FOR ALL APPLICANTS

<p>Is your research being conducted externally* to the Trust? (for example; within a Local Authority, Schools, Care Homes, other NHS Trusts or other organisations).</p> <p>*Please note that 'external' is defined as an organisation which is external to the Tavistock and Portman NHS Foundation Trust (Trust)</p>	<p><b>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b></p>
<p>If YES, please supply details below:</p>	

Has external* ethics approval been sought for this research? <b>(i.e. submission via Integrated Research Application System (IRAS) to the Health Research Authority (HRA) or other external research ethics committee)</b>  <small>*Please note that 'external' is defined as an organisation/body which is external to the Tavistock and Portman Trust Research Ethics Committee (TREC)</small>  If <b>YES</b> , please supply details of the ethical approval bodies below <b>AND</b> include any letters of approval from the ethical approval bodies:	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
If your research is being undertaken externally to the Trust, please provide details of the sponsor of your research?	
Do you have local approval (this includes R&D approval)? Not required – See <b>Appendix A</b>	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

<b>COURSE ORGANISING TUTOR</b> • Does the proposed research as detailed herein have your support to proceed? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>	
<b>Signed</b>	
<b>Date</b>	7/3/19

<b>APPLICANT DECLARATION</b> I confirm that: <ul style="list-style-type: none"> <li>• The information contained in this application is, to the best of my knowledge, correct and up to date.</li> <li>• I have attempted to identify all risks related to the research.</li> <li>• I acknowledge my obligations and commitment to upholding our University's Code of Practice for ethical research and observing the rights of the participants.</li> <li>• I am aware that cases of proven misconduct, in line with our University's policies, may result in formal disciplinary proceedings and/or the cancellation of the proposed research.</li> </ul>	
<b>Applicant (print name)</b>	Sarah-Louise Rand
<b>Signed</b>	Sarah-Louise Rand
<b>Date</b>	3.2.19

**FOR RESEARCH DEGREE STUDENT APPLICANTS ONLY**

<b>Name and School of Supervisor/Director of Studies</b>	Dr Rachael Green Dr Brian Davis
<b>Qualification for which research is being undertaken</b>	Doctorate in Child, Community and Educational Psychology (M4)

<b>Supervisor/Director of Studies –</b> • Does the student have the necessary skills to carry out the research? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b> ▪ Is the participant information sheet, consent form and any other documentation appropriate? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b> ▪ Are the procedures for recruitment of participants and obtaining informed consent suitable and sufficient? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b> ▪ Where required, does the researcher have current Disclosure and Barring Service (DBS) clearance? <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>
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Signed	
Date	7.3.19

### DETAILS OF THE PROPOSED RESEARCH

- **Provide a brief description of the proposed research, including the requirements of participants. This must be in lay terms and free from technical or discipline specific terminology or jargon. If such terms are required, please ensure they are adequately explained (Do not exceed 500 words)**

The proposed research is an exploratory study that aims to seek consensus amongst 'expert participants' on how to administer the 'The Kinetic Family Drawing' (KFD) within educational psychology (EP) practice. Projective techniques are used to assess the social, emotional and mental health needs of children and young people in clinical settings. The KFD is one such tool which, unlike other assessment methods such as interview and checklists can draw on the perception and behaviour of a family system and their relationships in a unique way. The KFD was developed by clinical psychologists and intended as a projective technique to elicit defended and unconscious material. The original text for the KFD (Burns & Kaufman, 1972) provides examples of interpreting drawings through symbolism and case scenarios. Previous research into the KFD has largely focused on psychometric validity and there appears to be a lack of research applying the concepts of psychoanalytic theory to interpretations and the process of inquiry and giving feedback which are all considered important parts of a psychological assessment process.

The participants will be required to take part in a series of online surveys using the 'Delphi method. This approach is particularly suitable when frequent meetings of the panel are unfeasible due to time constraints as the data collection is through email and electronic survey. The participants are not deemed vulnerable, as I intend to select qualified educational psychologists (EPs) or clinical psychologists. Furthermore, the research has a low risk to participants as it is asking them their opinion of a theoretical orientation which they will be applying in their professional practice.

As psychoanalytic theory is widely used at the Tavistock & Portman NHS Trust, the researcher will seek adult participants who have either undertaken their professional training at the trust or who are currently a practicing professional for the trust. An initial letter of invitation will be sent to identify participants (**Appendix B**) identify credentials and gain consent (**Appendix C**). The letter will clearly outline the level of commitment required so an informed decision can be made as to whether they wish to participate. Once participants have been identified an open-ended questionnaire will be sent that will inform the structure of subsequent rounds (**Appendix D**). It is expected that there will be no more than three rounds which are expected to take no more than 30 minutes each to complete. As the surveys will be submitted electronically, they can be completed at the participant's convenience and location of choosing.

- **Provide a statement on the aims and significance of the proposed research, including potential impact to knowledge and understanding in the field (where appropriate, indicate the associated hypothesis which will be tested). This should be a clear justification of the proposed research, why it should proceed and a statement on any anticipated benefits to the community. (Do not exceed 700 words)**

The research aims to establish a common procedure for using the KFD assessment tool in EP practice using a consensus approach. Practicing EPs engage in the assessment and intervention of children aged 0-25 in school and community settings as well as providing systemic support that may include training of schools and educational systems. There is an expectation that EPs adopt evidence-based practice to improve outcomes for service users. In order for EPs to be competent in their practice it is important that evidence-based guidance on the tools and techniques they use are available.

It is a national and local priority to address mental health issues in children and young people and this research supports effective assessment and intervention. The research is significant because it is a requirement for practitioners to draw on a range of tools and theoretical perspectives in their direct work with children. The core training and practice approaches amongst EPs are varied. Previous research identified that the use of projective techniques in particular is limited (King, 2018

personal communication). It is hoped that a practical resource created by a researcher from the Tavistock & Portman that promotes the theoretical foundations of the trust, will be important in promoting psychoanalytic theory and enable practitioners from other psychological orientations to understand and use the concepts. As a result it has the potential for wide impact. Through the consensus approach participants will be included in feedback throughout the process, and a final copy of the guide will be sent to them to use in their practice.

- **Provide an outline of the methodology for the proposed research, including proposed method of data collection, tasks assigned to participants of the research and the proposed method and duration of data analysis. If the proposed research makes use of pre-established and generally accepted techniques, please make this clear. (Do not exceed 500 words)**

Acknowledging that to date, there is no best practice material of using the KFD, this research will take a mixed-methods survey approach using an 'original' Delphi method. This technique is defined as by Linstone & Turoff (1995 & 2002) as:

“Delphi may be characterised as a method for structuring a group communication process so that the process is effective in allowing a group of individuals, as a whole, to deal with a complex problem”.

The Delphi method has been widely used in health research for establishing consensus among a group of experts on an issue which is not yet there, or there is currently a lack of clarity in opinion (Butterworth & Bishop, 1995; Cornick, 2006; Jorn, et al., 2008; Whitehead, 2005). Mixed method approaches are commonly used for exploratory research and surveys (Robson & McCartan, 2016), in order to explore themes and consensus. The assumption driving this approach to data collection is that group opinion is more valid than with a single case study and would therefore give a breath of information which has the potential to be applied to a practical resource.

This research will take a linear process consisting of at least three survey rounds where the data will be analysed after each round and inform the next round. Each round will consist of a questionnaire and sent to and completed by the participants electronically. An outline of the research process detailing the tasks of each round of data collection and analysis is outlined (**Appendix E**). The aim of the first round is to generate ideas from participants into which skills, knowledge and attitudes they value as important. This will require some thought by the participants as it is an open ended question and results will be dependent on their individual professional values and judgement so it is likely to take up to 45 minutes. The first round questionnaire will be analysed to produce identified themes. These themes will then be used to create a questionnaire from themes arising from the first-round data and form the questionnaire to be sent in the second round to the same participants. Each statement will be a separate variable which will be resent to the expert panel for them to rate in importance.

The participants will be expected to decide how much they agree or disagree with the ideas that have been generated. It expected this round will take up to 30 minutes. The data will be analysed by looking at the frequency of responses and presented using descriptive statistics (mode). Following analysis, the third round will involve sending out to each participant the results of the group collected in the second round alongside the participant's individual response to round 2, so that a consensus about the skills and knowledge needed to use the KFD can be achieved. Participants will have the opportunity to re scale their result in light of the group results. It is expected this round will take up to 30 minutes. In order identify when a consensus is achieved a decision as to the percentage of agreement of the statements will be made based on the recommended evidence prior to commencing the research.

## **PARTICIPANT DETAILS**

- **Provide an explanation detailing how you will identify, approach and recruit the participants for the proposed research, including clarification on sample size and location. Please provide justification for the exclusion/inclusion criteria for this study (i.e. who will be allowed to / not allowed to participate) and explain briefly, in lay terms, why this criteria is in place. (Do not exceed 500 words)**

The study will require participants who have experience in using the KFD and therefore a purposive approach to sampling will need to be taken. The participants will be accepted to take part in the study once they have demonstrated they meet the inclusion criteria (**Appendix F**).

The study will have a homogeneous sample group and this type of sampling has been found to have good results for a small number of participants (Keeney, 2011). The participants will be homogenous in terms of their experience of using the tool not in terms of their personal characteristics such as age and gender. Heterogeneity is less feasible in this study as it is suggested that projective techniques are typically used by qualified professionals who have received their training at the Tavistock & Portman NHS trust or who work at the trust as a practitioner (King, 2018, personal communication).

Although generally accepted in survey research that the more participants the better, there is little evidence on the effect of sample size on increased reliability and reduced error in a consensus approach (Murphy, 1998 as cited in Keeney, 2011). In a Delphi study it is suggested for consensus to be achieved within the time constraints a smaller sample be recruited and a range of 6-12 participants is recommended. The data collection will be online therefore it is not anticipated any difficulty with safety and location will be present. Due to the online nature of the research it is not anticipated issues of power imbalance however should participants feel they need support they will be able to contact the researcher.

The first call for participants will be made through a direct email sent from the programme director to Educational Psychologists who received their training at the trust or Educational Psychologists who are current staff on the M4 Doctorate in Child, Community and Educational Psychology course using a letter of invitation.

It is intended through the use of this communication method there will be an increased response rate as it will explain the study and the commitment required at the outset, so that participants are informed to make a decision whether they have the capacity to participate. For this research 'expert' is defined as a group of informed individuals who are professionals in their field (McKenna, 1994). Participation will be through an opt-in approach where a clear description of the research study and process will be provided before consent is obtained.

If this recruitment approach does not generate enough participants the researcher will adopt a more direct approach contacting professionals whose information is available in the public domain, such as through existing published literature or inviting participants to forward the recruitment letters on to relevant professionals.

• **Will the participants be from any of the following groups? (Tick as appropriate)**

- Students or staff of the Trust or the University.
- Adults (over the age of 18 years with mental capacity to give consent to participate in the research).
- Children or legal minors (anyone under the age of 16 years)<sup>1</sup>
- Adults who are unconscious, severely ill or have a terminal illness.
- Adults who may lose mental capacity to consent during the course of the research.
- Adults in emergency situations.
- Adults<sup>2</sup> with mental illness - particularly those detained under the Mental Health Act (1983 & 2007).
- Participants who may lack capacity to consent to participate in the research under the research requirements of the Mental Capacity Act (2005).
- Prisoners, where ethical approval may be required from the **National Offender Management Service (NOMS)**.
- Young Offenders, where ethical approval may be required from the National Offender Management Service (NOMS).
- Healthy volunteers (in high risk intervention studies).
- Participants who may be considered to have a pre-existing and potentially dependent<sup>3</sup> relationship with the investigator (e.g. those in care homes, students, colleagues, service-users, patients).
- Other vulnerable groups (see Question 6).
- Adults who are in custody, custodial care, or for whom a court has assumed responsibility.
- Participants who are members of the Armed Forces.

<sup>1</sup>If the proposed research involves children or adults who meet the Police Act (1997) definition of vulnerability<sup>3</sup>, any researchers who will have contact with participants must have current Disclosure and Barring Service (DBS) clearance.

<sup>2</sup> 'Adults with a learning or physical disability, a physical or mental illness, or a reduction in physical or mental capacity, and living in a care home or home for people with learning difficulties or receiving care in their own home, or receiving hospital or social care services.' (Police Act, 1997)

<sup>3</sup> Proposed research involving participants with whom the investigator or researcher(s) shares a dependent or unequal relationships (e.g. teacher/student, clinical therapist/service-user) may compromise the ability to give informed consent which is free from any form of pressure (real or implied) arising from this relationship. TREC recommends that, wherever practicable, investigators choose participants with whom they have no dependent relationship. Following due scrutiny, if the investigator is confident that the research involving participants in dependent relationships is vital and defensible, TREC will require additional information setting out the case and detailing how risks inherent in the dependent relationship will be managed. TREC will also need to be reassured that refusal to participate will not result in any discrimination or penalty.

• **Will the study involve participants who are vulnerable? YES  NO**

For the purposes of research, 'vulnerable' participants may be adults whose ability to protect their own interests are impaired or reduced in comparison to that of the broader population. Vulnerability may arise from the participant's personal characteristics (e.g. mental or physical impairment) or from their social environment, context and/or disadvantage (e.g. socio-economic mobility, educational attainment, resources, substance dependence, displacement or homelessness). Where prospective participants are at high risk of consenting under duress, or as a result of manipulation or coercion, they must also be considered as vulnerable.

Adults lacking mental capacity to consent to participate in research and children are automatically presumed to be vulnerable. Studies involving adults (over the age of 16) who lack mental capacity to consent in research must be submitted to a REC approved for that purpose.

**6.1. If YES, what special arrangements are in place to protect vulnerable participants' interests?**

If **YES**, the research activity proposed will require a DBS check. (NOTE: information concerning activities which require DBS checks can be found via <https://www.gov.uk/government/publications/dbs-check-eligible-positions-guidance>)

• **Do you propose to make any form of payment or incentive available to participants of the research? YES  NO**

If **YES**, please provide details taking into account that any payment or incentive should be representative of reasonable remuneration for participation and may not be of a value that could be coercive or exerting undue influence on potential participants' decision to take part in the research. Wherever possible, remuneration in a monetary form should be avoided and substituted with vouchers, coupons or equivalent. Any payment made to research participants may have benefit or HMRC implications and participants should be alerted to this in the participant information sheet as they may wish to choose to decline payment.

• **What special arrangements are in place for eliciting informed consent from participants who may not adequately understand verbal explanations or written information provided in English; where participants have special communication needs; where participants have limited literacy; or where children are involved in the research? (Do not exceed 200 words)**

It is not anticipated that special arrangements will need to be made for eliciting informed consent as the participants will have studied to a professional level and therefore will be proficient in written English.

**RISK ASSESSMENT AND RISK MANAGEMENT**

<ul style="list-style-type: none"> <li>• <b>Does the proposed research involve any of the following? (Tick as appropriate)</b></li> <li><input checked="" type="checkbox"/> use of a questionnaire, self-completion survey or data-collection instrument (attach copy)</li> <li><input checked="" type="checkbox"/> use of emails or the internet as a means of data collection</li> <li><input type="checkbox"/> use of written or computerised tests</li> <li><input type="checkbox"/> interviews (attach interview questions)</li> <li><input type="checkbox"/> diaries (attach diary record form)</li> <li><input type="checkbox"/> participant observation</li> <li><input type="checkbox"/> participant observation (in a non-public place) without their knowledge / covert research</li> <li><input type="checkbox"/> audio-recording interviewees or events</li> <li><input type="checkbox"/> video-recording interviewees or events</li> <li><input type="checkbox"/> access to personal and/or sensitive data (i.e. student, patient, client or service-user data) without the participant's informed consent for use of these data for research purposes</li> <li><input type="checkbox"/> administration of any questions, tasks, investigations, procedures or stimuli which may be experienced by participants as physically or mentally painful, stressful or unpleasant during or after the research process</li> <li><input type="checkbox"/> performance of any acts which might diminish the self-esteem of participants or cause them to experience discomfort, regret or any other adverse emotional or psychological reaction</li> <li><input type="checkbox"/> investigation of participants involved in illegal or illicit activities (e.g. use of illegal drugs)</li> <li><input type="checkbox"/> procedures that involve the deception of participants</li> <li><input type="checkbox"/> administration of any substance or agent</li> <li><input type="checkbox"/> use of non-treatment of placebo control conditions</li> <li><input type="checkbox"/> participation in a clinical trial</li> <li><input type="checkbox"/> research undertaken at an off-campus location (<u>risk assessment attached</u>)</li> <li><input type="checkbox"/> research overseas (<u>copy of VCG overseas travel approval attached</u>)</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Does the proposed research involve any specific or anticipated risks (e.g. physical, psychological, social, legal or economic) to participants that are greater than those encountered in everyday life? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/></b></li> </ul> <p>If YES, please describe below including details of precautionary measures.</p>
<p>The research has an extremely low level of risk – this is detailed in section 13 of this application. However, the researcher will provide their contact details to mitigate the risk should the participants find achieving a consensus distressing.</p>
<ul style="list-style-type: none"> <li>• <b>Where the procedures involve potential hazards and/or discomfort or distress for participants, please state what previous experience the investigator or researcher(s) have had in conducting this type of research.</b></li> </ul>
<p>Because of the nature of the study It is not anticipated there will be any potential hazards or discomfort or distress for participants, however if something should arise it will be dealt with as explained in point. 13 of this application.</p>
<ul style="list-style-type: none"> <li>• <b>Provide an explanation of any potential benefits to participants. Please ensure this is framed within the overall contribution of the proposed research to knowledge or practice. (Do not exceed 400 words)</b></li> </ul> <p><b>NOTE:</b> Where the proposed research involves students of our University, they should be assured that accepting the offer to participate or choosing to decline will have no impact on their assessments or learning experience. Similarly, it should be made clear to participants who are patients, service-users and/or receiving any form of treatment or medication that they are not invited to participate in the belief that participation in the research will result in some relief or improvement in their condition.</p>
<p>Participants will be aware they will be contributing to knowledge in this research field. Through the research process the participants will develop their own knowledge through the response of others and therefore provide an opportunity to reflect on their own practice and the practice of others.</p>
<ul style="list-style-type: none"> <li>• <b>Provide an outline of any measures you have in place in the event of adverse or unexpected outcomes and the potential impact this may have on participants involved in the proposed research. (Do not exceed 300 words)</b></li> </ul>

Because of the nature of the study it is not anticipated there will be any adverse or unexpected outcomes as the research seeks the professional opinion of the participants on a topic they are familiar with. The participants will be advised in advance on the nature of the study and the levels of commitment required so they are able to make informed consent as to whether to participate. **Should participants wish to withdraw from the study their right to withdraw will be clearly set out in the consent form. While participants will have the right to withdraw at any point, due to the nature of the research process their data will be included as analysis of data in each round will inform the next round and it will not be possible to completely remove their opinion from previous stages of data collection.** It is the researchers aim to be as flexible as possible to accommodate the busy lives of professionals and therefore a time gap of two weeks will be allowed before the survey is sent out and required to be responded by so that it can allow for the days/times of the week most suitable the individuals to complete . Due to the nature of their professional practice, participants will be regularly engaging in supervision which is a route for support on any personal feelings raised by participating in the research as well as being provided with the researchers contact details.

- **Provide an outline of your debriefing, support and feedback protocol for participants involved in the proposed research. This should include, for example, where participants may feel the need to discuss thoughts or feelings brought about following their participation in the research. This may involve referral to an external support or counseling service, where participation in the research has caused specific issues for participants. Where medical aftercare may be necessary, this should include details of the treatment available to participants. Debriefing may involve the disclosure of further information on the aims of the research, the participant's performance and/or the results of the research. (Do not exceed 500 words)**

The researcher will provide contact details so that participants can request support at a time that can be negotiated between the researcher and participant. The participants will receive feedback throughout the process as part of the standard research procedure as well as receiving a final copy of the practice guide that will be produced.

## **PARTICIPANT CONSENT AND WITHDRAWAL**

- **Have you attached a copy of your participant information sheet (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES  NO**   
If **NO**, please indicate what alternative arrangements are in place below:

- **Have you attached a copy of your participant consent form (this should be in *plain English*)? Where the research involves non-English speaking participants, please include translated materials. YES  NO**   
If **NO**, please indicate what alternative arrangements are in place below:

- **The following is a participant information sheet checklist covering the various points that should be included in this document.**
  - Clear identification of the sponsor for the research, the project title, the Researcher or Principal Investigator and other researchers along with relevant contact details.
  - Details of what involvement in the proposed research will require (e.g., participation in interviews, completion of questionnaire, audio/video-recording of events), estimated time commitment and any risks involved.
  - A statement confirming that the research has received formal approval from TREC.
  - If the sample size is small, advice to participants that this may have implications for confidentiality / anonymity.
  - A clear statement that where participants are in a dependent relationship with any of the researchers that participation in the research will have no impact on assessment / treatment / service-use or support.
  - Assurance that involvement in the project is voluntary and that participants are free to withdraw consent at any time, and to withdraw any unprocessed data previously supplied.
  - Advice as to arrangements to be made to protect confidentiality of data, including that confidentiality of information provided is subject to legal limitations.

<input checked="" type="checkbox"/> A statement that the data generated in the course of the research will be retained in accordance with the University's Data Protection Policy. <input checked="" type="checkbox"/> Advice that if participants have any concerns about the conduct of the investigator, researcher(s) or any other aspect of this research project, they should contact Simon Carrington, Head of Academic Governance and Quality Assurance ( <a href="mailto:academicquality@tavi-port.nhs.uk">academicquality@tavi-port.nhs.uk</a> ) <input checked="" type="checkbox"/> Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.
<ul style="list-style-type: none"> <li>• <b>The following is a <u>consent form</u> checklist covering the various points that should be included in this document.</b></li> </ul> <input checked="" type="checkbox"/> University or Trust letterhead or logo. <input checked="" type="checkbox"/> Title of the project (with research degree projects this need not necessarily be the title of the thesis) and names of investigators. <input checked="" type="checkbox"/> Confirmation that the project is research. <input checked="" type="checkbox"/> Confirmation that involvement in the project is voluntary and that participants are free to withdraw at any time, or to withdraw any unprocessed data previously supplied. <input checked="" type="checkbox"/> Confirmation of particular requirements of participants, including for example whether interviews are to be audio-/video-recorded, whether anonymised quotes will be used in publications advice of legal limitations to data confidentiality. <input checked="" type="checkbox"/> If the sample size is small, confirmation that this may have implications for anonymity any other relevant information. <input checked="" type="checkbox"/> The proposed method of publication or dissemination of the research findings. <input type="checkbox"/> Details of any external contractors or partner institutions involved in the research. <input type="checkbox"/> Details of any funding bodies or research councils supporting the research. <input type="checkbox"/> Confirmation on any limitations in confidentiality where disclosure of imminent harm to self and/or others may occur.

### **CONFIDENTIALITY AND ANONYMITY**

<ul style="list-style-type: none"> <li>• <b>Below is a checklist covering key points relating to the confidentiality and anonymity of participants. Please indicate where relevant to the proposed research.</b></li> </ul> <input type="checkbox"/> Participants will be completely anonymised and their identity will not be known by the investigator or researcher(s) (i.e. the participants are part of an anonymous randomised sample and return responses with no form of personal identification)? <input checked="" type="checkbox"/> The responses are anonymised or are an anonymised sample (i.e. a permanent process of coding has been carried out whereby direct and indirect identifiers have been removed from data and replaced by a code, with <u>no</u> record retained of how the code relates to the identifiers). <input checked="" type="checkbox"/> The samples and data are de-identified (i.e. direct and indirect identifiers have been removed and replaced by a code. The investigator or researchers <u>are</u> able to link the code to the original identifiers and isolate the participant to whom the sample or data relates). <input type="checkbox"/> Participants have the option of being identified in a publication that will arise from the research. <input type="checkbox"/> Participants will be pseudo-anonymised in a publication that will arise from the research. (i.e. the researcher will endeavour to remove or alter details that would identify the participant.) <input checked="" type="checkbox"/> The proposed research will make use of personal sensitive data. <input type="checkbox"/> Participants consent to be identified in the study and subsequent dissemination of research findings and/or publication.
<ul style="list-style-type: none"> <li>• <b>Participants must be made aware that the confidentiality of the information they provide is subject to legal limitations in data confidentiality (i.e. the data may be subject to a subpoena, a freedom of information request or mandated reporting by some professions). This only applies to named or de-identified data. If your participants are named or de-identified, please confirm that you will specifically state these limitations.</b>  <b>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b>            If <b>NO</b>, please indicate why this is the case below:             The researcher will know the identity of the participants and address anonymity through allocating non-identifiable codes throughout the research. The participants will be made aware of the confidentiality legal limitations within the consent form. </li> </ul>

**NOTE: WHERE THE PROPOSED RESEARCH INVOLVES A SMALL SAMPLE OR FOCUS GROUP, PARTICIPANTS SHOULD BE ADVISED THAT THERE WILL BE DISTINCT LIMITATIONS IN THE LEVEL OF ANONYMITY THEY CAN BE AFFORDED.**

### **DATA ACCESS, SECURITY AND MANAGEMENT**

<ul style="list-style-type: none"> <li>• <b>Will the Researcher/Principal Investigator be responsible for the security of all data collected in connection with the proposed research? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></b> If <b>NO</b>, please indicate what alternative arrangements are in place below:</li> </ul>
<ul style="list-style-type: none"> <li>• <b>In line with the 5<sup>th</sup> principle of the Data Protection Act (1998), which states that personal data shall not be kept for longer than is necessary for that purpose or those purposes for which it was collected; please state how long data will be retained for.</b>   <input type="checkbox"/> 1-2 years   <input type="checkbox"/> 3-5 years   <input checked="" type="checkbox"/> 6-10 years   <input type="checkbox"/> 10&gt; years   <b>NOTE:</b> Research Councils UK (RCUK) guidance currently states that data should normally be preserved and accessible for 10 years, but for projects of clinical or major social, environmental or heritage importance, for 20 years or longer.  <a href="http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf">http://www.rcuk.ac.uk/documents/reviews/grc/grcpoldraft.pdf</a> </li> </ul>
<ul style="list-style-type: none"> <li>• <b>Below is a checklist which relates to the management, storage and secure destruction of data for the purposes of the proposed research. Please indicate where relevant to your proposed arrangements.</b>  <input checked="" type="checkbox"/> Research data, codes and all identifying information to be kept in separate locked filing cabinets.  <input checked="" type="checkbox"/> Access to computer files to be available to research team by password only.  <input type="checkbox"/> Access to computer files to be available to individuals outside the research team by password only (See <b>23.1</b>).  <input checked="" type="checkbox"/> Research data will be encrypted and transferred electronically within the European Economic Area (EEA).  <input type="checkbox"/> Research data will be encrypted and transferred electronically outside of the European Economic Area (EEA). (See <b>23.2</b>).  <b>NOTE:</b> Transfer of research data via third party commercial file sharing services, such as Google Docs and YouSendIt are not necessarily secure or permanent. These systems may also be located overseas and not covered by UK law. If the system is located outside the European Economic Area (EEA) or territories deemed to have sufficient standards of data protection, transfer may also breach the Data Protection Act (1998).  <input checked="" type="checkbox"/> Use of personal addresses, postcodes, faxes, e-mails or telephone numbers.  <input type="checkbox"/> Use of personal data in the form of audio or video recordings.  <input checked="" type="checkbox"/> Primary data gathered on encrypted mobile devices (i.e. laptops). <b>NOTE:</b> This should be transferred to secure UEL servers at the first opportunity.  <input checked="" type="checkbox"/> All electronic data will undergo <u>secure disposal</u>.  <b>NOTE:</b> For hard drives and magnetic storage devices (HDD or SSD), deleting files does not permanently erase the data on most systems, but only deletes the reference to the file. Files can be restored when deleted in this way. Research files must be <u>overwritten</u> to ensure they are completely irretrievable. Software is available for the secure erasing of files from hard drives which meet recognised standards to securely scramble sensitive data. Examples of this software are BC Wipe, Wipe File, DeleteOnClick and Eraser for Windows platforms. Mac users can use the standard 'secure empty trash' option; an alternative is Permanent eraser software.  <input checked="" type="checkbox"/> All hardcopy data will undergo <u>secure disposal</u>.  <b>NOTE:</b> For shredding research data stored in hardcopy (i.e. paper), adopting DIN 3 ensures files are cut into 2mm strips or confetti like cross-cut particles of 4x40mm. The UK government requires a minimum standard of DIN 4 for its material, which ensures cross cut particles of at least 2x15mm. </li> </ul>
<p><b>.1. Please provide details of individuals outside the research team who will be given password protected access to encrypted data for the proposed research.</b></p>
<p><b>N/A</b></p>

**.2. Please provide details on the regions and territories where research data will be electronically transferred that are external to the European Economic Area (EEA).**

N/A

### **OVERSEAS TRAVEL FOR RESEARCH**

- **Does the proposed research involve travel outside of the UK? YES  NO** 
  - .1. Have you consulted the Foreign and Commonwealth Office website for guidance/travel advice? <http://www.fco.gov.uk/en/travel-and-living-abroad/> YES  NO
  - .2. If you are a non-UK national, have you sought travel advice/guidance from the Foreign Office (or equivalent body) of your country? YES  NO  NOT APPLICABLE   
Have you completed the overseas travel approval process and enclosed a copy of the document with this application? (For UEL students and staff only) YES  NO   
Details on this process are available here <http://www.uel.ac.uk/qa/research/fieldwork.htm>
  - .3. Is the research covered by your University's insurance and indemnity provision? YES  NO

**NOTE:** Where research is undertaken by UEL students and staff at an off-campus location within the UK or overseas, the Risk Assessment policy must be consulted:  
[http://dl-cfs-01.uel.ac.uk/hrservices/documents/hshandbook/risk\\_assess\\_policy.pdf](http://dl-cfs-01.uel.ac.uk/hrservices/documents/hshandbook/risk_assess_policy.pdf).

For UEL students and staff conducting research where UEL is the sponsor, the Dean of School or Director of Service has overall responsibility for risk assessment regarding their health and safety.

- .4. Please evidence how compliance with all local research ethics and research governance requirements have been assessed for the country(ies) in which the research is taking place.

- .5. Will this research be financially supported by the United States Department of Health and Human Services or any of its divisions, agencies or programs? YES  NO

### **PUBLICATION AND DISSEMINATION OF RESEARCH FINDINGS**

- **How will the results of the research be reported and disseminated? (Select all that apply)**

- Peer reviewed journal
- Conference presentation
- Internal report
- Dissertation/Thesis
- Other publication
- Written feedback to research participants
- Presentation to participants or relevant community groups
- Other (Please specify below)

A practical resource may be developed based on the results and distributed to the EP community.

### **OTHER ETHICAL ISSUES**

- **Are there any other ethical issues that have not been addressed which you would wish to bring to the attention of Tavistock Research Ethics Committee (TREC)?**

No

### **CHECKLIST FOR ATTACHED DOCUMENTS**

**• Please check that the following documents are attached to your application.**

- Letters of approval from ethical approval bodies (where relevant)
- Recruitment advertisement
- Participant information sheets (including easy-read where relevant)
- Consent forms (including easy-read where relevant)
- Assent form for children (where relevant)
- Evidence of any external approvals needed
- Questionnaire
- Interview Schedule or topic guide
- Risk Assessment (where applicable)
- Overseas travel approval (where applicable)

**.1. Where it is not possible to attach the above materials, please provide an explanation below.**

It is not applicable to this study provide an assent form for children.

It is not applicable to this study to receive external approval.

This study does not involve interviews

It is not applicable to this study to provide a risk assessment.

The research does not involve overseas travel

The Tavistock and Portman   
NHS Foundation Trust

Quality Assurance & Enhancement  
Directorate of Education & Training  
Tavistock Centre  
120 Belsize Lane  
London  
NW3 5BA

Tel: 020 8938 2699  
<https://tavistockandportman.nhs.uk/>

Sarah – Louise Rand

**By Email**

28 March 2019

Dear Sarah-Louise,

**Re: Trust Research Ethics Application**

**Title:** Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology practice: an exploratory study using the Delphi method.

Thank you for submitting your updated Research Ethics documentation. I am pleased to inform you that subject to formal ratification by the Trust Research Ethics Committee your application has been approved. This means you can proceed with your research.

If you have any further questions or require any clarification do not hesitate to contact me.

I am copying this communication to your supervisor.

May I take this opportunity of wishing you every success with your research.

Yours sincerely,

Best regards,



**Paru Jeram**

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: [academicquality@tavi-Port.nhs.uk](mailto:academicquality@tavi-Port.nhs.uk)

cc. Course Lead, Supervisor

## Appendix F: Pilot study letter of invitation

This project has been approved by the Tavistock and Portman Trust Research Ethics Committee. Project No. 2832019

The Tavistock and Portman   
NHS Foundation Trust

Research Supervisor, Dr Rachael Green

### Invitation to participate in a pilot research project

Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology practice: an exploratory study using the Delphi method

I would like to invite you to help pilot the above research I am conducting as part of my doctoral studies in Child, Community and Educational Psychology at the Tavistock & Portman NHS Trust.

#### *What is the research about?*

Projective techniques are useful ways of assessing the social, emotional and mental health needs of children and young people. The Kinetic Family Drawing (KFD) is a projective tool that can draw on a child's internal world and emotional experience of their family system and relationships in a unique way.

This research explores the skills and knowledge of EPs required to administer and interpret KFD's as a projective technique. Therefore, the research aims to explore psychoanalytic and therapeutic concepts rather than the psychometric properties of the KFD.

#### *Why is it important for Educational Psychologists?*

In line with national and local priorities there is an increasing demand for EPs to support schools in addressing mental health issues of children and young people. Amongst the UK EP profession these techniques appear to be less popular. The lack of training and guidance available for EPs nationally on the specific skills and procedures required could be one reason for its lack of popularity.

#### *What does the pilot study involve?*

The research will be carried out using the Delphi method. This technique consists of 3 electronic survey questionnaires (known as rounds) which are sent out sequentially to a group of participants, the findings from the analysis of each round will inform the subsequent round. The approach aims to develop a consensus opinion into the best practice procedure of the KFD.

What	When	Completion time	Return deadline
Initial questionnaire: general views about the KFD	Within a week of giving consent	20 minutes	2 weeks
Second round: rate the statements	2 weeks after first round closes	10 minutes	2 weeks
Third round: rate the statements	1 week after second round closes	10 minutes	1 week
Feedback on the pilot	1 week after third round	10 minutes	1 week

### ***Am I eligible to participate?***

The inclusion criteria for the pilot is

- Must be a trainee on the Tavistock & Portman Child, Community & Educational Psychology programme
- Must have had training on the KFD as a projective technique
- Must have used the KFD in their practice
- Willing to participate

### ***What will happen to my data?***

- Any information that you provide for this study will be confidential, your name will remain anonymous and your unique code will only be identifiable to myself.
- The completed questionnaires will be stored on computer and deleted once the analysis of the data is complete.
- If you decide at any time that you no longer wish to take part, you are welcome to notify me and your involvement will be withdrawn, however it will not be possible to remove any data that has been provided and analysed in earlier stages.

### ***Next steps***

If you are willing to join the pilot please email me at ⇨ by Friday 5<sup>th</sup> April 2019. I will then send you the consent form and upon receipt the questionnaire which need to be returned by Friday 19<sup>th</sup> April 2019. Simple and specific instructions will be provided with each questionnaire.

As this is a pilot, your contribution will be incorporated into developing the process of the final research, therefore will not be possible to distribute results at this stage. You will have the option to be informed results once the study is finalised by indicating in the consent form. I sincerely hope that you will agree to participate. The study aims to seek *your* opinion and I hope that you will find the process professionally stimulating. If you have any questions please email me at ⇨ or call on ⇨.

Thank you for your time.

**Sarah Rand**

Year 2 Trainee Educational Psychologist

If you have any concerns about the conduct of the researcher or any other aspect of this research project, you should contact Simon Carrington, Head of Academic Governance and Quality Assurance ([academicquality@tavi-port.nhs.uk](mailto:academicquality@tavi-port.nhs.uk))

## Appendix G: Pilot study letter giving informed consent

### Pilot project Informed Consent

#### Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology practice: an exploratory study using the Delphi method

Thank you for your interest in taking part in the pilot. Before you agree to take part in the research you must read the invitation to participate. If you have any questions arising from this invitation please contact me before you decide to join. Please keep this consent form to refer to at any time during the project.

Participant's Statement I [Click or tap here to enter text.](#)

- Have read the 'Letter of invitation to participate in research' and understand what the study involves.
- Understand that if I decide at any time that I no longer wish to take part in this research, I can notify the researcher involved and withdraw. Any data that I have provided, which has not already been analysed in earlier stages, will be withdrawn.
- Consent to the processing of my personal information and participant background information (provided on the following page) by the researcher for the purposes of this research study.
- Understand that confidentiality and anonymity will be maintained during the process and every effort has been taken to ensure that no identifiable characteristics will be included in the study, however I acknowledge that due to the small and homogeneous sample there is some likelihood participants will be able to identify each other from their professional credentials.
- Agree it will not be possible to identify me from any publications unless I give specific consent to be named as a contributor.
- Understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the UK Data Protection Act 1998 and GDPR regulations.
- Understand that the information I have submitted may be published as a practical resource and I will be sent a copy.
- Agree that the research project named above has been explained to my satisfaction and I agree to take part in this study.

Signed..... Date .....

(This form may be returned by e-mail in which case your name typed into the 'Signed' line will be considered as consent to participate.)

## Appendix H: Pilot study Round 1 questionnaire

### Round 1 pilot questionnaire

#### Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology Practice – Pilot Study – Round 1 Questionnaire

*Research Question? What are the features of an effective use of the Kinetic Family Drawing (KFD) as a projective technique?*

The focus of this question is both the assessment sessions with individual children and the wider assessment process where the KFD may be used to triangulate data from other measures obtained to formulate hypotheses.

Question 1: How do you use the KFD to generate and test hypotheses?

*(Add answer here)*

Question 2: What theoretical constructs are you informed by?

*(Add answer here)*

Question 3: What techniques do you use?

*(Add answer here)*

Question 4: What do you focus on?

*(Add answer here)*

To help guide your answers it may be helpful to think through a time of when you have used the KFD as a projective technique with a child, and describe what you actually do. For example what would you be saying to the child, what might you be thinking. This example can include during and after the assessment session.

Answer as fully as you can and include as much detail as possible – remember there are not right or wrong answers.

## Appendix I: Pilot study Round 2 questionnaire

### Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology Practice – Pilot Study – Round 2 Questionnaire

Thank you for your contribution to round one of this research where you addressed the question:

*What are the features of an effective use of the KFD as a projective technique?*

Your answers identified that the *process, knowledge and skills are* important features in *administering* and *interpreting* a KFD well.

Below are a list of statements that have been generated following thematic analysis of your collective responses.

Please put an X in the box which you feel best describes how important the statement is to your practice. Please put only one X per statement. These numbers correspond to a response as below:

- 1- Very important
- 2- Important
- 3- Neither important or not important
- 4- Not important
- 5- Unimportant

When <b>administering</b> or <b>interpreting</b> a KFD how important do you think it is to ...	1	2	3	4	5
To have a clear rationale such as to gain a sense of the child's experience, internal world, family life					
Use the tool alongside other assessment such as projective tools, observation, cognitive assessments					
Use it for rapport building					
Use it as an opening task to further direct work					
Use it to provide additional context to the referral					
To have an understanding of the context for the referral					
Use it as a platform to suggest alternative avenues to explore					
Explore the hypotheses in supervision					
When <b>administering</b> or <b>interpreting</b> a KFD how important do you think it is to consider....	1	2	3	4	5
The details of the drawing					
The order of figures					
The positioning of figures					
The size of figures					
Omission of family members					
Omission of the self					
The nature of the activities					
The facial expression of figures					
The interactions between family members					
The emotions in the drawings					
The lack of emotion in the drawing					
The addition of non-family members					
The barriers between people					

The family members present					
The developmental look of the drawing					
The use of colour					
The nature of activities					
The emotional feel of the drawing					
The differences in the way each person is drawn					
When <b>administering or interpreting</b> a KFD how important do you think it is to....	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Have a dialogue with the child on the drawing task					
Ask the child what family members are thinking or feeling					
Ask the child what happened before and after this picture					
Comment on unusual features					
Ask the child to name each person					
Ask the child what the family members doing					
Ask the child what is good/bad about this person					
Ask the child what they would like to change about this person					
Consider the child's response to dialogue					
Consider the child's interpretations of what they have drawn					
Ask the child if they could change anything what would it be					
When <b>interpreting</b> a KFD how important do you think it is to include in your formulation...	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Their approach to the task					
Their response to the task (ease, unease, willingness, rushed)					
Their ability to complete the task					
Their ability to follow the instruction					
The themes elicited from the drawings					
The themes elicited through the dialogue					
The overall narrative e.g. where does the child see themselves within the family					
The overall narrative e.g. what does this mean for the child					
When <b>administering or interpreting</b> a KFD how important do you think it is to...	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Use a variety of theoretical perspectives when interpreting a KFD					
Apply psychoanalytic theory					
Apply systemic theory					
Apply personal construct psychology					
Apply a developmental perspective					
Have knowledge on the projective hypothesis					
Consider the relational aspects					
Have knowledge on object relations theory					
Have knowledge of attachment theory					
Apply psychodynamic principles					

When <b>administering or interpreting</b> a KFD how important do you think it is to...	1	2	3	4	5
Give direct instruction on the task					
Repeat the task instruction					
After a single instruction allowing free choice to continue as they wish (no repetition of instruction)					
Provide encouragement to continue with the task instruction					
Using pure inquiry during drawing (listening to the child talk as they draw) but otherwise remain silent					

Are there any other statements you feel need to be included? Please see list below.


Thank You

## Appendix J: Pilot study Round 3 exemplar questionnaire

### Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology Practice – Pilot Study – Round 3

Thank you for your contribution to round one of this research where you addressed the question:

*What are the features of an effective use of the KFD as a projective technique?*

Your answers identified that the *process, knowledge and skills* are important features in *administering* and *interpreting* a KFD well.

**RESULTS SO FAR...In round 2 there was agreement of how important 52 of the 61 statements were. You also generated 3 more statements.**

WHAT HAPPENS NOW.... The next stage of the study involves you considering again the statements where there were differing opinions and also rate the new statements.

Please complete this survey as follows: All of the statements are in the tables below. The ones that are highlighted in blue have consensus of 80% and require no further action (To reach consensus 80% of the responses had to be 1 and 2 or 4 and 5).

You will see the whole group ratings and your own rating from the last round and a blank column.

**For the statements that are left white, please consider your original response in the context of the group response and put your final rating in the blank box, highlighted in blue. Please note you do not have to change your original rating if you do not wish to.**

There are no right or wrong answers, you are being asked for your opinion based on your knowledge and experience with the KFD.

Please put only one X per statement. These numbers correspond to a response as below:

- 6- Very important
- 7- Important
- 8- Neither important or not important
- 9- Not important
- 10- Unimportant

1 Process - Administer					
<i>Features of the process important when administering a KFD</i>					
When <b>administering</b> a KFD how important do you think it is to ...	Previous Ratings			Your previous response	Your final response
	Group Ratings				
	1&2	3	4&5		
1.1 To have a clear rationale such as to gain a sense of the child's experience, internal world, family life	100%			1	
1.2 Use the tool alongside other assessment such as projective tools, observation, cognitive assessments	100%			1	
1.3 Use it for rapport building	60%	40%		3	
1.4 Use it as an opening task to further direct work	60%	40%		3	
1.5 Use it to provide additional context to the referral	100%			2	

1.6 To have an understanding of the context for the referral	100%			2	
1.7 Use it as a platform to suggest alternative avenues to explore	80%	20%		2	
1.8 Explore the hypotheses in supervision	100%			1	
1.9 Have a dialogue with the child on the drawing task	100%			1	
1.10 Ask the child what family members are thinking or feeling	80%	20%		1	
1.11 Ask the child what happened before and after this picture	20%	80%		3	
1.12 Comment on unusual features	100%			2	
1.13 Ask the child to name each person	100%			1	
1.14 Ask the child what the family members doing	100%			2	
1.15 Ask the child what is good/bad about this person	40%	40%	20%	3	
1.16 Ask the child what they would like to change about this person	80%		20%	3	
1.17 Ask the child if they could change anything what would it be	20%	60%	20%	3	
<b>2. Process - Interpreting</b>					
<i>Features of the process important to interpret a KFD</i>					
When <b>interpreting</b> a KFD how important do you think it is to consider....	<b>Previous Ratings</b>				<b>Your final response</b>
	<b>Group Ratings</b>			<b>Your previous response</b>	
	<b>1&amp;2</b>	<b>3</b>	<b>4&amp;5</b>		
2.1 Their approach to the task	100%			1	
2.2 Their response to the task (ease, unease, willingness, rushed)	80%	20%		1	
2.3 Their ability to complete the task	80%	20%		2	
2.4 Their ability to follow the instruction	80%	20%		2	
2.5 The details of the drawing	100%			1	
2.6 The order of figures	80%	20%		3	
2.7 The positioning of figures	100%			2	
2.8 The size of figures	80%	20%		2	
2.9 Omission of family members	100%			2	
2.10 Omission of the self	100%			2	
2.11 The nature of the activities	80%	20%		3	
2.12 The facial expression of figures	100%			2	
2.13 The interactions between family members	100%			2	
2.14 The emotions in the drawings	100%			2	
2.15 The lack of emotion in the drawing	100%			2	
2.16 The addition of non-family members	100%			2	
2.17 The barriers between people	100%			2	
2.18 The family members present	100%			2	
2.19 The developmental look of the drawing	100%			2	
2.20 The use of colour		80%	20%	3	
2.21 The nature of activities	80%	20%		3	
2.22 The emotional feel of the drawing	80%	20%		2	
2.23 The differences in the way each person is drawn	100%			3	
2.24 The child's response to dialogue	100%			3	

2.25 The child's interpretations of what they have drawn	100%			2	
<b>3. Skills – Administer</b>					
<i>Assessor skills that are required to be a competent KFD assessor</i>					
When <b>administering</b> a KFD how important do you think it is to make a professional judgement on....	Previous Ratings			Your previous response	Your final response
	Group Ratings				
	1&2	3	4&5		
3.1 Give direct instruction on the task	60%	40%		3	
3.2 Repeat the task instruction	60%	40%		2	
3.3 After a single instruction allowing free choice to continue as they wish (no repetition of instruction)		20%	80%	3	
3.4 Provide encouragement to continue with the task instruction	80%	20%	20%	3	
3.5 Using pure inquiry during drawing (listening to the child talk as they draw) but otherwise remain silent	80%	20%		2	
<b>4. Skills – Interpreting</b>					
<i>Assessor skills (the ability to apply knowledge in your formulation)</i>					
When <b>interpreting</b> a KFD how important do you think it is to include in your formulation	Previous Ratings			Your previous response	Your final response
	Group Ratings				
	1&2	3	4&5		
4.1 The themes elicited from the drawings	100%			1	
4.2 The themes elicited through the dialogue	100%			1	
4.3 The overall narrative e.g. where does the child see themselves within the family	100%			1	
4.4 The overall narrative e.g. what does this mean for the child	100%			1	
<b>5. Knowledge - Administer and Interpret</b>					
<i>Assessor theoretical knowledge relevant to administering and interpreting a KFD</i>					
In order to be a competent KFD practitioner it is important the assessor have theoretical knowledge in order to:	Previous Ratings			Your previous response	Your final response
	Group Ratings				
	1&2	3	4&5		
5.1 Use a variety of theoretical perspectives when interpreting a KFD	80%	20%		1	
5.2 Apply psychoanalytic theory	80%	20%		1	
5.3 Apply systemic theory	80%	20%		1	
5.4 Apply personal construct psychology	80%	20%		1	
5.5 Apply a developmental perspective	100%			1	
5.6 Have knowledge on the projective hypothesis	80%	20%		1	
5.7 Consider the relational aspects	100%			1	
5.8 Have knowledge on object relations theory	60%	20%		3	
5.9 Have knowledge of attachment theory	100%			2	
5.10 Apply psychodynamic principles	100%			1	

**The statements below originated from round 2. This will be the only round to obtain your view and see if a consensus can be agreed.**

Please put an X in the box which you feel best describes how important the statement is to your practice. These numbers correspond to a response as below:

- 1- Very important
- 2- Important
- 3- Neither important or not important
- 4- Not important

<b>Additional statements included from round 2</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
Attend to your feelings in the room as they draw					
Being flexible in the approach depending on the child's response					
Having time to hypothesise over the drawing before having the dialogue					

**I would be grateful if you could provide a few words of feedback. What you liked and what could be improved.**

<b>Instructions</b> (including your understanding of the task and the design of questionnaire/scaling etc)	
<b>Timing between rounds</b>	
<b>Overall Process</b>	
<b>Any other comments</b>	

## Appendix K: Main study information

### Letter of Invitation to participate in research

Title of Project: Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology practice: an exploratory study using the Delphi method

I would like to invite you to participate in the above research I am conducting as part of my doctoral studies in Child, Community and Educational Psychology at the Tavistock & Portman NHS Trust.

#### *What is the research about?*

In clinical practice projective techniques<sup>1</sup> have been used to assess the social, emotional and mental health needs of children and young people. The Kinetic Family Drawing (KFD) can be used as a projective tool that uses drawing to explore an individual's emotional experience of their family system and relationships in a unique way.

This research explores the use of the KFD as a projective technique in educational psychology case work. It seeks to establish a consensus of best practice from EPs experienced in this area, on the skills and knowledge, and process of administering and interpreting the KFD.

#### *Why is it important for Educational Psychologists?*

Amongst the UK EP profession these techniques appear to be less popular. The lack of research, training and guidance available for EPs nationally on the specific skills and procedures used in projective assessment could be one reason for its lack of popularity. It is hoped a practical resource for practitioners will be developed based on the findings of the research. By participating you will have the option to be named as a contributor.

#### *What does the research involve?*

The research will be carried out using the Delphi method. This technique consists of 3 email questionnaires (known as rounds) which are sent out sequentially to a group of participants, analysis of each round will inform the subsequent round. Simple and specific instructions will be provided with each questionnaire.

What	When	Completion time	Time to return
Open questionnaire: general views about the KFD	Anticipated to start Mid-August 2019	20 minutes	1 week
Second round: rate the statements generated from thematic analysis	1 weeks after first round closes	10 minutes	1 week
Third round: rate the statements in light of group response	1 week after second round closes	10 minutes	1 week

### *Am I eligible to participate?*

This research aims to draw on the knowledge of educational psychologists who have been trained in and have used the KFD as a projective technique in individual assessment. The study has inclusion criteria which I think you might meet. The inclusion criteria is:

Category/Credentials	Criteria
Qualified Educational Psychologist	Essential
Experience in using the KFD as a projective technique within individual casework	Essential
Received training or have delivered training on projective techniques	Essential
Published articles in the topic area	Desirable

### *What will happen to my data?*

- Any information that you provide for this study will be confidential, your name will remain anonymous and your unique code will only be identifiable to myself
- The completed questionnaires will be stored on computer and deleted once the analysis of the data is complete
- If you decide at any time that you no longer wish to take part, you are welcome to notify me and your involvement will be withdrawn, however it will not be possible to remove any data that has been provided and analysed in earlier stages.

### *Next steps*

If you are willing to join the research please email me at ⇨uk by 19<sup>th</sup> July 2019 and I will send you the consent form. Included in the consent form is an option to invite colleagues who you feel may meet the inclusion criteria and would be interested to participate. It is hoped enough participants will be recruited for the first-round questionnaire to be distributed Mid-August, with completion of the study by Mid-September.

I sincerely hope that you will agree to participate. The study aims to seek *your* opinion and I hope that you will find the process professionally stimulating. If you have any questions please email me at ⇨ or call on ⇨.

Thank you for your time.

**Sarah Rand**

Year 2 Trainee Educational Psychologist

### <sup>1</sup>*Definition of terms*

The definition of projective techniques ascribed in this research will be one that is predicated from the projective hypothesis. Projective techniques are intended to elicit unconscious material, projected out as a response to stimulus and giving an insight into the hidden world. The techniques are based on the 'projective hypothesis' the human tendency to view and interpret the world in terms of own experience, and all expressions will reflect some aspect of ourselves (Chandler, 2003).

The terms "*Projective assessment or 'projective technique' are used interchangeably to refer to a variety of procedures that allow for free-flowing responses to the presentation of a stimulus*" (Kennedy, Canagaratnam & Shaldon, 2017). A range of mediums such as images, stories or drawings can be used as projective stimuli.

The kinetic family drawing (KFD) is one projective technique used to access a child's view of self in the context of the family system (Burns & Kaufman, 1971). However, in terms of EP literature it has been placed within personal construct theory (Beaver, 2011). This research aims to extend the current literature by exploring the tool in EP assessment practice within a psychoanalytic orientation.

## Appendix L: Main study informed consent

### Informed consent to participate in research

#### Establishing a common procedure for using the Kinetic Family Drawing (KFD) in educational psychology practice: an exploratory study using the Delphi method

Thank you for your interest in the above research project. Before you agree to take part in the research you must read the invitation to participate. If you have any questions arising from this invitation please contact me before you decide to join. Please keep this consent form to refer to at any time during the project.

#### Participant's Statement:

- I have read the 'Letter of invitation' and understand what the study involves.
- I understand that if I decide at any time that I no longer wish to take part, I can notify the researcher and withdraw. Any data that I have provided, which has not already been analysed in earlier stages, will be withdrawn.
- I consent to the processing of my personal information and participant background information (**provided on the following page**) by the researcher for the purposes of this research study.
- I understand that confidentiality and anonymity will be maintained during the process and every effort has been taken to ensure that no identifiable characteristics will be included in the study, however I acknowledge that due to the small and homogeneous sample there is some likelihood participants will be able to identify each other from their professional credentials.
- I agree it will not be possible to identify me from any publications unless I give specific consent to be named as a contributor.
- I understand that such information will be treated as strictly confidential and handled in accordance with the provisions of the UK Data Protection Act 1998 and GDPR regulations.
- I understand that the information I have submitted may be published as a practical resource and I will be sent a copy.
- I agree that the research project named above has been explained to my satisfaction and I agree to take part in this study.

Signed..... Date .....

(This form may be returned by e-mail in which case your name typed into the 'Signed' line will be considered as consent to participate)

## Participant background information

The following information will be anonymised and reported in this study in order to establish the demographics of the expert panel and confirm eligibility, but without identifying individuals by reporting details such as name, post or employer. These will only be known to the researcher and this record will be destroyed on completion of the research. All information will be treated as strictly confidential and handled in accordance with the UK Data Protection Act 1998 and GDPR regulations.

### Qualifications:

Name:

Job Title:

Qualification to practice as an EP:

Awarding University and date:

### Experience:

Please briefly list your experience in using the KFD as a projective technique within individual casework, i.e. when you last used this technique, frequency etc.

### Training:

Please briefly list the training you have either received or delivered on using projective techniques. Include relevant dates and where the training was received.

### Research:

Please list any research or publications you have been involved in relating to the topic area

### Rationale for using the tool

What type of casework would you use a KFD for? What are the strengths, what value is added, how does this tool help?

### Nomination:

If you know of a colleague who may meet the inclusion criteria and be interested in participating, you can nominate them below

Name:

Contact email:

## Appendix M: Main study Round 1 questionnaire

### Round 1 Questionnaire

#### Establishing a common procedure for using the Kinetic Family Drawing (KFD) in Educational Psychology Practice

*Overarching Research Question: What are the features of an effective use of the Kinetic Family Drawing (KFD) as a projective technique? In order to answer the question this study is interested in the process, knowledge and skills required to administer and interpret the KFD in this way.*

#### Instructions:

The focus of the questions are the assessment sessions with individual children and the wider assessment process.

To help guide your answers it may be helpful to think through a time of when you have used the KFD with a child, and describe what you actually do.

For example, how the technique is introduced and ended, what you would be saying to the child or paying attention to during the drawing, techniques used to facilitate the process and manage the session, the process of interpreting (making sense) and reporting. Your response should also include details of any particular knowledge or skills you feel is important.

Please answer as fully as you can and include as much detail as possible, remember the aim of the research is to gather professional opinion to seek a consensus, therefore there is no right or wrong answer.

Question 1: Please describe the procedure you use, as fully as possible from beginning to end. (See above guidance).

Question 2: What key theories do you draw on when administering a KFD?

Question 3: Please describe the procedure you use for interpreting the drawing. Are there aspects you pay particular attention to, is there a process you use beyond looking at the individual features of the drawing?

Question 4: What theories are you informed by when interpreting a KFD?

Question 5: How do you know you are doing the KFD as a projective technique, what factors are important that would be less relevant if using the KFD as a rapport building task, what (if any) specific skills and knowledge are required

*Thank you for taking the time to complete the questions.*

## Appendix N: Main study Round 2 questionnaire

Establishing a common procedure for using the Kinetic Family Drawing (KFD) in EP practice

### Round 2 Questionnaire

Below is a list of statements that have been generated following thematic analysis of your collective responses.

Please put an **X** in the box which you feel best describes how essential the statement is to your practice.

Please put only one **X** per statement.

#### Administration Procedure

How essential are the following <b>procedures</b> when <b>administering</b> a KFD		Essential in all situations	Essential in some situations	Not essential	Don't know/ unsure
<i>Before</i>					
1.1.1	To use the tool once confidentiality, consent and information-sharing have been discussed				
1.1.2	To use the tool once introductions and rapport has been established				
1.1.3	To be explicit about the intention of the KFD				
1.1.4	To not explain the aim of the KFD so as not to inhibit immediate responses				
1.1.5	To introduce the tool using the standard question ' <i>to draw everyone in your family doing something</i> '				
1.1.6	To provide minimal resources i.e. white A4 paper, pencil				
1.1.7	To provide an option of drawing tools i.e. coloured pencils, eraser, coloured paper				
<i>During</i>					
1.2.1	To provide guidance on how to draw the figures i.e. not stick figures/cartoons				
1.2.2	To ask questions during the drawing				
1.2.3	To remain silent while the CYP is drawing				
1.2.4	To provide reassurance that the task is not about drawing skills				
1.2.5	To provide reassurance on where to start, who is in the family, what they would be doing - if the CYP is hesitant to start				
1.2.6	To provide reassurance that is non-leading using open questions- if the CYP is hesitant				
1.2.7	To provide reassurance to keep going if they have said they have made a mistake, but otherwise remain silent				
1.2.8	To provide reassurance by responding to questions with simple, factual answers				
1.2.9	To reaffirm comments made by the CYP with statements rather than questions				
1.2.10	To allow the CYP to take the lead				
1.2.11	To observe how the CYP responded to the instruction and the task				
1.2.12	To observe anything the CYP verbalises as they draw				
1.2.13	To observe the CYP's emotional state during drawing				
1.2.14	To observe the CYP's degree of absorption with the activity				
1.2.15	To observe any difficulties the CYP has with maintaining focus				
1.2.16	To offer the CYP a sense of 'being with them'				
1.2.17	To have no set time limit on the task				
1.2.18	To observe the time spent on any particular part of the drawing				
1.2.19	To observe the time taken to complete the task				
1.2.20	To observe the order of the figures drawn				
1.2.21	To observe positioning of figures on the page				
1.2.22	To observe proximity between figures				
1.2.23	To observe similarities or differences between family members				

How essential are the following <b>procedures</b> when <b>administering</b> a KFD		Essential in all situations	Essential in some situations	Not essential	Don't know/unsure
1.2.24	To observe any omissions				
1.2.25	To observe any pets or unusual figures drawn				
1.2.26	To observe any aspect that is hard to understand and requires clarification from CYP either with the activity, or object				
1.2.27	To observe details that catch your attention				
1.2.28	To observe if/when the CYP has included themselves in the drawing				
1.2.29	To observe any changes made and areas where they appear to struggle				
1.2.30	To observe figures that seem easier or more difficult for the CYP to draw				
1.2.31	To pay attention to what you are thinking and feeling				
<b>After</b>					
1.3.1	To provide prompting if the CYP excludes drawing themselves				
1.3.2	To provide prompting of anyone else the CYP would like to include				
1.3.3	To offer the CYP to respond to the picture first before asking questions i.e. what would you like to tell me about your picture				
1.3.4	To ask the CYP to talk through their drawing identifying each figure and describing their actions				
1.3.5	To be dynamic with the inquiry process depending on the CYP's response during the task				
1.3.6	To ask wondering type questions after the drawing				
1.3.7	To ask questions about the CYP's family activities e.g. detail/frequency of activities				
1.3.8	To ask questions that draw on personal construct psychology e.g. to elicit verbal constructs				
1.3.9	To ask questions that draw on systemic psychology e.g. circular questions, relationships				
1.3.10	To engage in some sharing of themes/patterns/ideas with the CYP				
1.3.11	To allow the CYP to draw another picture after the KFD has been completed				
1.3.12	To engage the CYP in a neutral activity after the KFD has been completed				
1.3.13	To ask the CYP how they felt about the session				
1.3.14	To ask the CYP how they would like to get feedback				
1.3.15	To ask the CYP if you can keep the drawing				
1.3.16	To give the CYP the option to keep the drawing, if requested				
1.3.17	To reaffirm the aim of the KFD i.e. a way of getting to know you				
1.3.18	To reaffirm next steps				
1.3.19	To agree with the CYP what information will be shared and with who				

### Administration Knowledge

In order to <b>administer</b> a KFD, how essential is it for an assessor to have <b>knowledge</b> of...		Essential in all situations	Essential in some situations	Not essential	Don't know/unsure
2.1.1	The limits of any assessment				
2.1.2	Interpreting features within children's drawings e.g. Burns & Kaufman				
2.1.3	Administering a dynamic tool and engaging in flexible dialogue				
2.1.4	An inquiry process you can draw on e.g. Knoff & Prout				
2.1.5	The learning triangle (learner, adult, task)				
<b>2.2</b>					
2.2.1	Psychodynamic theory: transference/counter transference				
2.2.2	Psychodynamic theory: projection				
2.2.3	Psychodynamic theory: conscious/unconscious processes				
2.2.4	Psychodynamic theory: containment				
2.2.5	Psychodynamic theory: object-relations				
2.2.6	Attachment theory: ideas around the internal working model				
2.2.7	Attachment theory: principles of attunement				

In order to <b>administer</b> a KFD, how essential is it for an assessor to have <b>knowledge</b> of...		Essential in all situations	Essential in some situations	Not essential	Don't know/ unsure
2.2.8	Systemic family therapy theories: systemic questioning, circular questions.				
2.2.9	Systemic theory: familial allegiances and social graces				
2.2.10	Narrative ideas				
2.2.11	Relational dynamics				
2.2.12	Power dynamics: subverted and reinforced				
2.2.13	Cognitive development: indications of age (with younger children)				
2.2.14	Developmental theories: drawing and motor control				
2.2.15	Personal construct psychology				

### Administration Skills

In order to <b>administer</b> a KFD, how essential is it for an assessor to have <b>skills</b> in...		Essential in all situations	Essential in some situations	Not essential	Don't know/ unsure
3.1.1	Agreeing what will be fed back to the CYP and shared with others				
3.1.2	Responding with ethical transparency such decisions around assessment choice				
3.1.3	Terminating the task if the CYP is showing signs of distress				
3.1.4	The collaborative component of assessment, and answering questions				
3.2.1	Getting alongside a CYP so they feel encouraged to engage in the task				
3.2.2	Self-reflexivity and the extent to which a practitioner contributes to the context				
3.2.3	A style and approach that creates a containing and trusting atmosphere				
3.3.1	Asking open questions and being flexible to responses				
3.3.2	Being flexible with questions depending on the CYP's response e.g. not feeling comfortable about talking				
3.3.3	Being flexible with questions dependent on the CYP's language skills and developmental ability for reflection				

### Interpretation Process

When taking <b>meaning</b> from the KFD, how essential do you believe it is...		Essential in all situations	Essential in some situations	Not essential	Don't know/ unsure
4.1.1	To not follow a set pattern for interpretation				
4.1.2	Not to make direct interpretations or comments				
4.1.3	Draw on experience, practice-based knowledge and knowledge of the situation				
4.1.4	Remain tentative and cautious				
4.1.5	Be sensitive to the subjective nature of the task on that day				
4.1.6	Question both the content and process				
4.1.7	To pay more attention to the to the dialogue than the drawing				
4.1.8	To pay more attention to the process of doing the drawing and the meaning of the features in the drawing				
4.1.9	To test out ideas from the KFD with the CYP				
4.1.10	Awareness that some analysis may arise at a later date that cannot be checked out with the CYP				
4.1.11	Triangulate ideas with other data sources from your direct work				
4.1.12	Use the drawing as an information source for further inquiry				
4.2.1	Discuss drawing with colleague or in supervision				
4.2.2	Directly use Koppitz or Goodenough indicators to examine features				
4.2.3	Include the symbolism of features within the drawing				
4.2.4	Include the overall composition of the picture i.e. proximity				

When taking <b>meaning</b> from the KFD, how essential do you believe it is...		Essential in all situations	Essential in some situations	Not essential	Don't know/unsure
4.2.5	Include the overall impression of the picture i.e. where your eye was drawn, how it made you feel				
4.2.6	Include the process of their drawing i.e. order of figures drawn				
4.2.7	Include observations and thoughts during the administration				
4.2.8	Reflect on your feelings that arose during the administration				
4.2.9	Reflect how it might feel to be in the picture				
4.2.10	Include the CYPs initial response to the task e.g. confidence, response to questions				
4.2.11	Include the CYP's verbal descriptions of family				
4.2.12	Include the CYPs narrative of their family i.e. coherence				
4.3.1	Keep thinking that emerged within your own hypothesising				
4.3.2	Extend your understanding/interpretation beyond the session				
4.3.3	Direct any further explorations with adults rather than the CYP				
4.3.4	Triangulate information with relevant professionals				
4.3.5	Use the drawing actively within parent feedback meetings, openly asking for initial thoughts and asking gentle questions				
4.3.6	Use the drawing actively within parent feedback meetings, sharing observations and themes				
4.4.1	Consider circumstances when sharing may not be appropriate				
4.4.2	Not to include direct interpretations when reporting				
4.4.3	Discuss drawings with parents				
4.4.4	Do not include copies of the drawings in reports				
4.4.5	Include copies of the drawing in reports				

When looking at the <b>representation</b> and <b>differentiation</b> of the features of the KFD, how essential do you believe it is to examine...		Essential in all situations	Essential in some situations	Not essential	Don't know/unsure
5.1.1	Position of figures on the page				
5.1.2	Position of figures in relation to each other				
5.1.3	Size of drawing in relation to the blank piece of paper				
5.1.4	Size of figures in relation to each other				
5.1.5	Individual features present e.g. facial features, limbs, trunk, hands, feet				
5.1.6	Figures who have no grounding or stable base				
5.1.7	Patterns/ groupings within drawings				
5.1.8	Unusual features				
5.1.9	Shading of people/objects				
5.1.10	Absences				
5.1.11	Facial expressions				
5.1.12	Detail of people				
5.1.13	Barriers				
5.1.14	Activities				
5.1.15	The feelings/emotions elicited by the drawing				

### Interpretation Knowledge

In order to <b>analyse</b> a KFD, how essential is it for an assess or to have <b>knowledge</b> of....		Essential in all situations	Essential in some situations	Not essential	Don't know/unsure
6.1.1	Interpreting features within children's drawings e.g. Burns & Kaufman				
6.1.2	The learning triangle (learner, adult, task)				
6.2.1	Psychodynamic theory: transference/counter transference				
6.2.2	Psychodynamic theory: projection				

In order to <b>analyse</b> a KFD, how essential is it for an assess or to have <b>knowledge</b> of....		Essential in all situations	Essential in some situations	Not essential	Don't know/ unsure
6.2.3	Psychodynamic theory: conscious/unconscious processes				
6.2.4	Psychodynamic theory: containment				
6.2.5	Psychodynamic theory: object-relations				
6.2.6	Attachment theory: ideas around the internal working model				
6.2.7	Attachment theory: principles of attunement				
6.2.8	Systemic family therapy theories: systemic questioning in particular, circular questions.				
6.2.9	Systemic theory: familial allegiances and social graces e.g. how is gender represented				
6.2.10	Narrative ideas				
6.2.11	Relational dynamics				
6.2.12	Power dynamics: subverted and reinforced				
6.2.13	Cognitive development: gaining broad indication of age (with younger children)				
6.2.14	Developmental theories: drawing and motor control				
6.2.15	Personal construct psychology				

**Interpretation Skills**

In order to have the <b>skills</b> required to <b>analyse</b> your use of the KFD, how essential is it for an assessor to have ....		Essential in all situations	Essential in some situations	Not essential	Don't know/ unsure
7.1.1	Observational skills of observing CYP				
7.1.2	Understanding of how children develop and express themselves				
7.1.3	Interpersonal skills (between you and the CYP)				
7.1.4	Intra psychic skills (your own thoughts, feelings and responses)				
7.1.5	Confidence in applying psychodynamic thinking, such as living with ambiguity				
7.1.6	Undertaken formal training in the tool				
7.1.7	Access to robust professional development				
7.2.1	Confidence in generating hypotheses and actively exploring these with sensitivity				
7.2.2	Confidence in viewing any interpretations with caution (psychodynamic, systemic, developmental appropriateness)				
7.2.3	Experience at using the tool in order to build confidence in how and what to share				
7.2.4	Experience at using the tool in order to recognise patterns and gaining a baseline				
7.2.5	Experience at using the tool to not overly interpret information				
7.2.6	Experience in being sensitive about the information				
7.2.7	Self-reflexivity in terms of an awareness of your own experiences of being in a family, and cultural or familial bias				
7.2.8	Self-reflexivity in terms of your own emotional state at the time of administration				
7.3.1	Ongoing reflective supervision				
7.3.2	Access to a group of psychoanalytic trained practitioners/supervisors				
7.3.3	Access to group therapy/experiential groups				

## Appendix O: Main study Round 3 exemplar questionnaire

Establishing a common procedure for using the Kinetic Family Drawing (KFD) in EP practice

### Round 3 Questionnaire

Thank you for your contribution to the previous round

For the purposes of coding the following numbers were applied to the rating statements

- 1 - Essential in all situations
- 2 - Essential in some situations
- 3 - Not essential
- 4 - Don't know/unsure

117 of the 172 statements achieved consensus of greater than 62.5% in round 2

The remaining 55 statements are listed below.

You now have the option to change your final response. Please review your previous answer in light of the group response.

If you would **like to** change your final response please put the corresponding number in the final column (coloured green). If you **do not** wish to change your final response, you may leave the cell blank.

How essential are the following procedures when administering a KFD		Group ratings				Your ratings	
		Essential in all situations 1	Essential in some situations 2	Not essential 3	Don't know/Unsure 4	Your Previous response	Your final response
<i>Before</i>							
1.1.3	To be explicit about the intention of the KFD	12.5%	25%	50%		1	
1.1.4	To not explain the aim of the KFD so as not to inhibit immediate responses	25%	25%	37.5%	12.5%	3	
1.1.6	To provide minimal resources i.e. white A4 paper, pencil	25%	50%	25%		1	
1.1.7	To provide an option of drawing tools i.e. coloured pencils, eraser, coloured paper		50%	50%		2	
<i>After</i>							
1.2.3	To remain silent while the CYP is drawing		50%	50%		3	
1.2.5	To provide reassurance on where to start, who is in the family, what they would be doing - if the CYP is hesitant to start		50%	50%		3	
1.2.6	To provide reassurance that is non-leading using open questions- if the CYP is hesitant	25%	50%	25%		3	
1.2.7	To provide reassurance to keep going if they have said they have made a mistake, but otherwise remain silent	37.5%	37.5%	25%		3	
1.2.8	To provide reassurance by responding to questions with simple, factual answers	50%	37.5%	12.5%		3	
1.2.9	To reaffirm comments made by the CYP with statements rather than questions	37.5%	50%	12.5%		3	
1.2.19	To observe the time taken to complete the task	37.5%	50%	12.5%		1	
<i>After</i>							
1.3.1	To provide prompting if the CYP excludes drawing themselves	37.5%	12.5%	50%		3	
1.3.2	To provide prompting of anyone else the CYP would like to include	25%	25%	50%		3	
1.3.3	To offer the CYP to respond to the picture first before asking questions i.e. what would you like to tell me about your picture	37.5%	50%	12.5%		2	
1.3.4	To ask the CYP to talk through their drawing identifying each figure and describing their actions	37.5%	37.5%	25%		1	
1.3.6	To ask wondering type questions after the drawing	37.5%	37.5%	25%		2	

How essential are the following <b>procedures</b> when <b>administering</b> a KFD		Group ratings				Your ratings	
		Essential in all situations <b>1</b>	Essential in some situations <b>2</b>	Not essential <b>3</b>	Don't know/Unsure <b>4</b>	Your Previous response	Your final response
1.3.9	To ask questions that draw on systemic psychology e.g. circular questions, relationships		50%	50%		<b>3</b>	
1.3.10	To engage in some sharing of themes/patterns/ideas with the CYP	12.5%	50%	37.5%		<b>1</b>	
1.3.13	To ask the CYP how they felt about the session	37.5%	25%	37.5%		<b>1</b>	
1.3.14	To ask the CYP how they would like to get feedback	25%	50%	25%		<b>1</b>	
1.3.18	To reaffirm next steps	50%	37.5%	12.5%		<b>1</b>	

### Administration Knowledge

In order to <b>administer</b> a KFD, how essential is it for an assessor to have <b>knowledge</b> of...		Group ratings				Your ratings	
		Essential in all situation <b>1</b>	Essential in some situations <b>2</b>	Not essential <b>3</b>	Don't know/Unsure <b>4</b>	Your Previous response	Your final response
2.1.2	Interpreting features within children's drawings e.g. Burns & Kaufman	50%	25%	25%		<b>1</b>	
2.1.4	An inquiry process you can to draw on e.g. Knoff & Prout	25%	25%	25%	25%	<b>1</b>	
2.1.5	The learning triangle (learner, adult, task)	50%	37.5%	12.5%		<b>2</b>	
2.2.5	Psychodynamic theory: object-relations	50%	37.5%		12.5%	<b>1</b>	
2.2.8	Systemic family therapy theories: systemic questioning, circular questions.	50%	12.5%	37.5%		<b>1</b>	
2.2.9	Systemic theory: familial allegiances and social graces	50%	25%	25%		<b>1</b>	
2.2.10	Narrative ideas	37.5%	50%	12.5%		<b>1</b>	
2.2.15	Personal construct psychology	12.5%	50%	37.5%		<b>2</b>	

### Interpretation Process

When taking <b>meaning</b> from the KFD, how essential do you believe it is...		Group ratings				Your ratings	
		Essential in all situation <b>1</b>	Essential in some situations <b>2</b>	Not essential <b>3</b>	Don't know/Unsure <b>4</b>	Your Previous response	Your final response
4.1.1	To not follow a set pattern for interpretation	50%	25%	12.5%	12.5%	<b>3</b>	
4.1.2	Not to make direct interpretations or comments	37.5%	37.5%	25%		<b>3</b>	
4.1.10	Awareness that some analysis may arise at a later date that cannot be checked out with the CYP	37.5%	50%		12.5%	<b>2</b>	
4.2.3	Include the symbolism of features within the drawing	25%	25%	50%		<b>3</b>	
4.2.4	Include the overall composition of the picture i.e. proximity	37.5%	50%	12.5%		<b>3</b>	
4.2.5	Include the overall impression of the picture i.e. where your eye was drawn, how it made you feel	37.5%	50%	12.5%		<b>2</b>	
4.2.6	Include the process of their drawing i.e. order of figures drawn	50%	37.5%	12.5%		<b>3</b>	
4.2.7	Include observations and thoughts during the administration	50%	50%			<b>2</b>	
4.2.9	Reflect how it might feel to be in the picture	25%	37.5%	37.5%		<b>3</b>	
4.2.12	Include the CYPs narrative of their family i.e. coherence	50%	50%			<b>1</b>	
4.3.1	Keep thinking that emerged within your own hypothesising	50%	12.5%	37.5%		<b>4</b>	
4.3.2	Extend your understanding/interpretation beyond the session	25%	50%		25%	<b>4</b>	
4.3.4	Triangulate information with relevant professionals	50%	50%			<b>1</b>	
4.3.5	Use the drawing actively within parent feedback meetings, openly asking for initial thoughts and asking gentle questions	25%	37.5%	37.5%		<b>2</b>	

When taking <b>meaning</b> from the KFD, how essential do you believe it is...		Group ratings				Your ratings	
		Essential in all situations <b>1</b>	Essential in some situations <b>2</b>	Not essential <b>3</b>	Don't know/Unsure <b>4</b>	Your Previous response	Your final response
4.3.6	Use the drawing actively within parent feedback meetings, sharing observations and themes	12.5%	50%	37.5%		<b>2</b>	
4.4.2	Not to include direct interpretations when reporting	37.5%	37.5%	25%		<b>3</b>	
4.4.3	Discuss drawings with parents	25%	37.5%	37.5%		<b>2</b>	
4.4.4	Do not include copies of the drawings in reports	12.5%	37.5%	50%		<b>3</b>	
4.4.5	Include copies of the drawing in reports	12.5%	50%	37.5%		<b>3</b>	

### Interpretation Knowledge

In order to <b>analyse</b> a KFD, how essential is it for an assess or to have <b>knowledge</b> of....		Group ratings				Your ratings	
		Essential in all situations <b>1</b>	Essential in some situations <b>2</b>	Not essential <b>3</b>	Don't know/Unsure <b>4</b>	Your Previous response	Your final response
6.1.1	Interpreting features within children's drawings e.g. Burns & Kaufman	37.5%	37.5%	25%		<b>2</b>	
6.2.5	Psychodynamic theory: object-relations	50%	37.5%	12.5%		<b>1</b>	
6.2.8	Systemic family therapy theories: systemic questioning in particular, circular questions.	50%	12.5%	37.5%		<b>1</b>	
6.2.9	Systemic theory: familial allegiances and social graces e.g. how is gender represented	50%	12.5%	37.5%		<b>1</b>	
6.2.10	Narrative ideas	37.5%	50%	12.5%		<b>1</b>	

### Interpretation Skills

In order to have the <b>skills</b> required to <b>analyse</b> your use of the KFD, how essential is it for an assessor to have ....		Group ratings				Your ratings	
		Essential in all situations <b>1</b>	Essential in some situations <b>2</b>	Not essential <b>3</b>	Don't know/Unsure <b>4</b>	Your Previous response	Your final response
7.3.2	Access to a group of psychoanalytic trained practitioners/supervisors	50%	37.5%	12.5%		<b>2</b>	
7.3.3	Access to group therapy/experiential groups	50%	37.5%	12.5%		<b>2</b>	

Thank you for taking the time to complete the questionnaire 😊

The data collection is now complete.

**Appendix P: Descriptive summary of results by subtheme**

**Subtheme 1.1** – of the 7 items, 3 items reached consensus that they were essential in all situations (1.1.1, 1.1.2, 1.1.5). 2 items reached consensus that they were not essential (1.1.3, 1.1.7). The two remaining items did not achieve consensus after three rounds (1.1.4, 1.1.6).

**Subtheme 1.2** – of the 31 items, 22 items reached consensus that they were essential in all situations (1.2.4, 1.2.8, 1.2.10, 1.2.11, 1.2.12, 1.2.13, 1.2.14, 1.2.15, 1.2.16, 1.2.18, 1.2.20, 1.2.21, 1.2.22, 1.2.23, 1.2.24, 1.2.25, 1.2.26, 1.2.27, 1.2.28, 1.2.29, 1.2.30, 1.2.31). 5 items reached consensus that they were essential in some situations (1.2.3, 1.2.5, 1.2.6, 1.2.17, 1.2.19). 2 items reached consensus that they were not essential (1.2.1, 1.2.2). The 2 remaining items did not achieve consensus after three rounds (1.2.7, 1.2.9).

**Subtheme 1.3** – of the 19 items, 5 items reached consensus that they were essential in all situations (1.3.5, 1.3.15, 1.3.16, 1.3.17, 1.3.19). 1 item reached consensus that it was essential in some situations (1.3.7). 3 items reached consensus they were not essential (1.3.8, 1.3.11, 1.3.12). The 10 remaining items did not achieve consensus after three rounds (1.3.1, 1.3.2, 1.3.3, 1.3.4, 1.3.6, 1.3.9, 1.3.10, 1.3.13, 1.3.14, 1.3.18).

**Subtheme 2.1** – of the 5 items, 4 items reached consensus that they were essential in all situations (2.1.1, 2.1.2, 2.1.3, 2.1.5). The remaining item did not achieve consensus after three rounds (2.1.4).

**Subtheme 2.2** – of the 15 items, 11 items reached consensus that they were essential in all situations (2.2.1, 2.2.2, 2.2.3, 2.2.4, 2.2.6, 2.2.7, 2.2.9, 2.2.11, 2.2.12, 2.2.13, 2.2.14). The remaining 4 items did not achieve consensus after three rounds (2.2.5, 2.2.8, 2.2.10, 2.2.15).

**Subtheme 3.1** – of the 4 items, all 4 items reached consensus that they were essential in all situations (3.1.1, 3.1.2, 3.1.3, 3.1.4) after Round 2.

**Subtheme 3.2** – of the 3 items, all 3 items reached consensus that they were essential in all situations (3.2.1, 3.2.2, 3.2.3) after Round 2.

**Subtheme 3.3** – of the 3 items, all 3 items reached consensus that they were essential in all situations (3.3.1, 3.3.2, 3.3.3). After Round 2.

**Subtheme 4.1** – of the 12 items, 7 reached consensus that they were essential in all situations (4.1.1, 4.1.3, 4.1.4, 4.1.5, 4.1.6, 4.1.11, 4.1.12); 3 reached consensus that they were essential in some situations (4.1.7, 4.1.8, 4.1.9). The remaining 2 items did not reach consensus after three rounds (4.1.2, 4.1.10).

**Subtheme 4.2** – of the 12 items, 3 reached consensus that they were essential in all situations (4.2.6, 4.2.8, 4.2.10); 2 reached consensus that they were essential in some situations (4.2.1, 4.2.11), 2 reached consensus they were not essential (4.2.2, 4.2.3). The remaining 5 items did not reach consensus after three rounds (4.2.4, 4.2.5, 4.2.7, 4.2.9, 4.2.12).

**Subtheme 4.3** – of the 6 items, 2 reached consensus that they were essential in all situations (4.3.1, 4.3.4); 2 reached consensus that they were essential in some situations

(4.3.2, 4.3.3). The remaining 2 items did not reach consensus after three rounds (4.3.5, 4.3.6).

**Subtheme 4.4** – of the 5 items, 1 reached consensus that it was essential in all situations (4.4.1); 1 reached consensus that it was essential in some situations (4.4.5). The remaining 3 items did not reach consensus after three rounds (4.4.2, 4.4.3, 4.4.4).

**Subtheme 5.1** – of the 15 items, all 15 reached consensus that they essential in all situations (5.1.1, 5.1.2, 5.1.3, 5.1.4, 5.1.5, 5.1.6, 5.1.7, 5.1.8, 5.1.9, 5.1.10, 5.1.11, 5.1.12, 5.1.13, 5.1.14, 5.1.15) after Round 2.

**Subtheme 6.1** – of the 2 items, 1 reached consensus that it was essential in all situations (6.1.2). The remaining item did not reach consensus after three rounds (6.1.1).

**Subtheme 6.2** – of the 15 items, 12 reached consensus that they were essential in all situations (6.2.1, 6.2.2, 6.2.3, 6.2.4, 6.2.6, 6.2.7, 6.2.8, 6.2.9, 6.2.11, 6.2.12, 6.2.13, 6.2.14); 2 reached consensus that they were essential in some situations (6.2.10, 6.2.15). The remaining item did not reach consensus after three rounds (6.2.5).

**Subtheme 7.1** – of the 7 items, all 7 reached consensus that they were essential in all situations (7.1.1, 7.1.2, 7.1.3, 7.1.4, 7.1.5, 7.1.6, 7.1.7) after Round 2.

**Subtheme 7.2** – of the 8 items, all 8 reached consensus that they were essential in all situations (7.2.1, 7.2.2, 7.2.3, 7.2.4, 7.2.5, 7.2.6, 7.2.7, 7.2.8) after Round 2.

**Subtheme 7.3** – of the 3 items, 1 reached consensus that it was essential in all situations (7.3.1), 1 reached consensus that it was not essential (7.3.3). The remaining item did not reach consensus after 3 rounds (7.3.2)