

An inquiry into the challenges experienced by trainee child and adolescent
psychotherapists undertaking parent-work with parents of
children receiving psychoanalytic psychotherapy

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Impact of COVID-19 Statement

The disruption caused by COVID-19 on the current study impacted on the possibility of conducting in-person face-to-face interviews with participants. This was due to restricted access to working areas at the training centre hosting the study, as well as travel constraints. The data-collection methods required some adjustments that were deemed to have minimal impact to the overall research project.

The proposed semi-structured interviews were undertaken as planned with all participants but were conducted via an approved video link platform (e.g., Zoom, as preferred by the current study's host, the Tavistock and Portman NHS Trust). However, it is important to recognise that the sample may have been influenced by the interviews being changed from a face-to-face setting to video link, and that this may have impacted the data collected.

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Abstract

The role of parents is key to the success of any intervention in child development and psychotherapy. However, parent-work is minimally explored and understood when it comes to working with children and young people, especially from the perspectives of child and adolescent psychotherapy trainees. In this explorative study, eight trainees have been interviewed using semi-structured interviews.

This study highlights a lack of certainty and clarity amongst trainees in their understanding of the nature of parent-work, and great variations in focus-areas within the work. Further findings identified that failure to agree and establish parent-work aims early on created issues associated with the therapeutic alliance. When this work has been overlooked, trainees have been challenged with overcoming barriers created by parents to engage in the work, often exacerbated by managing relationship dynamics between parents and the wider professional network involved with the family, which can give rise to confidentiality issues.

These findings suggest that uncertainty and a lack of clarity regarding the nature of parent-work influences trainees both in their practice and in their training, where parent-work feels de-prioritised in terms of attention given to the training. Furthermore, there are wider issues concerning the limited resources available to trainees at their service placements, which jeopardises their development due to a lack of parent-work opportunities and sufficient supervision.

Overall, findings indicate the need for a common, agreed conception of parent-work, or at least more transparency on the variety of parent-work, to empower trainees to use their best

judgement. Because parent-work is particularly difficult, it should be more highly prioritised at multiple levels, including in training and supervision. Although this research focuses on only one clinic, given the scarcity of research on this topic overall, there is great potential for this study to be expanded upon by further research.

Keywords:

Child and adolescent psychotherapy; child and adolescent psychotherapy training; parallel parent work; parent support; parent-work aims; parent-work training; parental involvement; psychoanalytic parent work; psychodynamic parent work; therapeutic alliance with parents.

CHAPTER 1: INTRODUCING THE RESEARCH STUDY

1.1 Introduction

This chapter introduces the study beginning with a brief explanation of the background underlying my choice and motivation for investigating this research area. Thoughts about my own clinical experiences of *doing* parent-work from the standpoint of also *being* a parent will then follow. An overview of the research undertaken then explains the rationale and purpose of the study, with details about my research design and methodology. Following this, the context of the research provides a framework for understanding the research problem and its significance. The study's aims, objectives, and questions will be stated to expand on what this research sets out to achieve. The significance of the research will then be discussed to justify why this study is worth undertaking and the value it will bring. Examples of the terminology used in child psychotherapy to describe parent-work activities will be offered, before concluding with an outline of each chapter to orient the reader through this study.

1.2 Researcher's choice of research topic

A requirement of the child and adolescent psychotherapy trainee's (CAPT¹) formal training is to undertake a minimum of one parallel parent-work² case to gain the necessary experience in a parent-worker's role within their children and adolescent mental health service (CAMHS) placement. CAPTs must also attend mandatory parent-workshops for a minimum of one, preferably two, years (Rustin, 1998; Horne, 2000).

¹ See Appendix A for a full list of acronyms.

² "Parallel parent-work" refers to parent-work activities running alongside child psychotherapy treatment where a "clinician is assigned to the child and a second clinician to the parents" (Gvion & Bar, 2014, p. 58).

My interest in parent-work emerged through my own clinical experiences of working with parents³ during my training. In particular was my first experience of this work, with a mother who, after several disappointing years of trying to conceive her own child, eventually adopted a nine-month-old baby. She described her fantasies of finally fulfilling a maternal role, and providing her child with an experience of being mothered that she herself was deprived of when her own mother suddenly became ill and died when she, herself was still very young.

However, by her own admission, fantasies of having her very own perfect child to love and nurture were soon destroyed. The child was later diagnosed with severe global development delay and profound emotional difficulties, having also experienced significant early developmental trauma. This was a new mother struggling to come to terms with yet another loss, and a mother who was also resentful towards and disappointed with the child now in her care. As an inexperienced CAP parent-worker in the early stages of my training, this work proved to be extremely complex and difficult. Despite other extensive experiences of working with parents for many years in different contexts, I was often left feeling out of my depth, disoriented, confused, and uncertain about my role in terms of what was expected of me.

My curiosity and interest in parent-work continued to develop through attending the parent-work seminars where groups of CAPTs at different stages of their training come together to share their experiences of working with parents. While attending these scheduled once-weekly workshops throughout the academic year, I was able to observe a degree of disparity and vagueness amongst other CAPTs relating to their understanding of the role of the parent

³ "Parent" refers to the primary caregiver of children and young people and includes biological parents, foster carers, special guardians, etc.

worker, how parent-work should be undertaken, and what the actual clinical work should entail.

Initially, I considered whether CAPTs' previous experiences of working with parents in different capacities may be an influencing factor in their approach to parent-work. I also wondered whether CAPTs who were parents or grandparents approached parent-work in recognisably different ways. As these early thoughts and ideas developed, I became more curious about what might make parent-work difficult or unappealing for some and, likewise, how one would measure parent-work that has gone well. Perhaps some CAPTs might just have a particular flair for the work? These were my initial thoughts as I began to explore the challenges contained within parent-work from the perspective of a CAPT.

As a parent, learning more about child development throughout my career – and in particular the significant influence parents have during their child's early years – has been extremely valuable, bringing many new insights. It has made me aware that I need to be prepared to examine myself as a parent, and consciously reflect on my own behaviours and attitudes within my practice. These personal and clinical experiences have undoubtedly shaped my appreciation and belief in the value of individual work with parents. In undertaking this research project, I have sought to develop my understanding of this intervention and to explore both the complexities and potential to improve the mental health outcomes of children and young people (CYP).

1.3 Research overview

The role of parents is key to the success of any intervention in child development and psychotherapy (see e.g., Kennedy, 2004; Horvath, 2001; Midgley & Kennedy, 2011; Midgley

et al., 2021; Núñez, et al.,2021; Wachs & Jacobs, 2006). However, when it comes to working with CYP, individual work carried out with parents is minimally explored and understood, especially with respect to CAPTs (Marks, 2020; Holmes, 2018a; Novick & Novick, 2013). The present explorative research project is titled “An inquiry into the challenges experienced by CAPTs undertaking parent-work with parents/carers of children receiving psychoanalytic psychotherapy”, and its purpose is to gain deeper insight into the challenges of psychoanalytic parent-work from the perspective of CAPTs completing their professional doctorate in Child Psychoanalytical Psychotherapy clinical training at a children’s mental health clinic in the UK.

The methodology used for this research is rooted in a qualitative phenomenological theoretical perspective which aligns with the exploratory nature of the study’s aims and objectives that are concerned with better understanding the perceptions of others. Semi-structured interview methods and reflexive thematic analysis (Braun & Clarke, 2022) were used to analyse data collected from eight participants.

1.4 Research background and context

Where there is a child who has been referred to psychotherapy, there will also be a parent who is actively involved in supporting their child through the assessment process and beyond. Parental involvement during the child’s treatment period varies from regular ongoing reviews to individual direct-work with parents prior to child work commencing, and joint family-work. Parent-work depends on the individual needs of any particular family and varies in approach and frequency of sessions.

If, on completion of the psychotherapy assessment, parent-work will typically be recommended and offered simultaneously as agreement is reached for the child to begin psychotherapy (Rustin, 2009). Clinicians usually expect parents to want to support their child's treatment by engaging with and committing to any parent-work offered. However, the offer of parent-work also relies on the (often very limited) availability of resources in the respective CAMHS. Unfortunately, these services are under-resourced and over-stretched, and parent-work has become a limited provision, often prioritising only the most complex of cases (Fonagy & Target, 1996; Midgley & Kennedy, 2011).

The development of contemporary child psychotherapy continues to acknowledge parent-work as paramount to the success and sustainability of psychotherapy treatment outcomes for CYP. As such, developing and retaining a therapeutic alliance with parents when working with children in a therapeutic capacity is fundamental to the work and is understood to be an essential component of child psychotherapy (Marks, 2020; Holmes, 2018a; Novick & Novick, 2000). However, many studies reporting on parental involvement in child therapy have traditionally focused on specific psychodynamically informed parent-work interventions (in addition to the more general parent involvement in terms of reviews, follow-ups, etc. (Kennedy, 2004).

1.5 Research aims, objectives, and questions

1.5.1 Research aims:

- To understand how CAPTs perceive their roles to be in parent-work and to identify the nature of the challenges they encounter during their experiences of undertaking this work.

- To explore CAPTs' experiences of accessing learning opportunities to develop specific parent-work skills and techniques during their training, whilst also considering how they can better understand what is expected of them as they develop the skills required for parent-work.

1.5.2 Research objectives:

- To explore the perceptions of CAPTs who have experienced parent-work during their training.
- To explore the challenges CAPTs have experienced in their encounters with parent-work.
- To explore CAPTs' perceptions regarding developing specific parent-work skills and techniques as part of their training.
- To provide recommendations regarding the training and information available to CAPTs during their training.

1.5.3 Research questions:

- What do CAPTs perceive their roles to be in parent-work?
- What are the challenges facing CAPTs undertaking parent-work?

1.6 Significance of the research

This small-scale study will contribute to the existing literature on healthcare professionals' experiences of working with parents by incorporating CAPTs perspectives of working within this specialist area of psychoanalytic parent-work. This will help to broadly address the current limited research in this field. The benefits of active curiosity and continued research in the pursuit of understanding CAPTs' experiences – and particularly the difficulties they

face – has the potential to provide new insights to support future CAPTs to better understand what is expected of them while developing their practice with the skills required to do this work.

Furthermore, as parent-work is so crucial to the outcomes of CYPs, an adequate understanding of this issue will not just benefit CAPTs, but also the children they are treating. Therefore, it is vital for CAPTs to develop competence and confidence in undertaking and arguing for the importance of specialist psychoanalytic parent-work that is specific to child psychotherapy.

1.7 Terminology used to describe parent-work

Common terms used to represent a wide range of indiscriminate interventions with parents (or the "psychotherapy of parenthood") include "parent therapy", "therapy with parents", and "parental therapy" (Frick, 2000; Jacobs & Wachs, 2006; Sutton & Hughes, 2005). The table below illustrates the terms and definitions to describe the clinical work undertaken with parents, that I had in mind before beginning to work on this research.

Table 1.

Parent-work terms and definitions

Terms to describe different parent-work activities	Definition and description of parent-work applications
Generic/Psychodynamic parent-work	Clinical work incorporating approaches that are informed by psychodynamic theories: cognitive, behavioural, social cognitive, and positive reinforcement principles. E.g. manualised parent-training ⁴ , parent skills-development, and psychoeducation.

⁴ A form of psychotherapy from a manual that provides instructions on different areas and steps to treatment, which is sometimes used in case studies for evidence-based treatment (Monti et al., 2014).

Psychoanalytic parent-work	Inclusive term for clinical work undertaken by CAP(T)s with parents whose child is referred for psychoanalytic psychotherapy for, e.g., pre-assessment meetings; family work; preliminary assessment work; brief work undertaken with parents when their child is not engaged; concurrent parent-work that is undertaken by the same therapist who is also working with the child, and specialist parallel parent-work as described in more detail below.
Parent-work with CYP receiving psychoanalytic psychotherapy	Specialist clinical parent-work specific to child psychotherapy – undertaken by a second CAP(T) alongside/in parallel to the CYP's own therapy, and aims to support the treatment, i.e. help parents with their anxieties and understanding of their child's difficulties.

When referring to clinical activities undertaken by CAP(T)s with the parents of CYP referred for and or receiving psychoanalytic psychotherapy, the terms “psychoanalytic parent-work”, “parallel parent-work” and “parent-work”, will be used interchangeably throughout this study.

When referring to other more general parent work practices and interventions (that are not psychoanalytically informed) but also undertaken by CAP(T)s, the terms “psychodynamic parent work” and “generic parent work” (“GPW”) will be referred to.

1.8 Structural outline of thesis

Introducing the research study

The current chapter (Chapter 1) introduces the background and context of the study and gives an overview of the research. It identifies the research aims, objectives, and questions and

argues for the value of this research before concluding with examples of the terminology referred to that describe parent-work.

Literature review

Chapter 2 reviews the existing literature to gain an understanding of where the research currently positions itself in relation to this study. Conclusions will be drawn to explain the positions of the present literature on this topic and the available research on psychoanalytically informed parent-work. Identified gaps within the literature will then be marked as justification for the present study.

Research methodology

Chapter 3 presents the theoretical framework of the research study. It argues for the adoption of a qualitative, inductive research approach, and discusses the broader research design .

Research findings and results

Chapter 4 presents the data collected and the chosen methodology to highlight the key findings and results, emphasising points that relate to the research questions.

Discussion and analysis of findings

Chapter 5 interprets the results and key findings presented in Chapter 4, relating them back to the literature review and research questions. It provides arguments for the theoretical and practical clinical implications of the research before concluding with a summary of how each research question has been responded to within the discussion.

Conclusion and recommendations

Chapter 6 summarises the key findings, noting the limitations and delimitations of the study, and offers recommendations for further research and the study's main contributions. I then conclude with some comments about the overall project and some final thoughts about the research topic and how I have experienced this research process.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

The purpose of this chapter is to present an analysis of current literature and existing research on the parent-work topic of the present study, beginning with a discussion about the definition of parent-work for CAPs. Following this, a description of the method and strategies used to carry out the literature search and the inclusion criteria for the review will be presented. The implications of the findings in relation to the literature will then be discussed and organised thematically, commencing with an overview of the historical origins of parent-work within psychotherapy.

The discussion will then explore the developments in parental involvement and parent-work . The challenges of parent-work and the theory thereof within the development of child psychotherapy will then be examined, followed by an examination of further developments in the theory of parent-work. An explanation of the research problem to highlight the existing gap in current research will be provided, before concluding with a summary of the key findings, emphasising their significance in relation to the primary research questions.

2.2 Definition of parent-work for CAPs

During the early stages of planning my research the first task was to establish if there was a *universal* definition for “psychoanalytic parent-work”. However, I struggled to identify a definition that was clearly articulated and consistent with parent-work in child psychotherapy. I even consulted with tutors delivering the parent-workshops for guidance towards a clear definition. They, too, were unable to provide this, other than to remind me of a key seminal paper (Rustin, 1998) referred to on the workshop’s reading list that might provide some clarity.

Later, a more thorough search of the literature also failed to establish a satisfactory working definition of psychoanalytic parent-work. Although this exercise proved ineffective, it did, however, highlight and confirm the sparse narrative of parent-work. Of significance, for this research, was the extent to which other researchers also grappled to specify and define exactly what parent-work is within the context of child psychotherapy. There seems to be a general view amongst other specialists that this parent-work “is vaguely defined and understood” (Holmes, 2018a, p. 264), and it has been referred to as an “ubiquitous term that fails to convey the nature and quality of what happens during the process [of parent-work]” (Sutton & Hughes, 2005, p. 169).

But what exactly does this “ubiquitous term” “working with parents”, mean? In response to their own question, Sutton and Hughes (2005, pp. 169-170) offer this definition of parent-work: “(a) Assisting parents in the care of their child in order that there can be reasonable expectations of the child (given their emotional state and developmental stage) and of the parents; (b) Providing something for the child that the parents cannot”. However, this is a broad definition that can be referred to by all professionals working with children and families across all services, but it does not really tell us much about psychoanalytically informed parent-work and what that entails. Slade summarises the problem when she argues “... that there is no articulated theory of the nature and purpose of this critical aspect of child treatment ... and little comprehensive examination” (2005, p. 208).

These comments imply an acknowledged gap in terms of substantial research into this area of parent-work within child psychotherapy. This, consequently, served to further stir my interest and curiosity about this matter. I initially wondered whether this topic would in fact be of any specific interest to researchers. I also wondered whether there may even be some level of discomfort in researchers’ own uncertainty and understanding of parent-work, that

discourages them from exploring and sharing their thoughts and experiences on what seems to be a somewhat obscure task within child psychotherapy?

2.3 Literature review search

A complete and comprehensive review of the psychoanalytic effort to understand parent-work and its intricacies requires a focused view when considering the various aspects of parental involvement within psychotherapy. However, due to the limitations of this research project, the focus of the literature review has concentrated on parallel parent-work CYP aged between five and eighteen years. The review does not consider “under five” infant-parent-work, as this area uses a specific model and approach for parents that differs from the kind of parent-work referred to in this study (see e.g., Emanuel, 2006; Emanuel & Bradley, 2008).

Initial scoping exercises undertaken prior to commencement of the project failed to yield any significant information relating to the challenges experienced by CAPTs undertaking psychoanalytically informed parent-work. This in turn encouraged a broader search to be undertaken to consider what the literature says about parent-work in general. This included complexities and ongoing challenges for individual clinicians and parents alike, and techniques required to do the work. These later searches (e.g., Bosmans, 2016; Finan et al., 2018; Kennedy, 2004; Taylor, 2023; Whitefield & Midgley, 2015) did, in fact, reveal a wealth of literature reporting on child psychotherapists and other healthcare professionals’ experiences of different parent-work activities, supporting parents of CYP receiving a variety of treatments which I refer to as “generic parent-work” and “psychodynamic parent-work” (described in Table 1). Also noted –although not relevant to this study – was a plethora of literature regarding parental involvement within infant mental health (e.g., Emanuel, 2006; Emanuel & Bradley, 2008; Fraiberg et al., 1975).

Three psychology databases were searched: PsycheINFO, PEP Archive and PsycBOOKS (EBSCOhost). ResearchGate and the training centre's library webpage were also utilised within the initial searches. Keywords, concepts, and terms added to the search included: "child psychotherapy"; "child psychotherapy training"; "parallel parent-work"; "parent support"; "parent-work aims"; "parent-work training"; "parent psychotherapy"; "psychoanalytic child and adolescent psychotherapy"; "psychoanalytic parent-work"; "psychodynamic parent-work"; "therapeutic alliance with parents", and "working with parents".

A selection of key articles, research studies, and printed reference books were then identified, which are referred to throughout this review. The initial search yielded 132 articles. This was followed by a primary screening of said articles, identifying 77 as pertinent and broadly relevant to parent-work. The search was further refined, with 40 articles being chosen for their appropriateness and relevance in addressing the aim of the present study. The selected papers were then reviewed in chronological order to mirror the development of thought about parental involvement and practice within psychotherapy over time.

2.4 Historical overview of parental involvement

It seems pertinent to begin this review by considering the historical perspective of child psychoanalysis from its earliest beginnings and up to the present time. This is helpful when contextualising the significance of our understanding of the early parent-child relationship in relation to how child psychotherapists have developed their appreciation of working with parents whose children are in psychoanalytic treatment. However, it is also important to here highlight that the literature represents varying views about the development of parent-work

over time. This also makes the attempt to provide a succinct and concise historical outline of the narrative of parent-work a difficult and complex task.

2.4.1. Earliest theories

Sigmund Freud's (1856-1939) recollections of his work with Little Hans (Freud, 1909) is probably the earliest account of parental involvement in child psychoanalysis. Little Hans was a disturbed young boy who had developed a phobia of horses and the outdoors, to the point at which he was unable to leave the house. Due to the boy's phobias, Freud treated Little Hans by proxy instead of in person, using letter-communications with Hans's father, who would detail his son's behaviour and recount conversations between Little Hans and his father. Although relevant at the time, questions have since been raised concerning the study's generalisability and validity, noting that its ethical standards would not be accepted in today's practice (Gvion & Bar, 2014; Ornstein, 1993).

During the early phase of psychoanalysis, Austrian psychoanalyst Hermine Hug-Hellmuth (1871-1924) was a pioneer for working with children and was the first to develop a technique for psychoanalysing children (MacLean & Rapper, 1991). Her book *A young girl's diary* (1921) was written from a psychoanalyst perspective and used Freudian theories to explain phenomena (Ohayon, 2009). Highly acclaimed within the field of psychoanalysis, Hug-Hellmuth's book is one of the most cited contributions to child psychoanalysis (Plastow, 2011). Influenced by her work, other notable psychoanalysts – such as Melanie Klein and Anna Freud – also developed and contributed their ideas within the field of child psychotherapy.

Klein (1892-1960) began working with children around 1921, developing theories that focus on the relationship between the mother and infant, understanding the first four to six months

of life to be crucial in the infant's developing relationship (Klein, 1975a). Klein considers the importance of interpersonal relationships on personality development and submits that the prime motivation in behaviour and personality development relies on consistent patterns of interpersonal relationships through the intimacy of a nurturing mother. This came to be known as object relations theory, where "object" refers to the primary caregiver (Grosskurth, 1985). Klein's object relations theory has contributed to our understanding of the key importance of early primary relationships in psychic development, which has influenced others in the psychoanalytic community to expand and develop theories on early relationships (e.g., Bion, 1959; Bowlby, 1951; Fairbairn, 1946, and Winnicott, 1945).

As Klein shaped the development of child psychoanalysis, she adapted Freud's psychoanalytic techniques for adult psychotherapy to her technique of working with children through the medium of play (Klein, 1955). Examples of Klein's early work with children and her involvement with parents, indicate that she experienced some complexities that are still very prevalent in current practice (Klein, 1975b). For instance, Klein specifically mentions issues arising from parents' unconscious motivations, child-parent confidentiality, quality of the therapeutic alliance, and feedback-sharing (Sherwin-White, 2018). Despite her limited involvement with parents, Klein is very much of the view that too much involvement with parents who bring their own personal issues from their external environment would interfere with her work with their children. She is less concerned with the child's view of their parents' external reality and more interested in children's internal perceptions of their parents (Smirnof, 1966).

Another emerging child psychotherapist during the early development of child psychotherapy was Anna Freud (1895-1982), daughter of Sigmund Freud. Her earliest child psychotherapy

case was the parent-referred treatment of schoolboy Peter Heller (lasting 1929-1932) who suffered from night terrors. Peter's case demonstrates the impact of issues with parental engagement on treatment outcomes. Peter's treatment was repeatedly interrupted by continuous external problems created by his parents. During the latter stages of Peter's treatment, parental involvement gradually declined, which also coincided with the premature and abrupt ending of his therapy for reasons that remain "unclear" (Midgley, 2012, p. 12).

The case of Peter Heller demonstrates some of Klein's reasoning regarding avoidance of parental contact. However, it has since been speculated that poor parental support and the lack of parental engagement resulted in the breakdown of Peter's therapy (Heller, 1990; Midgley, 2012). It has thus been argued that this case is the earliest evidence we have in support of theories affirming the importance of parental involvement for sustaining children's treatment (Smirnoff, 1966; Geissmann & Geissmann, 1998; Midgley, 2012). Indeed, following her work with Peter's parents, Freud's approach to parental involvement evolved and changed. As a way of ensuring commitment to their child's therapy, she would often expect parents to seek out their own psychoanalytic treatment before she agreed to treat a child (Sandler, 1996).

2.4.2. Disagreement about parental involvement in child psychotherapy

Klein's views on child psychotherapy are also shared by other child psychoanalysts (e.g., Hug-Hellmuth, 1921; Bornstein, 1945; Bettelheim, 1950). Bettelheim (1950) proposes that parents who are experiencing relationship tensions and conflicts with their children are often the most resistant to their children receiving appropriate care. Similarly, psychoanalyst Ferenczi, in his most controversial paper 'Confusion of tongues between adults and the child' (1955), was the first to openly oppose complete psychoanalytic trust in parents' accounts of

events and the sincerity of their intentions towards their children. He also criticises therapists who collaborate with parents even after children have disclosed parental abuse (Gvion & Bar, 2014).

Like Klein, the above-mentioned child psychoanalysts preferred to rely on the transference⁵ relationship and the child's inner world in the consulting room, disregarding the possibility that external factors could also play a significant role in the child's treatment. However, alongside child psychotherapists who were opposed to parental involvement, are some followers of object relations theory who disagreed with these ideas (e.g., Bowlby, 1951; Fairbairn, 1946). They viewed work with parents as central to most children's therapy, for reasons relating precisely to the child and family's external reality, stressing its significance to the work (Gvion & Bar, 2014). One influential Kleinian and believer in the value of parental involvement was Esther Bick (1902-1983). She understood the importance and relevance of parent work, acknowledging that it presents one of the challenges of working with children – since holding both parent and child in mind simultaneously is an extremely difficult and complex aspect of the child's treatment (Gvion & Bar, 2014).

2.4.3. The evolving role of the mother in psychotherapy

Esther Bick's (1964; 1968) ground-breaking theories regarding the roles of parents within child development has also been extremely influential in the development of child psychoanalytic psychotherapy training (Rustin, 1998). Bick (1964) developed an observational technique for psychotherapy with children and parents, which would also

⁵ “Transference refers to the displacement of feelings towards parents or siblings, etc. onto the therapist. In these cases, transference can be either positive or negative depending on whether the client ... develops positive or negative attitudes towards the therapist ... A key feature of these ‘transferences’ is that they are largely unconscious” (Tudor and Merry, 2006, p. 143).

become the cornerstone in psychoanalytic training and practice. Bick (1968) expands even further, discussing the significance of maternal containment as supporting the infant's psychic growth and development. She refers to the baby's skin as its primary container and introduces the idea of a "second-skin", which functions to describe defences used to hold the self together when the maternal container becomes faulty. Bick's ideas of containment and second-skin defences (i.e., psychological protection) can be helpful for understanding early histories of parental neglect and their impact on the developing self.

Fairbairn's (1889-1964) innovative work with borderline personality disorders emphasises the fundamental need to relate to and connect with other objects, i.e., relationships with other people (Fairbairn, 1944; 1946; 1952; 1954). While Fairbairn's ideas received very little recognition at the time, they were a great inspiration to child psychiatrist and paediatrician John Bowlby (1907-1990). Fairbairn's ideas laid the groundwork for the development of Bowlby's attachment theory (Bowlby 1951; 1953; 1956; 1957; 1958).

Bowlby was interested in understanding the anxiety and distress that children experience when separated from their primary carers. He was especially influential in the field of object relations theory and developmental psychology, introducing the concept of attachment theory in the 1950s (Bowlby 1951; 1953; 1956; 1957; 1958). Others would go on to develop Bowlby's ideas on attachment (e.g., Ainsworth et al., 1971). Bowlby's psychobiological perspective focuses on external relationships between parents and children, which are deemed to be innate, like how newly-hatched baby ducks follow the first thing they assume is the mother (see Lorenz, 1935).

Therapists who subscribe to this perspective have a different perspective on parent work.⁶ Furthermore, if we have parent-workers who are psychologists they may well be working from this perspective. Bowlby's theories explain how the emerging parent-child relationship profoundly influences subsequent relationship development, as we develop into adults (1969; 1973; 1980; 1988). He defines attachment as a "lasting psychological connectedness between human beings" (1969, p. 194).

Paediatrician and psychoanalyst Donald Winnicott (1896-1971) developed parent-child relationship work alongside Bowlby. Winnicott (1945) builds on Klein's ideas by deepening the understanding of the parent-infant relationship and the significance of the caregiver's role in early object relations. Like Bick, Winnicott's (1955; 1958; 1960; 1965; 1969) theories are based on the idea that the mother's responsiveness, "holding", and "attunement" to the infant, is responsible for the developing psyche and that this ultimately influences the way the child comes to view themselves. Winnicott's understanding of "holding" is the idea that the mother holds the baby to an illusion of oneness. For instance, when the baby feels discomfort and cries for food, the breast suddenly appears, and the baby feels he has made it happen. This protects him from the overwhelming stimulation of the real world of unpredictable chaos, until he is old enough to begin to distinguish self from other.

Winnicott's (1975, p. 99) notion of the "good-enough" mother and the facilitating holding environment refers to a caregiver who consistently meets the needs of the infant, while also acknowledging any unrealistic expectations of absolute perfection, hence the term "good-enough". This is important as the good-enough mother allows space for the infant to develop

⁶ Dan Hughes's attachment parenting model of PACE (Playfulness, Acceptance, Curiosity, Empathy) is a model of caring/parenting which helps support and form secure attachments with children and young people who may have experienced difficulties in early life (Hughes, 2009).

a sense of themselves as autonomous and separate from their mother. Winnicott believed the good enough mother and baby should not be viewed as separate entities but as one single object. He famously wrote: “there is no such thing as an infant, only mother and infant together” (1975, p. 99). These positions were at the heart of his ideas and continue to be influential in the study of child development (Winnicott, 1980; 1988; 1993). Bailey elaborated on Winnicott’s notion of the good enough mother, noting that “we should add that there is no such thing as a toddler, a child, or an adolescent, as their parents are always present in our work...” (2006, p. 180).

During this time, adult psychoanalyst Wilfred Bion (1897-1979), recognised for his work with psychotic patients, also adopted Klein’s object-relations theory to help expand on his own ideas. Bion’s main contributions consider how human beings think and how they understand their emotional experiences from birth. Bion’s notion of “container-contained” (1959, 1962) explores how a mother receives unwanted and/or overwhelming projections from an infant, processes them, and then returns the experience to the infant in a modified, palatable form. Thus, the mother becomes the container, and the child is the contained.

However, Bion also refers to container-contained relationships that are not positive, describing them as “parasitic container-contained relating” (Bion, 1970). This thinking may be relevant in some of the appalling child abuse and child death situations we sometimes hear about. It is also probably relevant to domestic abuse and may be part of parent-work with a parent who has been, or is, entangled in domestic abuse. According to Bion, the “container-contained” relationship is the engine of psychological development.

Bion's view is that, when it comes to working with a patient, psychic reality is reality. That is what we might hope to work with. But this is not the case in parent work. For instance, if a child is being bullied, the child worker might focus on what this means in the child's mind. In parent work we might contact the school. These theories are important because they help our understanding of the infant's primary caregiver's capacity (in their containing function) and emotional availability to support the infant in developing their own capacity for self-regulation.

These and other pioneers of parent work (e.g., Fraiberg, 1980, 1987; Fraiberg et. al., 1975; Furman, 1957;1991) have made notable contributions to our understanding of how the child's earliest experiences of being parented are very much informed by their experiences of relating to their primary carer. They report that the way our earliest relationships are set up are of fundamental importance as they will ensure a continuing healthy emotional and psychic development. This, according to these authors, will ultimately impact the way our personality is shaped throughout our lifespan. These explorations of mother-child relationships are all intrinsically connected and significant to our understanding of how parents relate to their children and inform our decisions about parent-work interventions for specific patients.

2.4.4. Parenthood and parents in psychotherapy

These early generations of child psychotherapists – e.g. Bettelheim (1950), Ferenczi and Klein (1955), who recommended keeping interactions with parents to a minimum – tended to lean on social care professionals, such as psychiatric social workers, to provide parent support (Rustin, 1998). However, towards the end of the 20th century onwards, multi-disciplinary teams of social workers have grown increasingly scarce, as have other resources

for parent support. Expectations have instead been placed on other services involved in the welfare of children and families – such as health and education – to take up the mantle and support families. The reliance on these other services has gradually shifted to CAMHs to provide this support, thus placing the onus on child psychotherapists to rethink their approach to working with parents (Horne, 2000; Rustin, 1998; Szapocznick et al., 1989).

A pioneer in the study of parenthood, Hungarian-American psychoanalyst Therese Benedek (1892-1977) examines how the personality continues to develop beyond the onset of adolescence through the process of reproduction, considering parenthood as a developmental phase in the individual life cycle. Benedek's (1959) account of the parent-child relationship from birth onwards offers insight into how the process of parenthood continues to impact the adult personality as it changes and develops in parallel with their own child, whose journey of personality development and growth is just beginning. Understanding parenthood as a developmental phase provides another helpful frame of reference to consider as we learn more about the developing parent-child relationship.

The main take-away from this historical trajectory is, firstly, that parent-work is important. Our earliest relationships with our parents will have long-lasting effects on the way we continue to develop meaningful relationships with others and on our understanding of our own internal world. Secondly, parent-roles can be both positive and negative depending on the parent-child relationship, and how this has developed from birth. Thirdly, in order for the clinician to understand the child, they need to understand these roles. And finally, the parents themselves are changed by the process of parenthood.

2.5 Developments in parent-work

Following a change in attitudes and the shift from CYP services providing parent-support towards an increased reliance on CAMHS to do this work, it has been argued that parent-work has become a fundamental aspect in the treatment of CYP (Holmes, 2018a; Marks, 2020). The clinical literature has suggested continued development resulting in a clearer understanding of the value in investing in this work that has consistently shown improved outcomes for child mental health (e.g., Kennedy, 2004; Horvath, 2001; Midgley & Kennedy, 2011; Midgley et al., 2021; Núñez, et al.,2021; Wachs & Jacobs, 2006).

An established general understanding and agreement that all child therapists will, in some way, work with parents during the treatment of their child, has also evolved over time (e.g., Bor, 2020; Conolly, 2018; Finan, et al., 2018; Primack, 2020; Midgley et al., 2021; Núñez, et al.,2021; Taylor, 2023). Parent-work takes various forms, and includes separate and joint meetings with the parent/child, where advice and support are provided concerning different aspects of parenting. This work is often referred to as psychodynamically informed parent-work (Midgley et al., 2021). However, when it comes to child analysis, the purpose of parent-work is far more complex. The literature describes specific aspects of the work that are fundamental to the child's treatment that, if not well-managed, will ultimately prevent the child's treatment from moving forward (Piovano, 2004), as explained in more detail below.

The initial task of parent-work is to assess what the child represents in the unconscious mind of the parent, and to understand the role the parent ascribes to the child . This enables the meaning of the presenting symptoms to be seen and understood from both the child's and the parent's positions, where differences between their meanings may reveal something more meaningful regarding the child's difficulties. Alongside this aspect of parent-work it is also

important to gain an understanding of the parents' issues within their external environment, shared by the child who is also likely to be affected in some way (Farber & Nevas, 2001; Holmes, 2018a; Marks, 2020).

If this aspect of the work is ignored or overlooked, we run the risk of insufficient engagement with parents. Furthermore, without this understanding of the parents' issues, and some evidence of change in the parents or in the family dynamics, there is also the potential risk that the child's therapy will not progress as well as it could, and/or might even be brought to a premature end (Midgley & Kennedy, 2011; Novick & Novick, 2000, 2005). The importance of parents, and of creating a therapeutic alliance with them, is thus "crucial to successful work with a child" and cannot be ignored nor denied (Slade, 2005, p. 209).

2.5.1 Defining the therapeutic alliance

The therapeutic alliance is considered an important aspect of the therapeutic process, and can impact treatment outcomes. Freud (1912) first describes this when he outlines the concepts of transference⁵ and countertransference⁷, stating that a "patient's positive transference was all that was needed for a therapeutic alliance to develop" (Moore and Fine, 1990, p.195). Zetzel (1956) takes this up and formulates the concept of a therapeutic alliance that directs positive transferences towards developing a meaningful relationship. Greeson (1967) takes these ideas of the therapeutic alliance further, calling it "the working alliance" (Houzel, 2000). Whilst these notions of the therapeutic alliance relate to adult patients, Houzel suggests extending the concept of the therapeutic alliance to include working with parents within child psychotherapy. He describes the therapeutic alliance with parents as:

⁷ Countertransference refers to transference that happens in the opposite direction: "the ... therapist's unconscious reactions to the ... client". The therapist may also experience transference towards the client, and the client may respond with countertransference (Tudor and Merry, 2006, p. 34).

...the agreement to enter into a new kind of experience with its emotional imaginary and symbolic aspects, thereby obtaining a glimpse of another way in which the mind can work, different from that we are accustomed. It includes the possibility as well as the hope of making sense of symptoms and mental pain. (2000, p. 120)

2.5.2. The aims of a therapeutic alliance with parents

Over time, the therapeutic alliance with parents has gradually taken on a more significant role in therapeutic and theoretical practice. This movement towards acknowledging the significance of the therapeutic alliance with parents has arisen out of a better understanding of the child's internal reality to indicate that it is not just the therapist who is accountable for the outcome of the child's treatment, but their parents hold equally important responsibility (see e.g., Carpenter et al., 2008; Holmes, 2018a; Horvath, 2001; Manoni, 1987; Marks, 2020; Neven, 2018; Novick and Novick, 2005; Ornstein, 1976; Siskind, 1997; Sutton & Hughes, 2005 and Tsiantis et al., 2000).

Novick and Novick's (2005) approach to parent-work emphasises the need to fully respect the role of parents in the life of the CYP. They place parents at the centre of the therapeutic endeavour where parental skills and capacities can be expanded. In this way, parents are assisted in helping their children "rather than making the therapist the sole person who is knowledgeable" (Neven, 2018, p. 198). Nevertheless, the general view within the literature is still inclined towards parental involvement as motivated first and foremost by the need to develop a therapeutic alliance to support the child's psychotherapy (Tsiantis et al., 2000).

2.5.3. The aims of parent-work among CYP

It seems that, overall, parent-work has long since been regarded as difficult and challenging, even for the most skilled and experienced clinicians (e.g., Rustin, 1998; 2009; Sutton & Hughes, 2005). Slade, (2005) suggests there are "many permutations which develop

organically” throughout the process of ongoing treatment indicating it is not straightforward (pp. 207-208). Cregeen et al., (2016), describe parent-work as “multi-faceted and dependent on individual parents” (p. 135). This also highlights the difficulty in identifying a single approach to parent-work, as there appears to be considerable variety in how this work is routinely undertaken (Holmes, 2018a; Marks, 2020).

Before we consider the challenges and difficulties of parent-work in more depth, it might be helpful to think briefly about the aims of parent-work. The literature argues that clinicians need to define more precisely the “particular meaning they attach to their relationship with parents when they are involved in assessing and treating their children ... they must know their role and the role of parents” (Sutton & Hughes, 2005, p. 169). It is important to identify what type of work will be the most appropriate for any particular parent early on (Loose, 1999). As Holmes (2018a, p. 273) writes: “clarified parent-work aims can help describe the role – its challenges and tasks – more accurately”, which is of “potential benefit” to both clinicians and parents about to undertake parent-work, as well as a foundational task in establishing the therapeutic alliance.

Holmes (2018a) summarises the aims of parent-work as focusing on parents’ individual, unique personalities and helping them to identify their struggles, helping parents feel less anxious and think about the emotions of their child, while at the same time helping them differentiate their own feelings from those of their child. These aims very much align with Rustin’s (2009, p. 235) approach, where she identifies four main categories of parent-work: (1) supportive work with parents, with the primary aim of protecting and sustaining the child’s therapy; (2) supporting parents in their parental functioning; (3) working with parents

with a focus on the change to how the family functions; and (4) individual sessions for one or both parents.

When taking my research study forward, the key point worth keeping in mind is that parental involvement has become understood as essential and crucial in the treatment of CYP, but it is also difficult and complex work. Effective parent-work is therefore heavily reliant on a therapeutic alliance where boundaries are set and aims agreed upon and in place early on. However, this is complicated by the fact that there seems to be no single approach to parent-work, and there appears to be many variations in parent-work activities.

2.6 Challenges regarding parent-work and the research thereof

In the literature, parent-work in general is met with further challenges. Firstly, parents who seek help for their children's mental health difficulties are usually confronted with a myriad of feelings and emotions which are often rooted in their own sense of helplessness. Novick and Novick (2005, p. 27) describe how parents "invoke hostile omnipotence" as a way of managing their helplessness. However, this can lead to overwhelming guilt, where the impulse is to blame others and, in particular, to locate the problem with their child as a way to negate their failings as parents.

Marks (2020, p. 21) discusses the dilemmas parents face when they feel like they have failed their struggling children and have become "stuck in a situation" where they themselves struggle to make use of professional help. We might also think about this behaviour in terms of resistance. In psychoanalytic terms, resistance refers to the ego's defensive efforts in bringing into consciousness "unacceptable childhood wishes, phantasies and impulse that would produce painful affects" (Moore & Fine, 1990, p. 168). Parental resistance towards a

child's therapy can be seen in ways such as cancelling appointments and avoiding contact other than for perfunctory reasons relating to practical issues. One of the challenges in parent-work is therefore knowing how to support parents when there is an element of "resistance" operating within the dyad (Novick & Novick, 2013; Siskind, 1997).

Another challenge with parent-work seems to relate to how the clinician is to establish a positive therapeutic relationship when issues of transference might get caught up within the work, or when parents become deeply involved in their relationship with the parent-worker. Parent-work often presents a "grandparental transference" dynamic, where the parent will look to the clinician as an adult to contain their anxieties (Dugmore, 2013; Isaacs-Elmhirst, 1990; Miller, 2001; Wittenberg, 2001). It has thus been noted that parent-work is not "psychotherapy for parents" (Loose, 1999, p. 264). Nevertheless, this may well contribute to the complexities of parent-work, when the nature of it – in its supportive capacity – does not work in the transference, and thus does not allow for analysis of the relationship between therapist and parent (Smirnoff, 1966).

However, Freud (1912) states that a patient's positive transference is all that is needed for a therapeutic alliance to develop. Also others believe there are ways in which the transference dynamic can be helpful at different levels within the work (Klauber, 1998; Sutton & Hughes, 2005). For instance, Sutton and Hughes's (2005, p. 173) proposed parent-work model describes two "interwoven domains each affecting the other" that involve "areas" and "levels". These domains incorporate parents' daily family life environment ("areas") and their "unconscious mental life, specifically in relation to transference to the therapist" ("levels").

Sutton and Hughes describe two levels of working with the transference to inform and guide their responses to parents. One level uses explicit verbal communication to understand the transference between parent and therapist, whereas the other level uses non-verbalised communication to understand the transference. When used carefully and skilfully, this approach can inform the work, and develop the therapeutic alliance between parent and therapist from that of giving support and advice around specific difficulties to more “truly analytic” work with parents (Houzel, 2000, p. 120). When working in this way, parents may also come to understand how some of their own history may be projected onto the vulnerable child (Klauber, 1998). However, this level of working involves commitment from both parent and therapist, and a well-established trust needs to be in place to allow the clinician to move between these different levels (Klauber, 1998; Sutton & Hughes, 2005).

Exploration of personal history will, for many, reveal aspects of intergenerational trauma and developmental issues, as well as the two parents’ relationship with each other, with other siblings, and with the patient. Many parents will inevitably feel this to be intrusive, especially if they already feel persecuted, which requires clinicians undertaking this work to be highly skilful and competent if the child psychotherapy is to be effective (Kennedy, 2004; Trowell et al., 2007). Klauber (1998) elaborates further, discussing the inherent difficulties of working with traumatised parents of children with severe physical and mental disabilities. She emphasises how those who undertake such work need to be sensitive to their own impact on these parents, who may feel further traumatised rather than supported.

This is not an easy task for any clinician to undertake when developing a working relationship with the parents of those children who have been identified as, in one way or

another, being in need of a supportive and protective intervention. Furthermore, Rustin (1998, p. 234) warns us to consider using this approach with great caution:

... we were very carefully trained in working within the psychoanalytic model of observation, transference and countertransference phenomena, and the interpretation of unconscious material, with insight as a primary goal of the work, but this kind of approach was by no means always appropriate or acceptable to parents...

Rustin (2009) expands on this by discussing how clinicians need to know how to manage the complexities that exist with the child's external world. Family dynamics operating within the child's environment, including factors such as parental mental health issues or caregivers who are not biological parents (i.e., kinship carers, or adoptive and foster parents), are just some examples of what might underlie difficulties within the child's internal world.

Addressing this, child psychotherapy training acknowledges the need to prepare and develop CAPTs' skills for working with parents (Rustin, 1998, 2009; Kennedy, 2004; Trowell et al., 2007).

However, the challenges within parent-work also extend to issues regarding the lack of attention within the literature given to current parent-work training practices for CAPTs. This has changed very little despite the Association of Child Psychotherapists (ACP) making it clear that "[s]tudents must have experience of working with parents either those whose children are in treatment or those where the work is focused on the child or adolescent..." (ACP, 1998, p. 5).

The ACP's current qualifying process stipulates that the trainee must provide evidence that they have undertaken parent-work supported by regular supervision for a minimum of one year with a parent/s whose child is in receipt of psychoanalytic psychotherapy. Therefore, CAP training centres are required to provide an element of parent-training within their

curriculum supported by parent-work opportunities and individual supervision within service training placements.

Nevertheless, despite the acknowledgement that parent-work requires clinicians to be skilful and competent, and that CAPTs need to be appropriately trained and prepared to do the work, the feeling is that parent-work is also somewhat improvised – that clinicians are simply “doing their own thing” (Slade, 2005, pp. 207-208) by relying on their instinctive ways of working. They are learning from their reflexivity and previous experiences to develop their practice styles when considering the most appropriate way of approaching the work in each case. Therefore, despite the importance and difficulty of parent-work, skills-development is largely the responsibility of individual clinicians, rather than achieved through adequate training.

In terms of the present study, some important findings are worth noting when considering the inherent challenges within parent-work. Overall, many of the challenges seem rooted in developing the therapeutic alliance, which – as emphasised – is less than a straightforward task. If clinicians fail to establish agreed aims and set the boundaries from the outset, establishing the alliance can often become problematic in that it may intensify already existing difficulties. Such difficulties include managing parental resistances, applying specific psychoanalytic techniques, engaging parents in their own personal histories, and all the other complexities residing within the family’s external environment.

To undertake this work effectively, clinicians need to feel confident that they have the essential skills and competence to perform parent-work. However, this presents a greater challenge for CAPTs when there is so little published theory currently available to support

their development of the relevant skills required to manage the complexities of parent-work. This is exacerbated by the fact that parent-work is not only challenging, important, and poorly defined, but that the training and skills-development relies heavily on the psychotherapist themselves rather than on a well-considered pedagogy or programme development.

2.7 Further developments in the theory of parent-work

There is ample evidence, supported by rich clinical literature, advocating for parent-work as a crucial aspect of child psychotherapy, showing that outcomes are better when parent-work is offered alongside psychoanalytic child psychotherapy (Bor, 2020; Conolly, 2018; Finan et al., 2018; Primack, 2020; Taylor, 2023). Despite this, the current literature is described as “scant ... and of little assistance” (Pantone, 2000, p. 20). Moreover, whilst the literature is clear about the techniques required for child and adolescent psychotherapy, there appears to be a remarkable absence of “clear technical guidelines” for parent-work (Rosenbaum, 1994, p. 466). This is also reflected in the absence of literature discussing what the CAP training currently involves when it comes to exploring and addressing the challenges within parent-work.

Others describe the lack of theory about the nature of parent-work as a fundamental issue with a “history of neglect” (Slade, 2005, p. 201), and where the nature of parent-work has “long been a debate” amongst child psychotherapists (Horne, 2000, p. 50). Sutton and Hughes (2005) recognise the limited attention paid to parents in psychoanalytic literature and note that “working with parents [is] regarded as peripheral or optional” (p. 170). However, the literature also suggests a change in attitude towards parent-work and increasingly views it as becoming much more than just an “add-on” to the work of child psychotherapy itself and

no longer seen as just “an adjunct” to a child’s treatment (Holmes, 2018a, p. 264). Rustin (1998; 2009) and Klauber (1998) have long held the view that parallel parent-work with parents of children in therapy is necessary and an integral part of the intervention.

Whilst there also seems to be a wealth of literature addressing the experiences of a range of different healthcare professionals involved in supporting parents of children in other psychodynamically informed therapies and approaches (see e.g., Kennedy, 2004; Midgley et al., 2021; Piovano, 2004; Slade, 2005; Taylor, 2023; Trowell et al., 2007) there is a considerable gap that specifically addresses parent-work as experienced not just by CAPTs, but also more accomplished and skilled CAPs. There is also little in the way of unpacking the challenges of parent-work as experienced by both or either.

Siskind (1997, p. 5) hypothesises that this avoidance in writing about the dilemmas of parent-work is due to the limited agency and willingness to openly explore such dilemmas in a more transparent way, because “... one must have the answers rather than the wish to explore...” adding that “most likely the reason for this omission is deeper and more obscure”.

Meanwhile, Slade’s (2005, p. 208) view on the little attention this subject has received within literature is that:

The failure of therapists to write about this complex topic is multidetermined: it is very messy, it is often fraught with counter-transferential feelings and impulses, and – for many therapists – it hits very close to home. Most therapists are parents, too, and may or may not be able to consider these issues objectively.

The key point worth thinking about in terms of my own research is that, in current practice, parent-work is regarded as essential and integral to child psychotherapy treatment. There is also a common understanding and recognition that parent-work has become fundamental to improving outcomes for CYP. However, when it comes to investigating and understanding

the challenges within parent-work, there is still a significant lack of research to support CAPTs' learning and development that also describes what current parent-work training practice involves. Furthermore, speculations about the notable absence of parent-work research suggests a reluctance to write about the dilemmas of parent-work because of its subjective nature, which is rife with emotive feelings.

2.8 The research problem

This body of theory presents a problem for specialised areas of parent-work, including psychoanalytically informed parent-work. This is because it does not consider psychoanalytic parent-work separately from other psychodynamically informed parent-work activities within CYP mental health treatments. Furthermore, there exists only very scant research that focuses specifically on CAPTs' experiences of psychoanalytic parent-work. Despite recommendations for this much-needed specialist parent intervention, there remains a noticeable gap in research contributions to the wider debate surrounding parent-work. There is also little anecdotal information exploring the challenges within parent-work as experienced by not only qualified and experienced child psychotherapists, but also by the less experienced CAPTs.

As a result, the existing research is inadequate and CAPTs find themselves disadvantaged and without current research to learn and develop from during this aspect of their training (Midgley et al., 2021). This absence of research is unfortunate, because it prevents the potential development of theory and use of empirical research to inform and improve practice and teaching methods to support CAPTs. As there is little known research to substantiate and promote the successful nature of parent-work, it also has the potential to limit the validity and

importance of how psychoanalytic parent-work is viewed within the wider context of multi-disciplinary, health and social care services for CYP.

This tells us, as child psychotherapists, that a more robust and determined approach to research is needed, by which we can prove the effectiveness of parent-work. Without the research to document such findings, it will remain an area of neglect. More importantly, without research, it will continue to remain unattended to by policy makers who might otherwise give this work serious consideration when thinking about implementing changes at strategic levels in the planning of improvement of children's mental health outcomes.

2.9 Concluding summary

The above review makes it clear that there is a lack of research into the difficulties experienced by CAPTs in psychoanalytic parent-work. We are consistently reminded that parent-work is a complex activity that is nevertheless an essential component of child psychotherapy. Through reviewing the historical nature of parent-work up to its current time, my perception is that, even today, we continue to struggle with the concept and intricacies of parent-work.

It seems that, for child psychotherapy to be effective, the fundamental task of parent-work is to hold the child's treatment in mind whilst also providing a psychoanalytic space for the parent (Horne, 2000). Yet many described this as difficult and demanding work that requires clinicians to be competent and highly skilled (Holmes, 2018a; Slade, 2005; Sutton & Hughes, 2005). Addressing this, child psychotherapy training acknowledges the need to prepare and develop CAPTs' skills for working with parents (Rustin, 1998, 2009; Kennedy, 2004; Trowell et al., 2007).

However, this review has also revealed that there currently remains a relative lack of clinical and theoretical literature to articulate the nature and purpose of parent-work, its challenges and difficulties, and the skills and techniques required to undertake parent-work.

Furthermore, without the availability of such valuable resources, CAPTs learning and development remains challenging. This gap in the literature might also explain the vague definitions of the exact nature and purpose of psychoanalytic parent-work.

Reflecting on Sutton and Hughes's (2005, p. 169) question about the meaning of the term "working with parents" – specifically within child psychotherapy work – the literature shows that the difficulty of answering this question is likely due to the nature of parent-work itself being rather difficult and complex.

CHAPTER 3: RESEARCH METHODOLOGY

3.1. Introduction

The purpose of this chapter is to present and justify all aspects of the research strategy I have employed to resolve the research problem. Each component of the methodological framework adopted for this study, and the rationales underlying the research design will be discussed, commencing with an explanation of the philosophical paradigm choices implemented within my research strategy.

3.2 Research design

The research design process begins with the researcher's philosophical paradigm choices. These are based on four paradigmatic determinants: 1) ontology; 2) epistemology; 3) methodology; 4) methods and will predetermine the research project's overall theoretical framework, results, and contributions (Moon et al., 2018, Rehman & Alharthi, 2016). For the present study, I have used a constructivist ontology and interpretivist epistemological position. The constructivist ontology position looks at the uniqueness of human beings by implementing non-scientific qualitative methods – such as open-ended questions – to obtain data, and in this way, constructivism aligns with this study's aims and objectives (Elliott et al., 2000). The interpretivist epistemological approach to methodology also aligns well with the aims and objectives of this study, since the nature of this research is to “enquire” into how CAPTs perceive working with parents to gain insight into what they say about their experiences and the challenges within parent-work, using exploratory methods – i.e. semi-structured interviews.

The methodological approach for this research is rooted in a qualitative phenomenological theoretical perspective that uses inductive methods to collect and analyse the data. The nature

of this approach is very effective and powerful for understanding subjective experience. For that reason, rapport and empathy is crucial in the relationship between researcher and participant, especially when investigating issues where the participant has a personal stake in the subject, such as the participants in this study (Lester, 1999). In terms of the questions under scrutiny in this study – is working with parents whose children are in psychanalytic psychotherapy a “phenomenon”? is it a rare and specific phenomenon; is being a CAPT in this space also relevant to the phenomenon? – I will argue yes to all of them and that they are worth describing as such

A qualitative phenomenological research strategy uses open-ended, emerging data with the aim to develop themes from the data (Creswell & Creswell, 2013). Choosing an inductive approach through thematic analysis (Braun & Clarke, 2022) determines that the objective of the study is to obtain an understanding of a phenomenon, rather than focusing on testing a hypothesis.

3.3 Research strategy and approaches

A research strategy is the researcher’s plan of action and the “blueprint” for their research, detailing each step of the process and the approaches taken to ensure reliable, valid results to achieve the research aims and objectives and answer their research questions (Saunders et al., 2009, p. 90). This includes what data to collect, when to collect it (time horizon) who to collect it from (sampling design), how to collect it (data collection methods), and finally how to analyse it (data analysis methods). Ethical dilemmas that might impact the quality of the research are also considered (Dawson, 2019). The following sections provide an explanation of my research strategy and the approaches I have taken undertaken to complete this study.

3.3.1 Time horizon

The time horizon for this research project is representative of a cross-sectional study (Saunders et al., 2009). Cross-sectional studies are a type of observational study, or descriptive research, that aims to describe, rather than measure, a variable and are limited to a specific timeframe in which data is collected from samples taken at a particular point in time (Bryman, 2012). The purpose of this study is to present key findings using data collected from a sample group on a single occasion.

3.3.2 Ethical considerations

This small-scale study involved no direct contact with children and was not considered research for the purposes of the national health service (NHS), as defined by the online decision tool for the Health Research Authority (HRA). Therefore, the study was only subject to local ethical review. This was carried out and approved by the Tavistock Research Ethics Committee (TREC) upon completion and submission of the relevant detailed application form and associated public-facing documents (see Appendix B; D; E; F; G).

Other measures to reduce risk include anonymisation, the use of aliases, and keeping participants' personal information secure and separate from audio recordings and transcripts. All this information will be destroyed on receipt of academic clearance, and anonymised data will be kept for no more than six years post research project submission.

As the participants of this study were in a student peer group, I did not foresee any unusually complicated aspects which would hamper the study, barring the "acceptable risk" involved in entering a different relationship with my peers. I was aware of the potential disturbance this may present and the possible impact on how freely participants would be able to speak. It is

important to acknowledge how this could also provide a “container” that, in turn, could potentially influence what might be “contained” in it. The intersubjective nature of interviews, the influence over participants’ responses, and the role of the unconscious in these interviews needed to be closely considered as the project developed.

3.3.3 Research methods

Research methods are the tools used to gather data (Dawson, 2019, p. 1). The following sections explain the methods I have used to collect and analyse data from the sample group.

3.3.3.1 Sampling

In qualitative research, sampling is carried out deliberately, rather than at random. The sampling technique used for this study is purposive sampling (Campbell et al., 2020; Shaheen et al., 2016). Purposive sampling is recommended for small-scale qualitative research studies that seek to gain a deeper understanding of a phenomenon that is specific to a group of individuals and criteria to meet the study’s aims and objectives (Cresswell and Cresswell, 2013). As I am only interested in understanding a particular shared experience from a homogeneous group of participants – CAPTs belonging to a specific training organisation, who have not been selected randomly – I would therefore argue that a purposive sampling technique is the appropriate choice for this study.

Direct contact with parent-work tutors to request permission to recruit potential participants was made. The initial intention was to do this through a brief presentation during the weekly workshop, followed by emails to those who had expressed an interest in taking part.

However, due to Covid-19 restrictions, this was not possible. Instead, with the help of the

course admin team, initial recruitment took place via group emails inviting approximately sixty CAPTs from the 2nd, 3rd, and 4th year cohorts to take part in the study (see Appendix C). The criteria for the selection process required CAPTs to have undertaken the parent-workshops and have experience in parallel parent-work. There were no other exclusion or inclusion criteria (e.g., age, gender, ethnicity, etc.) for the study other than for participants to be current CAPTs completing their clinical training at the clinic hosting the research project. Twelve CAPTs responded, with four excluded because they did not meet the criteria. The remaining eight participants included one 2nd year CAPT, four 3rd year CAPTs, and three 4th year CAPTs.

This was felt to be an appropriate number in terms of data saturation and to provide a sufficiently broad set of responses to ensure the topic was adequately covered, although the number of participants from each cohort was not as originally expected. However, it still aligned with a diversity of experiences, e.g., having a larger number of 3rd/4th year CAPTs was helpful in unpacking their experiences from the previous years of training.

At the time of participant recruitment there was a highly uneven distribution of gender from across all cohorts. As my research was not concerned with demographics that included gender variables interacting with each other, I considered it important not to disclose this information about the participants, as it could potentially compromise their identity. Therefore, when referring to the participants in this study, I have opted to use the pronouns “they” and “their” in order to safeguard confidentiality and identity protection. However, it must here be acknowledged that this is not usual practice within research and that demographic information about the research sample is generally routinely provided.

3.3.3.2 Participants

One requirement for entry for clinical training is that CAPTs have some previous experience of working with children (e.g., through social care, education, healthcare, etc.). Therefore, all CAPTs working with CYPs will also have had some contact with parents, since where there is a child to work with, there will also be a parent to think about. Some CAPTs will have had more experience of working directly with parents than others, for example by supporting parents in attending CAMHS treatment reviews and other health, educational, and social care review meetings. Participants will have also used different approaches and strategies in accordance with what the parent needed or wanted from the work, such as practical parenting advice and guidance regarding setting boundaries at home and managing behavioural issues, as well as providing psychoeducation and child-development advice.

The CAP qualifying process requires all CAPTs to have experienced a minimum of being in one parent-worker role during their training. However, their experiences in this role and of parent-work will have varied greatly, both in terms of the number of parents they have worked with as well as the nature of parent-work undertaken. For instance, at the time of the interviews, some participants had only had one experience of parallel parent-work, while others had undertaken three parallel parent-work cases.

3.3.3.3 Data collection

Primary data (Hox & Boeije, 2005) was collected using semi-structured interview methods. For this study, the only appropriate source is primary data, since experiences and perceptions cannot be accessed through secondary sources. This highlights the uniqueness of this research and justifies the ethical issues as to why rich primary information is needed.

Semi-structured, one-hour-long interviews were undertaken, via an approved video link platform, i.e., Zoom (the social networking app preferred by the training centre), since Covid-19 restrictions made face-to-face contact impossible. Only the participant and I were present during each of the interviews. I aimed to conduct the interviews with the utmost sensitivity as well as non-judgemental respect for any feelings which may be stirred up during the process (as per Dempsey et al., 2016). Participants were able to terminate their interview at any time, and the need for extra time was also accommodated if desired. During the interviews, participants were presented with a schedule of carefully designed prompts and questions, detailing key areas within the topic (see Appendix F).

The schedule was used as a guide only, allowing for flexibility and the freedom to include any additional questions that might contribute to the overarching questions (Creswell & Creswell, 2013). Each interview was audio-recorded and then transcribed verbatim (Halcombe & Davidson, 2006). Semi-structured interviews are useful for this type of research as the preparation involved can ensure that the research objectives are met, as compared to unstructured interviews, which are better suited to grounded theory approaches (Glaser & Strauss, 1967). The flexibility and space for participants to elaborate on their responses outside of the interview schedule also makes the semi-structured interview format fitting to the present project, as compared to, for example, structured interviews. Semi-structured interviews also allow the researcher to explore individual experiences more thoroughly compared with, say, focus groups (Freitas et al., 1998; Smith, 1995).

Throughout my current and previous professions, I have gained a considerable amount of experience in relational work with patients/clients/service users and staff in the form of clinical sessions, including undertaking interviews, assessments, and completing

questionnaires. These experiences have helped me to recognise any undue anxiety caused by the process and could also be considered as directly transferrable skills appropriate for conducting this type of research.

3.3.3.4 Data analysis

During the study's early proposal stage, I considered various thematic coding methods for analysing data used within qualitative research. These included reflexive thematic analysis (RTA) (Braun & Clarke, 2022), interpretative phenomenological analysis (IPA) (Smith et al., 2009) and grounded theory (GT) (Glaser & Strauss, 1967). The differences between these approaches lie in their contrasting intentions. IPA adopts an in-depth idiographic approach that seeks to understand *how* participants make sense of their experiences by focusing on the particular (e.g. the *how-ness*) (Larkin & Thompson, 2012; Smith et al., 2009).

In contrast, RTA intends to answer a specific research question that does not necessarily concern experience or perspective, but takes the form of a description of *what* has been observed. The researcher asks participants to observe their own experience without analysis (e.g. the *what-ness*). In GT, however, the intention is based on an epistemological approach with its own distinctive set of procedures, including "memoing" and open-coding. GT uses inductive reasoning to develop a theoretical framework that explains the phenomenon being studied that is not influenced by preconceived notions or existing theories (e.g. the *why-ness*) (Glaser & Strauss, 1967).

As I was not concerned with developing a theory to resolve the research problem, I immediately ruled out GT. The choice between RTA and IPA was ultimately led by the research objectives and questions I had set to address the research problem. IPA and RTA

share similar features, such as using an inductive research approach, which seeks to understand the significance of participants' experiences and perspectives (albeit to different degrees and for different purposes), whilst adopting an inductive approach that is concerned with meaning-making and reflexivity, and using iterative methods to refine results.

However, in the present study, I was attempting to find something out by asking participants about their views, opinions, knowledge, and values etc., regarding a specific experience (i.e. *what-ness*). For instance, *what* do CAPTs perceive their role to be in parent-work? and *what* are the challenges facing CAPTs undertaking parent-work? My intention was to gain a nuanced understanding of how a group of people experience a phenomenon in order to find themes whilst speculating that the emerging patterns would generate results that would ultimately address the questions and respond to the research problem (Terry et al., 2016).

Although participants' experiences are also at the core of IPA, its idiographic focus has the potential to direct the focus towards difference, rather than towards patterns of meaning across the dataset. If, the aim is to deeply understand individual experiences, then IPA would be more appropriate, as it is particularly useful for exploring the complexities of individual cases (Smith et al., 2009). Therefore, considering the respective characteristics of RTA and IPA, the final decision was made to proceed with Braun & Clarke's (2022) RTA as this approach seemed the most compatible for addressing my research questions.

What follows is a detailed explanation of how I carried out Braun and Clarke's (2022) suggested recommendations for analysing the data by using their six-phase thematic analysis process.

3.3.3.5 Six-phase thematic analysis process

Phase 1 – Familiarisation with the data

Through a process of immersion, I listened to the recorded data and read the transcribed interviews multiple times. Initial thoughts and ideas relating to each data item and the data set were recorded in note-form throughout this process. For instance, the responses to the first question (to define the nature of psychoanalytic parent-work) contained indications that the overall data set found this difficult. Furthermore, each individual data item also revealed a noticeable difference in an understanding of the nature and purpose of parent-work in terms of its focus.

Phase 2 – Generating codes

In the next phase, inductive open coding was undertaken, making use of descriptive codes capturing the explored lived experiences of the participants. Descriptive coding aims to summarise extracts by using a single word or noun that encapsulates the general idea of the data. These words will typically describe the data in a highly condensed manner, which allows the researcher to quickly refer to the content (Elliott, 2018). Thus, chunks of meaning that described consistent experiences as they occurred across the data set were labelled with codes (and written in the right margin of the interview transcripts), such as “challenges of parent-work”, “experience of parent-work”, “parent-work training”.

Structural codes were also used. These were guided by the underlying concepts in the study and thus filtered down through the interview questions. Structural coding involves labelling and describing specific structural attributes of the data. Generally, it includes coding according to answers to the questions “who”, “what”, “where”, and “how”, rather than the actual topics expressed in the data (Hedlund-de Witt, 2013). For instance, “what is parent-

work” (e.g., “support for child’s treatment”, “support for parents”, “collaboration with parents”, “space for parents”)?

Value codes were also utilised, in terms of CAPTs' perceptions of themselves, i.e., their own levels of experience (e.g., feeling unequipped; lacking in skills; feeling useless; feeling unprepared). This type of coding focuses on excerpts that reflect the values, attitudes, and beliefs of participants. Value coding is therefore very useful for research that explores cultural values and intrapersonal experiences and actions (Hedlund-de Witt, 2013).

Since RTA is not bound to a pre-existing theoretical framework, the inductive coding process allowed the codes to emerge from the data set. Inductive coding moves from the specific to the general, and therefore supports further steps in RTA in terms of developing themes (Thomas, 2003).

Phase 3 – Generating initial themes

For each coded interview, a document was compiled that contained all the extracted codes and their relevant comment scopes/quotes from the transcripts. An Excel spreadsheet was also created, containing five columns relating to each interview, the page and line number of the transcript, and comment scope referring to the code generated.

Candidate themes that captured data that had a relation to any of the objectives and research questions and addressed the research questions were identified using the extracted code documents for each transcript and the Excel spreadsheet. Through the back-and-forth process of immersion, codes that seemed to share what could be a meaningful idea or concept were also identified and then grouped into clusters/categories (e.g., “parent-work definition”,

“challenges”, “parent perceptions of parent-work”, “trainee perceptions of parent-work”, “framework/setting up parent-work”, “training related”).

The spreadsheet allowed for the use of various functions to sort, compare, and group during the back-and-forth process of potential themes. The coded data relevant to each candidate theme was then collated. Interesting quotes/phrases from the transcripts were selected and used in the final report as examples to illustrate pertinent points and ideas relating to themes and patterns.

Phase 4 – Developing and reviewing themes

At this stage, a significant number of candidate themes were either collapsed together with other themes or discarded. During this reflexive process of developing and reviewing the coded data and candidate themes, I aimed to identify the “story” underlying each theme and its connection to the research objectives and questions. Themes relevant to the research question were retained, whilst others, deemed as not relevant, were discarded. Where there was a recurring relationship between other initial themes and codes, these were brought together to form codes for the final defining themes.

During this phase of the data analysis, I began to consider the relationship between the themes and existing knowledge within the wider context of my study and my own practice in this research field. Thoughts and ideas relating to this were noted and is further elaborated on in Chapter 5: Discussion and analysis of findings.

Phase 5 – Refining, defining, and naming themes

Through a continuous process of reflexive reiteration (Robertson, 2000) in the thematic analysis phase, candidate themes were refined and defined before being named as the final superordinate themes. As part of the ongoing process of reflexive reiteration, the final themes were also re-worked several times, until they became representative of the data they encompassed.

Phase 6 – Writing the report

The final phase of the process was to produce the report, bringing together selected quotes and codes from phase three with the final three superordinate themes and six subordinate themes generated from the analysis.

3.4 Methodological considerations

Trustworthiness in qualitative research is crucial to the credibility of qualitative research and its findings, especially in terms of the results being unbiased and representative of the participants' contributions. There are generally four things to consider when assessing trustworthiness: credibility; transferability; dependability, and confirmability. When credibility, transferability, and dependability are established, then confirmability is also established (Lincoln & Guba, 1985). These four areas are discussed in more detail below, where I also explain how I have conceived these aspects within my research.

3.4.1 Credibility

Credibility relates to how confident the researcher is in the truth of the research study's finding (Patton, 1999). The importance of reflexivity has also been considered in terms of recognising areas of potential bias and minimising or highlighting their potential impact on

the results. In the present research, I have also used the following key strategies to establish credibility:

- Careful sample selection – I trusted the respondents to provide the appropriate data and checked they were adequately represented and representative.
- Member checking – I ensured that my research supervisor read the codes and agreed on the strategies.
- Generating themes – I ensured that the themes generated from the data aligned with the interview discussions.

3.4.2 Transferability

Transferability can be thought about in terms of the research results being appropriate (i.e., the reader understands what is happening *through* the researcher, and the presented results enhance this understanding). I have attempted to do this by remaining true to what participants have said, and by getting across to the reader a genuine sense of what has been shared and discussed in the interviews (Polit & Beck, 2014). I have provided thick, heavy contextual descriptions from key individuals and used visual tables to help break down and simplify information.

3.4.3 Dependability

Dependability can be defined as the stability of data and conditions over time, which is ensured through sampling (Polit & Beck, 2014; Lincoln & Guba, 1985). For instance, the respondents have been selected from multiple cohorts who have all undergone the same training. This ensures some level of dependability where the experiences of “newer” CAPTs can be compared with that of “older” CAPTs. For example, events such as Covid-19 will not necessarily have affected the experiences of the older CAPTs, while newer CAPTs may only

ever have experienced their training in the context of the pandemic. Even though I do not have a specific triangulation strategy, this loosely mirrors some form of triangulation.

3.4.4 Confirmability

Confirmability is important in research because it verifies that the findings have been influenced by the participants more than the researcher. I have ensured confirmability by providing details regarding data collection, analysis, and interpretation processes in the results and discussion chapters. I have recorded thoughts about coding, my rationale for merging codes together, and provided an explanation of the themes. In other words, I have used an audit trail to establish confirmability.

Reflexive activities also help with confirmability as they acknowledge bias influences on data interpretation. Generally, a researcher must put aside their knowledge, beliefs, values, and experiences to accurately describe participants' experiences (Ahern, 1999). "Bracketing", or *epoché* (meaning "suspension of judgement") increases confirmability and is a means to demonstrate the validity of data collection and the analysis process (Ahern, 1999).

To this end, I have kept a "bracketing journal" to record aspects of my own subjectivity during the process, whilst also considering the impact of my position at different stages of my research, e.g., when designing the research and data collection, analysing the data, as well as regarding other methodological obstacles and limitations, for instance, the impact of interviewing peers. The following section elaborates on reflexivity with some reflections on the different ways in which my position as researcher impacts on the research as the project develops.

3.5 Researcher's position

I have entered this field of research from a standpoint of occupying several other positions than just as a researcher. These include parent, grandparent, CAPT, and peer-of-interviewees, with pre-existing relationships. According to Braun and Clarke (2022, p. 216), my shared identity as a CAPT and association with the group being studied makes me an “insider” researcher. However, there are other “insider” positions I also occupy in relation to the participants, including my socioeconomic status as a professional, and being a middle-class white female. Assumptions based on the notion that a shared socioeconomic status – e.g. as a middle-class academic – may also presume a shared value base and views concerning parenthood and parenting needs to be considered in terms of my own identity.

Nevertheless, when it comes to aspects of the research design process and data collection, these “insider” positions are not as straightforward as they seem, and can indeed become incredibly complex matters. Given that I am also a CAPT who shares the same psychoanalytic ideas and knowledge with the participants, my own thoughts and feelings about parent-work will need to be overtly considered as the project develops.

This is particularly important and relevant when considering the complications that arise from existing relationships I have with the training cohort, for instance, regarding the impact of interviewing peers and how this may influence the responses elicited and – ultimately – the data collection. Participants may either feel comfortable and at ease with me and therefore likely to be more open. Conversely, participants may have experienced the existence of our relationship to be a restrictive and uncomfortable factor, and may thus be more guarded in their responses.

Being the researcher and enquirer for this study with a specific interest in a potentially sensitive subject matter, may for some participants also position me as the expert who holds all the knowledge and expertise. This has the potential to place participants in a position of vulnerability and to subsequently impact their responses and attempts to impart their knowledge and personal individual experiences during the interview process.

Similarly, given my considerable professional experience of parent-work, my continuous and developing interest in this subject matter, and my personal experiences of being a parent and grandparent, I may also consider myself “the expert” in this area, with more knowledge and experience than my peers. This places me at considerable risk of making assumptions and value judgements that could impact on the type of data collected, how it is interpreted, and the eventual final results.

As mentioned above (in section 3.3.3.1 Sampling), I am very aware that for most research projects, demographic information about participants is expected and routinely provided. However, my decision and reasons for concealing members of the sample group’s gender identity by withholding this information have been very carefully considered. From an ethical standpoint (Dawson, 2019), my priority throughout this project has been to protect the identity of all participants at all times, nevertheless, due to an uneven gender distribution, I felt even more sensitive towards providing gender details that might otherwise compromise participants’ identities.

For instance, as the participants were recruited from one individual training centre that is widely known for its reputation in specialised training for CAPs, there is a strong possibility that the allocated marker for this thesis may also be connected to the participant through their

mutual association with the training institution. In any case, regardless of my reasons for this decision, I will however, acknowledge the fact that I have chosen to omit this detail has nevertheless detracted from the value of the research data I am presenting here.

CHAPTER 4: FINDINGS AND RESULTS

4.1 Introduction

The purpose of this chapter is to “tell” the participants’ stories and to bring them alive by presenting the findings from the analysis, which have been captured and arranged into three themes. The chapter begins with an overview of the interview sample and includes information about each participants’ parent-work experiences. Examples from three interviews provide an insight about my initial perceptions of the interview process. I will then briefly introduce the themes that will lead the discussion into a more detailed exploration of the findings within each theme. Contextual information for the quotes and descriptions will also be included. This will help the reader understand comparisons noted across levels of the CAPTs’ experiences.

4.2 Interview overview

The interview sample consisted of eight trainee CAPTs from cohorts at different stages of their training, with one 2nd year-trainee, four 3rd year-trainees, and three 4th year-trainees. The sample selection process required all participants to be present or past attendees of the compulsory parent-work workshops and to have had some experience of parallel parent-work as part of their training.

Table 2 provides information about the scope and variation of parent-work experiences of each participant. Their respective allocated identification numbers and the stage (year) the participant has reached in their training are recorded in columns 1 and 2 respectively.

Columns 3 and 4 represent the number of parallel parent-work (PPW) training cases that each participant has undertaken as part of their clinical training placement. The scope of other psychoanalytic parent-work (PW) and generic parent work (GPW) – also referred to as

psychodynamic parent-work cases – is measured as multiple (more than 5 cases), limited (fewer than 5 cases) or unknown if this information is unavailable. The scale of any previous GPW/psychodynamic parent-work experiences prior to their CAP training is represented in column 5. The measurements used to denote their experiences relate to pre-training entry requirements described as minimal, moderate, or extensive. Participants' personal experiences of parenting (e.g. as parents/carers) is indicated in the last column.

To give the reader a sense of my own perception and experience of the interviews, a brief overview of three selected interviews, representing each cohort, will then follow.

Table 2

Participants' parent-work experience

Participant No.	Training Cohort	Parallel parent-Work (PPW) Training Cases	Other Psychoanalytic Parent-Work (PW) and Generic Parent Work (GPW) (in current role)	Previous GPW experiences (in other roles)	Personal experiences of parenting
P1	4	1	Multiple	Minimal	Yes
P2	3	3	Unknown	Extensive	No
P3	4	2	Multiple	Extensive	Yes
P4	2	2	Limited	Extensive	No
P5	3	3	Limited	Minimal	No
P6	3	3	Limited	Extensive	Yes
P7	3	2	Unknown	Extensive	No
P8	4	3	Multiple	Moderate	No

My interview with P1, a fourth-year trainee, with only one experience of PPW and very little previous experience working with parents in different roles, took the longest to complete.

Despite their multiple and varied experiences of PW/GPW in their current role, and personal experiences of being a parent to older children – now young adults – they often referred to their lack of confidence in undertaking parent-work. Their accounts of their parent-work experiences make it clear that they feel this lack of confidence is due to not having developed the relevant skills and techniques to manage specific situations, such as working with hostile parents.

My interview with P2, a third-year trainee, took the least amount of time to complete. They have had three experiences of PPW, including a parenting couple of an adopted child, a single foster carer, and another with a couple who are special guardians. They did not refer to any other PW/ GPW. They are not a parent themselves but have extensive previous experiences of working with parents within educational roles. However, they answered all the questions confidently, expressed their views constructively, and provided rich examples to illustrate their work.

My interview with P4, a second-year trainee, made it clear that they currently have limited PW/GPW experience. Nevertheless, throughout their interview, they provided rich detail regarding two PPW cases, focusing on relationship dynamics between parents and their children concerning developmental trauma and historical abuse. However, they acknowledged that their extensive experience in social work, and their engagement with parents in that capacity, had prepared them for these experiences.

4.3 An introduction to the themes

Interviews generated three superordinate themes, with two subordinate themes each. The first theme, “Understanding the nature of parent-work within child psychotherapy”, concerns the

variations in CAPTs' descriptions and perceptions of the specific nature of parent-work. This is explored through their definitions and experiences of parent-work.

The second theme, "Developing and retaining a therapeutic alliance with parents", identifies the challenges and dilemmas CAPTs reported experiencing in creating and establishing viable working relationships with parents when undertaking clinical work. This is explored through participant perceptions of parents' understanding of parent-work, as well as overcoming the barriers to parent-work created by parents.

Lastly, the third theme, "The importance of prioritising parent-work", highlights CAPTs' perspectives on their parent-work training and their views on the resources available within their practice placements, and across the board, to support and value parent-work. This is explored through current parent-work training practices and the lack of resources for parent-work.

Table 3 provides information on the themes generated from the results and findings. This is followed by a detailed discussion reporting more fully on the findings for each superordinate theme and their subordinate themes.

Table 3*Themes generated from the results and findings*

THEMES			
Superordinate themes		Subordinate themes (sub-themes)	
4.6.	Understanding the nature of parent-work within child psychotherapy	4.6.1.	Difficulties in defining parent-work
		4.6.2.	The complexities of undertaking parent-work
4.7.	Developing and retaining a therapeutic alliance with parents	4.7.1.	CAPT's' perceptions of parents' understanding of parent-work
		4.7.2.	Overcoming the barriers to parent-work created by parents
4.8.	The importance of prioritising parent-work	4.8.1.	Current parent-work training and development
		4.8.2.	Lack of resources for parent-work

4.4 Theme One: Understanding the nature of parent-work within child psychotherapy

This theme concerns the CAPTs' own understanding of their role and approach to the specialist area of parent-work. Participants were asked to provide a definition and describe their personal experiences of parent-work. Their responses capture CAPTs' perceptions of what parent-work involves, and their understanding of how they should approach the work within the context of their roles as CAPTs. Also revealed are some of the challenges and difficulties CAPTs are confronted with in their developing understanding of the nature of parent-work.

Some of the codes used in creating this theme reflect the various purposes of parent-work, e.g., "support for child's treatment", "support for parents", "forming a relationship", "collaboration with parents", "relationship building", and "space for parents".

4.4.1 Difficulties in defining parent-work

The interviews began by asking participants to provide a definition of parent-work. Although all participants have had some experience of undertaking the work during their training, most experienced difficulties in answering this question. They often appeared hesitant, lacked confidence, and struggled to articulate their responses, as illustrated in the following transcription:

...I am still kind of understanding that... I think for me... I think it... it is difficult for me to define it... because my three experiences have... have been very different... one from the other... I do not even know if it is parent-work. [P5]

When transcribing the interviews, I noticed frequent uses of attitude adverbs (e.g., “I think...”, “um...”), indicating hesitancy and uncertainty. When participants eventually responded, it was with caution and uncertainty concerning their answers, indicating a lack of certainty or clarity in what they consider the “correct” definition of parent-work. Long pauses were common, as participants tentatively considered their answers. There was also backtracking, where they described parent-work as being one thing, then spoke about it as something else. In the following example, one participant eventually preferred to define what parent-work is not:

...It is quite hard to define to be honest... and maybe it would progress for me through my career... I think... er... I can maybe start by defining what it is not... [P8]

Whereas another struggling participant preferred to define child psychotherapy rather than parent-work:

... It is quite a difficult question... not an easy question to start with actually because it is much easier to describe what psychoanalytic child work is... [P3]

One participant attributed their difficulties with defining parent-work to its variable nature:

...I suppose even that is quite difficult to answer because parent-work is many things in one sort of package that varies from family to family, I think... [P6]

During their interviews, most participants – regardless of previous and current experiences – eventually stumbled across something of a definition of parent-work to use as a point of reference. However, these versions also varied depending on where the focus of parent-work lay, i.e., on the child (for instance, where parent-work aims to ensure greater support for the child) or on the parent (such as therapy for the parent).

Furthermore, only two participants contributed to the first interview question with some level of clarity. Compared to other participants, they responded without hesitation and with a definition that was to the point. The example below illustrates how one of these participants specifically focused on a definition that described parent-work as supporting parents by helping them understand their child's internal and external worlds.

...I would say that parent-work is to help support the child in psychotherapy, doing [parent-work] separately with the parents or carers, you think about the child in the therapy, but also you think about what is going on at home and you try to help the parent... see things from the child's perspective... [P2]

It also became apparent, from the variations in participants' responses, that parent-work holds different meanings for participants, which may influence their definitions and understanding of the nature of parent-work, as in the following description of parent-work as a form of psychotherapy for parents:

...I did a piece of parent-work that started off as every other week, and then for various reasons it became weekly. And it became really like therapy for that parent. [P6]

Another participant, who worked with more than one parent, even compared parent-work to couples therapy:

...I really felt like I was almost asked to do some kind of couple intervention ... [P1]

Some participants also referred to parent-work as “parent training”, supporting parents with behavioural strategies. The example below highlights this, and this participant also draws attention to inconsistencies across services regarding how other qualified and experienced psychotherapists understand parent-work.

...Some of my colleagues call it “parent-guidance work”, which is a different sort of thing to I suppose being compared to as parental therapy... [P6]

When asking participants to distinguish between psychoanalytically informed parent-work and other parent-work approaches, some participants preferred not to differentiate between them. This seems to align with definitions provided by other participants – i.e., that their perspective on whom parent-work serves seems to be key to the variation in responses, as shown in the following example:

...I do not know that I would make much of a distinction in terms of what parent-work is between parents that have a child in psychoanalytic psychotherapy and parents that have a child in some other form of treatment... [P7]

This sub-theme explores participants’ definitions of parent-work, identifying the following findings:

- CAPTs are unclear about parent-work. This may be owing to a lack of understanding on their part *or* the nature of parent-work itself being varied.
- The focus of perspective – principally on the child or the parent – of the parent-work appears to be an important factor in its definition.

4.4.2. The complexities of undertaking parent-work

When asked about the challenges and difficulties participants had experienced in parent-work, they spoke about their anxieties and insecurities regarding their knowledge, abilities, levels of experience, and expertise. All participants illustrated this with brief case-study examples.

Words and phrases used to describe participants' experiences of parent-work during and after sessions, and perceptions of themselves as parent-workers, included “tricky”, “confusing”, “unprepared”, “frustrated”, “struggle”, “feeling unequipped”, “feeling useless”, and even “feeling like a fraud”.

As discussed, all participants have had differing experiences of working with parents in various capacities both in their past and current roles. When asked to comment on previous experiences of parent-work in other contexts and whether they felt that their experiences have contributed in any way to their approach and understanding of parent-work in their current roles, participants with experience of parent-work referred to previous roles (e.g., teaching, health visits, midwifery, social work, parent advice, and adult mental health work) and all expressed how their experiences had been helpful in providing some sense of preparedness in relation to setting them up for parent-work. Participants said it had given them greater insight into the complexities of working with parents within their current work. The participant below acknowledged their increased awareness concerning the emotional impact on parents of children experiencing difficulties.

... I was a primary school teacher and had a lot of experience of needing to work with parents in that role as well. I obtained some valuable experience through that role in terms of how painful it can be for parents to hear things about their children. [P7]

However, most participants spoke about their perceptions of parent-work as vague and ambiguous. The examples below indicate how two participants grappled with the problem of feeling unclear about the nature of parent-work during their sessions with parents. One of the participants [P8] also linked the problem back to not having had a clear idea of what parent-work was from the outset.

... Although I am not sure if it is parent-work exactly, or if I even understood it... The challenges were slightly connected to the first question because I think I felt less, not sure what exactly I was there to offer, to the parents. [P8]

...I was a bit like I know I should be doing something different, but I just did not really know where to start... [P4]

Despite their diverse previous experiences, all participants unanimously acknowledged that their parent-work experiences had been significantly more difficult and challenging than other child-work experiences. Participants used words and expressions such as “anxiety provoking”, “feeling nervous”, “overwhelmed”, and “dread” to describe their recent experiences.

Multiple factors were associated with these challenges and difficulties. Some of these were attributed to managing parents’ defensiveness and projections. Parents’ misuse of sessions, relating to commitment and accountability, were also seen as considerably challenging. Issues raised concerning family background histories, domestic violence, parental mental health, and drug and alcohol abuse were significant contributing factors, as discussed in greater detail below.

Participants spoke about the different approaches required to manage the various “levels” of parent-work they needed to work at on a case-by-case basis, and the “layers” of complexity

that needed to be unpacked in each case in order to ensure effective parent-work, for instance, trying to engage parents regarding their own backgrounds and trying to have them consider how their behaviour impacts the child. The examples below, from two participants who referred to “levels” and “layers”, describe situational challenges and how their approach was determined by the individual circumstances of the parents.

...What I am doing in parent-work depends really on the individual case and the parents I am meeting with. I do think that parent-work can have quite a lot of different layers to it if I can put it that way or different levels at which you might work. [P7]

...One of the skills, I think, of a child psychotherapist is to be able to gauge where parents are and what they are going to be able to work with, what they will be receptive to and to be able to move between different layers of work with them if that makes sense. [P6]

Another key factor was revealed when participants were asked if they adapted techniques used in child work to work with parents, and whether this raised any difficulties for them. Participants spoke about potential issues with transference relationships with respect to the parent not being their patient, and the parents’ capacity to engage with their past experiences, as highlighted in the examples below.

...I think that sort of thinking about their own parenting in relation to how it affects their child... I have to say I find that part of the work much harder so far and much trickier. It is like trying to decide which strings to pull. With all my experience so far, this is an incredibly uncomfortable and vulnerable area... [P4]

They also identified other factors regarding engaging with parents’ own histories, coupled with thoughts about the ways in which parents’ childhoods came up in the work and how participants managed parents’ receptiveness to this:

...When I have brought it up or made wondering links to parents' own experiences of their childhood... they looked at me like I am quite mad. Like what has that got to do with anything. So, I have felt quite intrusive when I have done that. Like I am overstepping. [P3]

Other participants described this aspect of parent-work in terms of “feeling apprehensive”, “self-conscious”, “cautious”, “intrusive”, and “tiptoeing”.

The example below indicates two challenges that most participants referred to. These are related to identifying effective techniques that balance encouraging parents' explorations of their own childhood memories and experiences of being parented with regard to their own child's experiences, whilst remaining mindful of creating boundaries that ensure the child is the main patient.

...It is technically challenging because for me the biggest issue has been keeping within the bounds of this being work with the treatment of the child as the main patient, but actually the work ends up being more like therapy for the parent... But then balancing out, well, they are not in therapy with you, you are not an adult therapist, they have not necessarily asked for therapy. [P6]

Participants generally felt the challenges of the nuances of psychotherapeutic boundaries and techniques within parent-work. However, despite their anxieties and apprehensions, most agreed that parent-work was positive and beneficial both for them and the parents.

Participants reflected on the relevance of this work regarding their observations and understanding of where parents “are at”. It gave participants greater insight into parental capacity, the parent–child relationship, and the parents' understanding of their child's difficulties. Similarly, participants noted that parent-work revealed parents' identifications with their child, and generational patterns of behaviour.

The example below describes how illuminating and powerful this work can be for both the parent and the CAPT.

...We really did get into her childhood and her own experiences of being parented and what she was trying to do now. And being eclipsed between the two. She had been very much neglected by her parents when she was a girl, overlooked, given very little, her needs had not been thought about, and now this mother had this very damaged daughter and was on her own, completely devastated by what her father had done...

...She slowly became able to think about ways in which she had been let down as a child and the way she had been let down by her husband, and so on. [P3]

Likewise, participants also noted that parents became more curious about their own perceptions of themselves as parents, developing greater insight and awareness about the impact of their own backgrounds and experiences of being a parent on their child's presenting mental health difficulties. The examples above [P3] and below [P1] are indicative of this.

... They have come saying we really want you to know and explore our background... I have been able to say to them "ok let's look back" ... it's been very key to the work. [P1]

When presented with the subject of participants' own experiences of parenthood, and whether they considered it an advantage or additional resource for parent-work, participants who were themselves parents expressed the advantages of being a parent in terms of understanding the complexities of parenthood from their own personal experiences and perspectives.

Participants who were not parents expressed feeling that it made no difference with regards to their capacity to work with parents.

One participant (not themselves a parent) reflected more broadly on their role as a therapist in multiple contexts and the need to be understanding regardless of experience:

...I have come to view it more like it is as if I am working with an adolescent boy, and of course, I have never been an adolescent boy because I am a woman, so I cannot really know what it is like to be an adolescent boy. But we can, through the therapy, think about their experience and still have a meaningful dialogue and meaningful understanding of their issues. So, see it more like that. [P6]

Despite some participants having had vast amounts of previous parent-work experience and being parents themselves, parent-work still appeared to demand a lot of intuition, and each case still presented its own unique challenges. In the example below, one frank participant responded candidly about their experience of parent-work.

...I have always felt like I am flying by the seat of my pants and drawing on quite a lot of other experience and personal experience, and things that are normally a bit of a no-no with psychoanalytic work... [P3]

In the main, participants conveyed a sense of feeling uncontained and unsure about what they were supposed to be “doing” with parents. The response given by the participant in the example below indicates the extent of these feelings.

...I do not know what I am doing. Am I doing what I am supposed to be doing?... who knows. Am I doing a crap job?... I am glad no one can see me doing this. [P2]

This sub-theme sums up participants’ experiences of parent-work, where several challenges and difficulties were identified that also appear to vary significantly for each case. The findings can be summarised as follows:

- Some layers that seem to be involved in parent-work (from unpacking parents’ own backgrounds to reflecting with them on their impact on the child), made the CAPTs feel vulnerable and uncomfortable.
- Intuition seemed to play a crucial role in parent-work, making participants feel as though they did not know or were not adequately prepared for what they were doing.

- Despite these challenges, the results of this work were clear, especially when parents reflected on their behaviours.
- These challenges and experiences seemed to stem from and feed into their definitions of parent-work and may explain their level of uncertainty in their definitions.

4.5 Theme Two: Developing and retaining the therapeutic alliance with parents

In their interviews, participants described a whole gamut of challenges and difficulties. Some of the challenges that came to light align with aspects relating to the therapeutic alliance, specifically parents' perceptions (or perceived perceptions) of the nature of this work. It revealed the many obstacles and barriers participants have had to learn to overcome when developing and maintaining meaningful working relationships with parents.

The problems participants raised about forming relationships with parents varied and seemed to stem from their uncertainty about parent-work, as testified by questions posed in interviews, such as: "*where do you begin?*", "*who comes first?*", "*does the parent become a patient?*", "*how do you develop relationships with parents if do not know what parent-work is?*" Some participants were concerned about "*not taking sides*" and experienced parents as feeling that CAPTs were "*on their child's side*". Other participants focused on challenges regarding family structures, specifically with respect to ensuring confidentiality between separated parents. They also mentioned confidentiality issues where other professionals had been involved with the family.

Some of the codes captured in this theme indicate problems in the reciprocal relationship for both parent and trainees: "trainee anxiety", "trainee lack of experience and knowledge",

“parent defensiveness”, “critical parents”, “parents’ expectations”, “parental shame”, “guilt”, “defences”, and “perceptions of trainee competency”.

4.5.1 CAPTs’ perceptions of parents’ understanding of parent-work

When describing their experiences of working with parents in terms of the therapeutic alliance, participants expressed frustration regarding establishing the relationship, and not knowing where to begin, coupled with problems encountered in maintaining the alliance and keeping parents engaged throughout the treatment process. Even participants who had considerable experience of parent-work in other contexts struggled with this.

Furthermore, some participants reflected on their own lack of confidence as parent-workers, and how parents may sense this too. They mentioned this in relation to the depth and strength of their alliance with parents and the potential for this to influence parents’ negative perceptions of parent-work, and their non-engagement. This appears to be partly due to participants’ own understanding of their roles as parent-workers. Similarly, it is linked to participants’ concerns regarding parents’ understanding of their participation within the work as parents.

Participants spoke about this in terms of parents’ expectations of them as parent-workers, and parents’ attitudes to their own engagement in the work, e.g., parents’ relinquishing their responsibility to the trainee, “dumping” their emotional burdens and other responsibilities. Participants described a misalignment between their expectations of parents, and parents’ expectations of them:

...Using me as a kind of quasi-parent and saying I’m going to put all this onto you and that’s going to release us from having to think about it and understand how this could influence how we parent our child. [P1]

...It was really tricky, and... I think she used it as a place to bring everything and just dump it there... They want us to be the experts. [P4]

Participants referred to other complexities that increased the pressure to fulfil parents' expectations of them and the work, which hampered the development of an alliance. Creating a relationship became a one-sided task, where the therapist had to take on multiple burdens. For instance, participants referred to parents bringing their personal circumstances into sessions:

... Another challenge is two parents who are not getting on well together as a parenting couple, whether they live still together in a family unit or not. It is a real added complexity that does need time to think about... [P7]

The complexities of diverse family structures (e.g., foster parents, parents of adopted CYPs, blended families, separated/divorced parents) were also described as challenging in relation to navigating through the added layers of sensitive family histories and backgrounds.

Participants also discussed being challenged by conflicts between family members regarding which parent should be involved in their child's treatment, and the potential problems associated with compromising a child's confidentiality. This also highlights the difficulties in balancing confidentiality when an alliance built on trust and understanding needs to be formed. However, the example below describes how one participant found a way to work with two parents in conflict with one another.

... I ended up seeing them in quite a separate way. I did separate sessions with each of them, and then we had some joint sessions. The very last phase of the work I set up three sessions with me and both of these parents. And we did that together. [P8]

Further, some participants described the challenge of parental expectations influenced by mental health issues and expressed problems with parents shifting the focus from thinking about their child towards thinking about their own disturbances. Mental health issues can also lead parents to expect the trainee to handle or address their feelings, which may at times be

overwhelming and reduce the relationship into less of an alliance. Participants mentioned that such mismatched expectations between trainee and parent were difficult to manage. They spoke of the blurring of boundaries and the risks of getting caught up in something external to the parent-work relationship.

One participant shared their difficulties working with a parent with significant mental health issues:

...I think my main struggle was to kind of remind myself this is not therapy [for the parent] and to keep the child in mind because parent-work needs to be something alongside the child's therapy... I think at the time she was going through a crisis of mental health issues and that is why maybe I felt so kind of completely, I do not even know how to describe it. It was just someone throwing like a bucket full of chaotic feelings at you. I cannot see this parent every week, it is just going to be so much for me I was completely dumped with this, and nothing was making sense... [P5]

Findings identified through exploring parents' perceptions of parent-work according to the participants' experiences are summarised as follows:

- Developing and maintaining an appropriate relationship with the parent requires an alignment of expectations.
- The parents themselves often have additional expectations of the trainee, over and above their role.
- The parents' expectations may include seeing them as their own therapist, or using them to unpack their personal grievances, or even not acknowledging their own role in the child's psychotherapy journey (since they now see the therapist as the responsible person).

4.5.2. Overcoming the barriers to parent-work created by parents

Participants described being challenged by a barrage of emotive complexities and resistances from parents as barriers they needed to work through and overcome during their developing relationships. These included defensiveness, shame, guilt, projections, overidentification with the child, criticism, and perceptions of trainee competence, to name but a few.

The following examples from participants provide more insight into how parent-work can provoke parents' vulnerabilities in different ways, for instance by parents feeling criticised, which stems from their own guilt and shame and the inevitable challenges in avoiding these emotions. Participants referred to parents' anger, criticisms, and projections being used as defence mechanisms to protect themselves from the pain and discomfort of their situations. These three elements (anger, criticism, and projection) reveal something about parents' feelings of guilt and shame and how this created a struggle for the participant, as the following examples show:

Anger

... a lot of what comes up in the work is the defence, the anger, and that is really how parents are made to feel about their children, can make them feel very inadequate.

[P2]

Parent criticism

...dealing with lots of criticism... feeling that the children's worker and me both were not doing a good job and they are not happy. Which obviously has been about them feeling quite persecuted and worried about their child. [P4]

Projection

...She would just come into the room and sob, and then be hateful towards me, really hateful. Who did I think I was, how dare I question, I was not questioning anything,

but she really felt that I was there to tell her – without opening my mouth – that she was doing a shit job. That is what she tends to feel. [P3]

However, most participants understood and empathised with the extent to which parents' anxieties impacted on their emotions and capacity to engage and develop trust in the therapeutic relationship. The way in which parent-work is presented to parents also matters to their motivation to engage (e.g., child protection planning or court orders; voluntary or conditional), as acknowledged in the following example:

I think if they want to take on the parent-work or not... some of them have to but this does not necessarily mean that they want to. It really depends on their motivation in engaging and where they are and what the situation is like... it is not that they do not want to work, it is so complicated for them that they just cannot. [P5]

Participants observed how parents who have been referred by other professionals (e.g., social workers, health visitors) often perceived the CAPTs in accordance with the dynamic and relationship they had with these other professionals. For instance, participants considered the influences of different biases that surfaced within the therapeutic relationship.

The participant below captured some of this and the complexities of a relationship dynamics that entailed the possibility that the developing alliance and trust was becoming compromised. They related this to their dual role as a professional and therapist, and the conflicted way in which the parents related to them in the two different settings (child-safety planning meetings and clinic).

...In the professionals meeting I became the enemy, in the clinic an ally – it is like they are trying to work out whose side I'm on... I think one of the challenges was to reassert the parents' frustrations in these meetings... it was as if, when attending the meeting, the parents put me alongside the other professionals... the relationship had to be kind of rebuilt and to say, "Actually, you know what? We are working together". [P1]

Key to building and maintaining an alliance with parents is the ability to appropriately manage their emotions and anxieties (and, as in the previous sub-theme, their expectations). However, this is challenging, both because the parents may feel like they are being targeted, and because of other relationships, i.e. with other professionals.

Findings identified through exploring the barriers to establishing and retaining the therapeutic alliance can be summarised as follows:

- Parental anxiety creates barriers to the parent–parent-worker relationship dynamic.
- Professional involvement from others can increase parental anxiety, creating additional barriers to the therapeutic alliance.

4.6 Theme Three: The importance of prioritising parent-work

This theme focuses on participants’ perspectives concerning the prioritisation of parent-work in general. This is discussed with regards to how parent-work is valued within the context of organisational service delivery and the attention parent-work is given when it comes to continued research and development relating to parent-work training. Participants offered their own views about the general assumptions and recognition of parent-work as being essential for child-psychotherapy treatment.

However, they also acknowledged that this is not reflected in their training experiences of parent-work, their knowledge of an existing robust framework for parent-work, or any future development for parent-work at all. Some of the following keywords and phrases, identified within this theme, reflect the deficits within parent-work training and provisions for parent-work: “gaps in learning”, “lack of theory”, “lack of techniques”, “limited resources”, “treatment failure”, “not prioritised”, “undervalued”, and “lack of investment”.

4.6.1 Current parent-work training and development

In their interviews, most participants referred to gaps in their learning and knowledge about parent-work (as indicated above – see themes one and two). This section examines participants' experiences of parent-work training in more depth, specifically within the context of the training centre's delivery of parent-work training. When asked to consider what might be lacking in their parent-work training, participants referred to taught theory, practical skills and techniques, supervisor assumptions and limitations, and workshop laments (scheduling, classroom size, etc.).

The example below acknowledges a general lack of theory within the literature about parent-work, and comments on how tutors do not prioritise parent-work in the taught theory module. Thus, even though there is a theory/practice gap, where participants likely know what to do on a basic theoretical level, even the theory is somewhat lacking.

...I think the theory [seminar] should have some parent-work in it actually. I know there is not a lot of literature on parent-work, it is an area that has not been researched as much. [P2]

Another participant referred to the theory/practice gap in terms of the training provider having unrealistic expectations, inequalities between practice placements regarding service limitations, and how they were largely “improvising” in their work.

...It does highlight for me the kind of theory/practice gap that exists between the very noble and important Tavi [training centre] ideals, and the reality of working in a small CAMHS where you are just kind of feeling it as you go. [P3]

When asked about what might help or benefit them when undertaking parent-work cases in the future, some participants spoke about needing specific skills, for example to manage

aggressive parents, whilst others referred to techniques they had not been taught, as indicated in the examples below:

...I've had some parents who've become quite hostile and it's always helpful to know how to work with hostile parents... [P1]

...I would really like some techniques, which I do not have... [P4]

Participant [1] also highlighted needing support in developing their communication skills to ensure effective communication with parents when working with sensitive issues:

...What would be helpful for me is to think about when quite emotive things come up... do I go more into it? How to phrase questions to help the parent think about that... get them to do the thinking rather than me coming in saying you know... [P1]

When asked about additional input and guidance they wanted/needed to help them understand and perform better in parent-work, some participants referred to their placement service supervisors and tutors. They complained about the general assumptions made by service supervisors and tutors, such as that they already knew what to do in parent-work, and indicating that it is the same as child work:

...It is almost taken for granted that we have to know, but we do not know. Until you do it [parent-work] and you kind of are there, we do not know. [P5]

...There is something about being exposed to things that are totally different to what you would expect to be dealing with as a child therapist... [P6]

When asked what could be improved or changed about the training programme, some participants again mentioned service supervisors. They suggested more robust monitoring and that communication between the training centre and placement supervisors needed to be revised. The participant below alluded to the extent of their service supervisor's ambivalence

and lack of knowledge regarding their responsibility, as a supervisor, to ensure the training requirements were met.

...My thinking is about what would need to change in the training, it never really dawned on anybody [i.e., service supervisor] that this is [parent-work] what I should be doing. [P3]

Another participant indicated that their practice-placement supervisor seemed unclear about their role in supporting them with parent-work, but also highlighted why this was important to address. For instance, the supervisor needed to understand when the participant felt unclear and uncertain about what they should be doing in parent-work. They also considered the inconsistencies between different services, with respect to how other CAPTs were supported in parent-work.

...I would say maybe just kind of helping the supervisor understand that maybe I still feel like a baby there. I do not know what to do, I do not know what parent-work is, I have no clue, you know... I am thinking every service is different. I guess the thing is that it depends on the service. [P5]

The same question generated several comments about the parent-workshop. The participant below voiced concerns about the workshop group being too big and the problem this created for them in terms of being appropriately supervised.

...It is quite a large group I would say. You did not get a turn very often to speak. It is just a thought... a general point about feeling under-supervised at times. [P8]

Other participants expressed thoughts about the need to schedule parent-work workshops earlier in the training, as explained by the participant below.

...In the training we start seeing children straight away and it is not until later that we start doing parent-work. I think we should have parent training at the beginning, more teaching about working with parents at the start, even just a few seminars... I

think we should start with papers about parents as well as children, you know, in our first year. [P2]

Another participant made comparisons about the limited attention paid to parent-work training compared with the training given for child-work.

...There is nothing prescriptive about the child psychotherapy training that we get, but then there is nothing really on the parent part. [P3]

One discerning participant summed up their perception of how parent-work training is generally valued by the training centre. They referred to the lack of priority given to the parent-workshop, with the session being scheduled at the end of a long and tiring day.

...It feels like parent-work is a poor relation because the parent-workshop is parked at the end of a Wednesday, when literally my brain was not working any longer. I am ashamed to say it was too easy to zone out. [P3]

Even though the seminars themselves did not resolve the overall disparity and vagueness about parent-work, most participants agreed that the parent-work workshops were useful. Participants appeared to gain some reassurance from the views held by others within the group that parent-work generally seems to be recognised as a somewhat non-specific activity. Moreover, that they were also not alone in their experiences and comprehension of the nature of parent-work, as indicated by the examples below.

...It was helpful for me to see in the workshop what people were doing... I would have found it [parent-work] difficult because I think there is a real disparity... because it is so flexible about what parent-work really is... [P6]

...I think the workshop that we do is quite helpful. Because it kind of gave me this idea, you know, that basically everything and nothing is parent-work. [P5]

When asked about improvements to the overall training for parent-work, the participant below referred to the wider issues of recognising the uniqueness of psychoanalytic parent-work and the need for continued research and development.

...I do not think the training needs to change necessarily but maybe something about how we as a professional body consider it, or, you know, perhaps in terms of research, how we formulate what parent-work is could be tighter. [P6]

Findings identified through exploring the framework for parent-work training can be summarised as follows:

- Parent-work training could be improved by delivering theory seminars that include specific guidance on parent-work practice (e.g., application and techniques).
- Parent-work training feels deprioritised compared to other aspects of the training.
- Parent-work workshops are valued by all CAPTs.
- Most CAPTs want the option to participate in these workshops from the first year of their clinical training (rather than from the second year onwards).

4.6.2 Lack of resources for parent-work

While improvements regarding training are crucial to more fully prioritising parent-work, resources allocated to the service itself were also described as limited. This is expanded on in the following sub-theme. During interviews, participants referred to the availability and extent of parent-work as being dependent on their service's financial and human resources. Participants spoke about these limited resources for parent-work that also seemed to vary across services. The participant below described how, in their service, limited human resources meant that not all cases could be offered parent-work.

...In my service there is not a possibility for every case to have parent-work, there is no capacity for that. Parent-work resources are a bit limited. [P5]

Another participant described parent-work as a burden on their service's resources, the implication being that more investment is required, both financially and in terms of human resources.

...Having that model of having two clinicians is difficult because the resources are so stretched. [P6]

Nevertheless, participants indicated a general understanding that parent-work is an essential component of child psychotherapy:

...Actually, we really need the parents on board, you know, for the therapy to succeed. [P2]

Similarly, one participant agreed that parent-work was required for child psychotherapy to be effective. However, they also acknowledged that, when parent-work is made available, it is not necessarily psychoanalytically informed.

...I just feel like it is [parent-work] a rather important key part of our work. But my feeling is that in many services, it [parent-work] does not really get done in a psychoanalytic sense or it may not be a child psychotherapist doing that work. [P8]

Considering the importance of child psychotherapy, one participant (below) expressed their frustration with investment priorities and equity in resources for parent-work provisions.

...I do not think there is as big an investment in working with parents as there is in working with children, and it is not fair, you cannot expect a child to change the way they do things, to change their way of thinking if the parents do not have the same expectation... [P2]

Findings identified through exploring resources for parent-work can be summarised as follows:

- Resources for parent-work provisions are extremely limited and vary across services.

- Without parallel parent-work, child psychotherapy treatment risks failing.

4.7 Reflexive commentary

What follows is a reflexive commentary about my position as researcher and the impact this had on the research over the course of the project's development. It also contributes to my earlier reflections in section 3.5 Researcher's position, regarding methodological obstacles and limitations relating to the impact of interviewing peers, the analysis of the data, and how these aspects have played out at different stages of the project.

Holmes (2018b) discusses the role of the researcher in RTA as one that is embedded within themselves experiencing the phenomenon. Throughout this project, my limited research skills and experience has at various points left me feeling somewhat exposed and vulnerable, and feeling that I too lack certainty and clarity. These responses are important as they also mirror those responses given by the participants who have also described similar feelings relating to their limited experiences of parent-work throughout their training, their lack of certainty and clarity within their parent-work roles, and concerns regarding the skills needed to do parent-work.

Following each interview, I recorded my observations, noting how participants engaged in the process, their understanding of the questions, and how they responded. I also noted my own countertransference feelings and how these changed over the course of the interview process. Despite feeling reasonably confident at the start of the interviews, I recall sometimes feeling acutely embarrassed about my clumsy and somewhat amateur interviewing skills. I recognised how stilted and disjointed I became at different points during the interviews and with different participants. However, rather than staying with these uncomfortable feelings,

which my trained psychotherapist self would instinctively allow my curiosity to delve deeper into, I would now swiftly move on, dismissing these brief interruptions as an “occupational hazard” associated with a role (as a research interviewer) that I was unfamiliar with.

I have since reflected on this and considered the possibility that this interruption could be an enactment of my position as an “insider” CAPT – who is indeed not exempt from feeling vulnerable about experiencing insecurities regarding their own abilities and skills when it comes to parent-work. My ambivalence towards acknowledging and internalising these experiences has the potential to eliminate any power dynamics, particularly where feelings of shame and humiliation reside within those of embarrassment. This is likely to have had some impact on the analysis of the data, essentially prevented some opportunities for finding data that might have otherwise enriched the overall findings and results.

As the project developed through each stage, I continued to wrestle with judgements about my researcher self-co-existing alongside my CAPT identity and my established relationships with some of the participants, especially as I would become immersed in generating codes and developing themes during the processes of bringing the participants’ experiences alive and telling their stories. I remained mindful of my subjectivity concerning any decisions I made, regarding my interpretations of the data, the findings, and their impact on the final results and outcomes, noting and checking my responses as I continued to move forward with my research.

Lastly, I would like to comment on a particular aspect of the somewhat unconscious subtleties of my researcher’s position. The following example demonstrates the significance of this in terms of how it has played out, and its impact on the overall research. This example

also reflects some of the complexities associated with being the researcher while also standing in an established peer-relation to the participants.

During the process of making the final adjustments and corrections to my thesis, I became increasingly aware of something taking place that was possibly activated by an unconscious drive to protect the participants I felt responsible for. The impact of my complicated relationship with the participants seems to have dampened and even silenced the development and flow of psychoanalytic thought, perhaps through a lack of reflective commentary. I have since addressed this (see section 3.5 Researcher's position) with some reflections and comments on the intricacies of occupying several positions within the research and the ways in which these positions are acted out.

I also noticed a lack of psychoanalytic depth in other areas of the research. For instance, the labelling of my themes, which upon reflection seem to derive from a procedural approach that feels somewhat systematic and disconnected from the researcher. I now feel a degree of disappointment regarding the missed opportunities of my creative psychoanalytic self to emerge through different areas of the research. However, I wonder if these motivations to protect the participants, who are also my peers, have been instrumental to this avoidance of psychoanalytic depth, preventing me from delving deeper into the data. This may also be indicative of my internal need to protect and shield the participants from any disturbance evoked by this rather complex relationship between myself as the researcher and them as my peers.

Offering these thoughts and reflections, I hope that I have somewhat compensated for the lack of psychoanalytic depth noted elsewhere in this research, in an attempt explain and

justify what might be considered an example of my position as the researcher and the impact that interviewing peers have had on the analysis of the data, and how these aspects have all played out at different stages of the present project.

CHAPTER 5: DISCUSSION AND ANALYSIS OF FINDINGS

5.1 Introduction

The purpose of this chapter is to give some meaning to the results by analysing the implications and contextualising the importance of the findings. The discussion will focus directly on findings that align with the research aims and objectives, that also address the research questions and support the overall conclusions.

This discussion begins with a summary of the key findings from the previous chapter. A fuller, more detailed interpretation of the relevant key findings that will address each of the two research questions posed at the outset of this study will then be presented. Since the objectives and research questions closely align, the relevance of the findings to objectives 1, 2, and 3, as well as the broader literature, will also be discussed in relation to the results. Following this, I will reflect on the theoretical implications of my research. Findings relative to objective 4 will be approached when discussing the clinical implications of my research, whereupon a concluding summary of the overall findings will be presented.

5.2 Overview of key findings

Three superordinate themes were identified, with two subordinate themes encompassed in each theme, that are not separate concepts but relevant to specific areas of the whole theme.

5.2.1 Theme One: Understanding the nature of parent-work within child psychotherapy

This theme was identified based on two significant areas that reveal the extent of individual CAPTs' understanding of parent-work and the perceptions they have of their own abilities to "do" the work; of their experiences, and the reported challenges they have encountered.

Exploring the definition of parent-work revealed the following findings:

- i. A lack of clarity around parent-work was highlighted when CAPTs finally provided a definition. The perspective of parent-work relies on its focus being either on the parent or the child, although the boundary between the two is largely poorly understood.
- ii. The findings also suggest that there is a high degree of variation in participants' previous parent-work experiences (within different contexts, including their own experiences as parents), and the relative importance placed on those experiences around the diverse nature of parent-work influences how they view parent-work.

5.2.2 Theme Two: Developing and retaining a therapeutic alliance with parents

Overall, there are three specific findings associated with this theme that highlight the complexities of parent-work and what CAPTs are up against when developing relationships with parents:

- i. Parents' expectations can limit the development of the alliance in several ways (e.g., using it as personal therapy, relinquishing responsibility, or burdening the CAPT with issues relating to their own mental health).
- ii. Managing parents' guilt and shame is crucial but difficult, and these feelings are sometimes manifested as criticism and anger.
- iii. Emotions and anxieties in relation to other professionals from the wider network are often particularly difficult to manage.

5.2.3 Theme Three: The importance of prioritising parent-work

Finally, this theme aligns with and highlights issues that are also examined in themes one and two. Specifically, the challenges and difficulties participants experience with parent-work

seem rooted in another problem, relating to the “bigger picture” of parent-work, including the lack of prioritisation of parent-work during training and practice. Findings relating to two fundamental aspects that consider the current framework for parent-work training and development are:

- i. The nature of parent-work training and development is inadequate. CAPTs feel parent-work training is insufficient, particularly regarding supervision and support from service supervisors.
- ii. The more contentious subject of the lack of investment in parent-work resources, and the implications thereof, has implications especially for the sustainability of child-psychotherapy treatments more broadly.

5.3 Interpretation of findings

The following findings present no surprises, for reasons explained below. Firstly, for comparative purposes, one thing to note is that during my own initial research on this subject matter, I was unsuccessful at sourcing any material in the literature that reports specifically on the experiences of CAPTs. The general literature on parent-work seems to only cover the experiences of qualified and experienced child psychotherapists, and is “scant” at best (Pantone, 2000, p. 20). However, the findings are still illuminating and useful. For instance, they indicate that the lack of understanding and literature regarding parent-work is reflected both in the lack, or diverging understandings, of CAPTs, as well as their experiences regarding its lack of prioritisation in training and practice. A summary of the results and findings can be found in Table 4 below.

Table 4*Results and findings*

5.3 Results and Findings					
Research questions		Objectives		Key findings	
5.3.1	What do CAPTs perceive their role to be in parent-work?	1.	To explore the perceptions of CAPTs who have experienced parent-work during their training.	1.	There is a lack of certainty and clarity.
				2.	There are different focus areas in parent-work.
5.3.2	What are the challenges facing CAPTs undertaking parent-work?	2.	To explore the challenges CAPTs have experienced from their encounters of parent-work.	3.	Managing relationships with parents and the professional network can be difficult.
				3.	To explore CAPTs' perceptions regarding their training in developing specific parent-work skills and techniques during their training.

5.3.1 What do CAPTs perceive their role to be in parent-work?

This research question aligns with the first objective, set to explore CAPTs perceptions of parent-work. There are two key findings. Firstly, there is a significant lack of certainty and clarity regarding CAPTs roles as parent-workers. This then filters into findings that suggest CAPTs roles and approaches to the work are defined by who the parent-work should be focused on, i.e., the parent or the child.

5.3.1.1 Lack of certainty and clarity

The literature (e.g., Holmes, 2018a; Slade, 2005) consistently reminds us of that parent-work is complex: it covers a broad spectrum of activities and requires holding the child in mind whilst also providing a psychoanalytic space for the parent. All participants cited something about their experiences of working with parents as challenging. In fact, the overall sample described parent-work as being difficult and complicated, regardless of the amount of training (current or previous) and/or parenting experience they had.

As discussed in the literature review, it is difficult to set a universal definition for parent-work, with experts and tutors only being able to point to a few papers that may be of help. With this in mind, it is not surprising that most participants had some difficulty responding to my first question regarding how they would define parent-work, displaying hesitancy, backtracking, and long pauses. Some participants were more at ease with describing what parent-work is not, and would rather define the work of child psychotherapy, whilst others approached the question with some caution. However, two participants responded with confidence and some clarity. The responses from the remaining sample echo the sentiments found also in the literature (e.g., Cregeen et al., 2016; Holmes, 2018a; Slade, 2005; Sutton & Hughes, 2005).

As noted, my research findings are much as expected and indeed align with findings from previous studies (as mentioned above), in that most participants reported having a somewhat vague and nebulous understanding of parent-work. Furthermore, findings also indicate a lack of clarity as to how to approach parent-work, for instance whether the focus should be on the parent or the child. This was further elaborated on when participants spoke about their concerns relating to certain situations in which the boundaries have not been clearly defined. For instance, several participants likened parent-work to adult or couples psychotherapy, and

referred to other variations of parent-guidance, highlighting variety and ambiguity in their understanding of parent-work.

The literature also considers these issues, and the complexities in how parent-work should be approached regarding who the “patient” is – i.e., the parent or the child – as well as attempts to explore how to manage the relationship (Holmes, 2018a). Sutton and Hughes (2005) also acknowledge this and emphasise that “we need to define more precisely the particular meaning we attach to our relationship with parents when we are involved in assessing and treating their children. We must know our role and the role of parents” (p. 169).

5.3.1.2 Different focus-areas in parent-work

Moreover, even in circumstances that prioritise and focus on the parent, there is also considerable debate around the appropriateness and rationales for this approach and the acceptable boundaries to consider within the realms of this work (Pantone, 2000; Rustin, 1998; Novick & Novick, 2005; Siskind, 1997). Here, the key dilemma for participants, regardless of focus, seems to lie in an approach that implements psychoanalytic tools that CAPTs are trained to use with children (for example, working with unconscious processes involving concepts of unconscious phantasy, splitting, and projection; projective identification, and transference and countertransference phenomena).

However, participants indicated that, even when they have chosen to use this approach cautiously, or completely avoid it, working with parents has remained problematic and conflictual, in that if boundaries have not been clearly defined early on, there is a risk of the work transforming into something else, such as adult psychotherapy (as suggested above). To my mind, this prompts the question: if the parents are not the patients, then what are they?

Moreover, is there a way to define this that provides greater understanding and clarity when approaching parent-work? Siskind also alludes to this when she writes:

When the parent of a child in treatment is seen by his or her child's therapist, is that parent to be viewed as a patient or as something other than a patient? ... What do we call the relationship between the child's parents and the child's therapist? ... How simple our life would be if the boundaries of patient-hood were so clearly demarcated... (1997, pp. 9-13).

To gain a greater sense of how CAPTs perceive the role and purpose of parent-work, they were asked to describe their personal experiences of it. Many of the challenges and difficulties participants experience were thus brought to light. They seem to stem from and feed into their definitions of parent-work and may even explain the high levels of uncertainty in their definitions. For instance, when describing the challenges they had been met with, one participant referred to the initial difficulty of defining parent-work as linked to not having a clear sense of what parent-work is, leaving them feeling unsure about what they might be able to offer parents.

All participants offered brief examples to illustrate some of their experiences of parent-work. Findings showed that, overall, participants would perceive and approach parent-work in rather different ways from person to person, and their individual experiences would also vary significantly with each case-study. Although some participants have had more experience of parent-work than others (and some are parents themselves), the findings do not necessarily indicate that their experiences are noticeably better or worse than those with less experience (and who have no children of their own).

These findings emerge from CAPTs different descriptions of the practical elements in parent-work that seem to be influenced by their variable (previous and current) experiences and parent-work training. Other key factors for this variability seem to relate to participants'

different reasons for engaging in the work, such as assessments, reviews, consultations, and ongoing routine work. Some participants made no distinction between psychoanalytic parent-work and other psychodynamic approaches to parent-work, suggesting their approach to parent-work was indeed flexible.

However, there is little clarity in the literature to support and explain the reasons for this diversity in approaches. An element of clinical instinct and intuition, which Slade (2005, p. 208) refers to as the therapist finding their “own way” as they go, seems to play a crucial role in parent-work. However, this appears to cause participants to feel as though they do not know, or are not adequately prepared for, what they are doing with parents.

While the literature predominantly looks at those who are more qualified and experienced, it does provide descriptions of their experiences regarding parent-work that are similar to, and in some cases mirror, those of the participants. That is, that parent-work is generally experienced as challenging and difficult, and that the layers and levels of this work also vary from case to case (Bailey, 2006; Cregeen et al., 2016; Holmes, 2018a; Kennedy, 2004; Klauber, 1998; Loose, 1999; Rubermann, 2009; Rustin, 2009; Novick & Novick, 2000; Sutton & Hughes, 2005; Trowell et al., 2007).

Overall, the results and key findings discussed above suggest that, in describing their complex roles within the boundaries of parent-work, CAPTs also perceive aspects of their roles in relation to each individual case. This comes with its own set of challenges and difficulties. Findings relating to these challenges are discussed in greater detail as part of addressing the second research question, below.

5.3.2 What are the challenges facing CAPTs undertaking parent-work?

I will here approach this research question by tackling the second objective of this project, namely to identify and explore the challenges CAPTs experienced in their encounters with psychoanalytic parent-work. Through an exploration of identifying challenges participants associate with parent-work, the third objective – exploring CAPTs’ perceptions regarding their training and developing specific parent-work skills and techniques – was also met.

Three key findings respond to this question. Firstly, there are challenges relating to developing relationships with parents, and others belonging to the professional network involved with the family. Challenges include difficulties in approaches and techniques used in the parent-work, and a mismatch of parents’ and therapist’s expectations, which also includes managing parents’ emotions and anxieties. Secondly, within their roles, CAPTs are also expected to manage different relationship dynamics between parents and other professionals. The third key finding looks at the challenges CAPTs have met with pertaining to different aspects associated with the delivery of, and their participation in, parent-work training. These findings are discussed more fully below.

5.3.2.1 Managing relationships with parents and the professional network

According to the literature, parent-work relies heavily on the quality of the developing therapeutic alliance, and impacts the treatment outcome for the child. Without this alliance, the CYP’s treatment will likely be unsuccessful or, in many cases, even impossible (Cooper & Wanerman, 1977; Mishne, 1983; Novick & Novick, 2013; Siskind, 1997). The findings of the present study indicate that participants experience specific aspects of their work as more problematic than others, particularly aspects of developing the therapeutic alliance. For instance, managing relationships with parents and their expectations of parent-work is an area all participants discussed at length.

The findings, however, do suggest that certain areas contribute significantly to the challenges associated with developing the CAPT–parent relationship, and also feed into the complex role of managing these relationships, as mentioned above. These include a mismatch in CAPT–parent expectations regarding accountability and commitment. Another challenge is managing parents’ emotions and anxieties relating to guilt and shame, which often manifest as anger and criticism.

Most significant of all are the challenges relating to engaging with parents’ personal histories. Certain layers involved in parent-work (from unpacking the parents’ own backgrounds to reflecting with them on their impact on the child) include vulnerable and uncomfortable work. This arose in part when asking participants about adapting techniques used with children when working with parents.

I will begin by discussing the findings concerning challenges relating to adapting techniques in child psychotherapy to work with parents (for example, interpreting and addressing unconscious processes, managing the transference, and using countertransference). There is also a need to strike a balance between encouraging parents to explore their own childhood memories and experiences of being parented, and relating these to their own child’s experiences, whilst remaining mindful to create boundaries to ensure that the child remains the main patient.

This generated a mixed response. Some participants referred to their initial dilemmas associated with the focus of parent-work in terms of the way participants see parents and their relationship, i.e., as a patient. Others described the challenge of gauging where parents “are

at” (regarding their emotional capacity) to engage with such an approach – or, if it is indeed even necessary to take such an approach with parents.

The literature is filled with debates about the appropriate use of psychoanalytic techniques in parent-work. This is a core conflict that results in multiple challenges, and we are warned to use this approach with great caution (Rustin, 1998; Klauber, 1998; Sutton & Hughes, 2005). It is apparent that participants’ perceptions of parents are entwined with their experiences of parent-work, which can become more complex for CAPTs in a role where feelings and experiences are important, both as tools by which to understand their patient’s internal world, but also in their own right, as an expression of parents’ own difficulties and struggles in managing this work. Nevertheless, despite these challenges, findings suggest that this work brings clear results, especially when parents reflect on their own behaviours. Furthermore, participants highlighted the positive impact of this work, where parents begin to develop an understanding of their own internal worlds as well as their child’s.

Findings suggest that a mismatch of expectations between parent and therapist are the result of insufficient transparency and certainty, and a failure to formulate an initial agreement that sets out and clarifies the aims and boundaries of the parent-work. This agreement should also clarify the role, its challenges and tasks. Yet exploring and articulating the basis for recommending parent-work to parents is an essential task that itself requires skill and commitment (Loose, 1999; Sutton & Hughes, 2005).

The findings show that other challenges may arise from a lack of attention to establishing grounds and boundaries for parent-work. For instance, participants described parents’ misuse of the therapy space for their own needs, and a tendency to regard the CAPT as their own

therapist. This left participants with the challenge of encouraging parents to acknowledge their own roles in their children's psychotherapy journey. Participants communicated the sense that parents would sometimes feel too overwhelmed by their own needs, resulting in them being unable to find space to consider their children's needs. This aligns with Rustin's (2009) notion of establishing which aspect of parenting overwhelms parents and leads to infantile feelings. Furthermore, it suggests that the first task of parent-work is to contain parental anxiety.

Loose (1999) maintains that change is facilitated by offering enough containment to enable parents to make their own links. This requires the ability to work with parents' emotions and anxieties, managing and understanding their guilt and shame. However, it is also noted that this can be extremely difficult work for the parent-worker. Findings that align with the literature reveal participants' preoccupations with parental guilt, parents' projections, and subsequent defensive behaviours that seem to account for many of the challenges participants have met when relating to parents (Barth, 1989).

Furthermore, Cregeen et al. (2016) warn against the risks of parental acting-out and disruption of the therapy if parent-workers are not sufficiently competent at containing parental anxieties and their uncertainties. This was therefore an unsurprising finding. It does, nevertheless, leave me wondering about how better prepared and equipped CAPTs can be made to manage these widely acknowledged challenges referred to in the literature. If participants understood the significance of formulating a more robust agreement from the outset, this may possibly prevent some of the mismatched expectations reported in this study.

Findings also indicate that participants are unclear about and lack confidence in other areas of their roles, such as managing professional relationships within the wider network of support for the child. They mentioned additional barriers arising from increased parental anxiety stemming from this other professional involvement. They referred to a split in their roles involving the professional representation of the parent and the CYP within a specific context (e.g., safeguarding or education) on the one hand, and their therapeutic role on the other. Participants highlighted a conflict between these “dual” roles, as the therapist role primarily relies on trust, whilst the professional role also includes the duty to provide information to other services involved in protecting the child’s health and welfare.

One participant described the challenges of having to re-establish their therapeutic relationship every time they attended multi-agency meetings, which they attributed to parents’ mistrust of them. They spoke about this in terms of their regular professional representations of parents outside of the clinic (e.g., child safety planning meetings) conflicting with their therapeutic involvement with parents within the clinical setting. This is also discussed in the literature, and particularly the dynamics of referrals from other organisations providing social and welfare support for the child and family (Siskind, 1997; Klauber, 1998; Rustin, 1998). Participants’ clinical judgement is another key factor, especially in circumstances with other professional involvement, or where ethical issues arise, such as “refusal on the part of the parents to take their children’s welfare seriously” (Rustin, 1998, p. 249).

Another concern that was expressed as a frequent problem relates to the parameters of confidentiality. Participants described tensions caused by different relationship dynamics between the parent(s), the CAPT, and other professionals, which also influenced the potential

for biases to surface within the therapeutic alliance. Participants described challenges relating to their own mistrust of other professionals, particularly when information-sharing potentially risked compromising confidentiality.

These findings are in line with Horne's (2000) explanation for how the professional network can also enact the defences, anxieties, and relationship conflicts within families. Further, she advises that CAPTs have an experienced supervisor who can support them through these challenges perpetuated by unconscious processes operating in the family and network systems. Participants also alluded to this, and the problems of not being supported with specific supervision for parent-work, which they felt were somewhat neglected. This leads the discussion onto findings relating to aspects of the training that participants described as "limited" and "absent".

5.3.2.2 Framework for parent-work training

Findings suggest that participants experience gaps in their learning and theoretical knowledge of parent-work. The following issues were mentioned: taught theory, practical skills and techniques; supervisor assumptions; lack of supervision; limited opportunities for parent-work, and various workshop laments (scheduling, classroom size, etc.). These gaps also feed into the findings relating to participants' perceptions of their roles, which reveal a lack of clarity and certainty. Together, these indicate that, in addition to the recognised theory/practice gap, even the theory that is taught seems to be somewhat lacking.

Overall, the findings suggest that parent-work training is deprioritised, as compared to other aspects of the training, and could be improved in several areas, for instance by delivering taught theory seminars to include specific guidance on parent-work practices (e.g.,

application and techniques). Similarly, participants highlighted the need for more supervision by supervisors who have knowledge of and experience in parent-work. Furthermore, robust communications between the training school and service supervisors need to be in place and regularly reviewed to ensure CAPTs' learning needs are prioritised and met. Participants complained that their service supervisors are themselves unclear about parent-work, despite it being their responsibility to provide adequate learning opportunities to complete this essential component of their training.

The main source of theoretical parent-work teaching was delivered through the weekly parent-work workshops. Participants gave mixed reviews on this, describing challenges ranging from large class sizes to scheduling. However, despite these shortcomings, all CAPTs indicated that they value the parent-work workshops, although most wanted the option to participate in the workshops already in the first year of clinical training, rather than only from the second year.

As identified in the literature review, there is next to no formal qualitative research exploring CAPTs' experiences of their clinical training. Furthermore, I have yet to come across anything in the literature that goes into any depth when describing parent-work from the perspective of a CAPT. At best, CAPTs are mentioned fleetingly, revealing nothing more than what amounts to a reiteration of the fundamental importance of parent-work in supporting better outcomes for children in treatment, and that the need for CAPTs to be trained and supported in parent-work is also essential (Horne, 1999; Rustin, 1998; 2009; Sutton & Hughes, 2005; Taylor, 2013). This highlights that this research may have broader implications also for other training facilities, and indicates that it may reveal some novel findings that might warrant further research for increased generalisability. Based on the

findings presented here, I will now reflect on some theoretical contributions and clinical implications of this research study.

5.4 Theoretical implications

This study has produced several findings which corroborate previous research, and has further extended this to include the experiences of CAPTs (e.g., lack of clarity regarding role; ambiguity of action; challenges in balancing parent and child needs, and issues concerning boundaries with parents). Currently, the literature offers a very poor definition of parent-work. However, three key elements from the interviews in this study can be used to strengthen the understanding of what parent-work should look like in theory. These relate to CAPTs' perspectives about whom parent-work should focus on – parent or child – and the varied approaches used in parent-work. This seems to be influenced by their diverse experiences (previous and current) of working with parents and the importance placed on those experiences.

Several findings specifically relate to training and supervision, which has been highlighted as under-prioritised. Another important theoretical implication would thus be to better address the pedagogy underlying the training of CAPTs in this area. Each of these findings has theoretical implications that impact research going forward, since so far, research *either* does not extend to or focus on CAPTs *or* it is not conducted at all.

5.5 Clinical implications

The fourth objective for this study is to provide recommendations for the training and information available to CAPTs regarding their skills-development and understanding of parent-work throughout their training. This will here be addressed by providing some clinical

implications relevant to this objective. Firstly, CAPTs need to be supported in their understanding and prioritisation of parent-work. This requires a clear definition of parent-work and the expectations on the parent-worker. This also suggests there needs to be a more robust section in the training module dedicated to parent-work that provides essential information about the relevance of parent-work and the roles CAPTs need to play. This could then imply that training may need to be consistent, and supervision needs to be taken more seriously.

Although there is a distinct lack of literature regarding CAPTs experiences of parent-work, parent-work is widely recognised as an essential component of child psychotherapy, as highlighted throughout this study. The literature, while acknowledging parent-work as crucial, also consistently reminds us that parent-work is ambiguous, complex, and difficult, even for those CAPs with considerable expertise and knowledge in the field. Surely, then, it is vital that CAPTs develop competence and confidence in undertaking and arguing for the importance of parent-work. Understanding CAPTs' experiences – and particularly the difficulties they face – will potentially help support future CAPTs, with course leaders and supervisors using these new insights to improve their practice.

In accordance with these findings, this study thus recommends that greater priority is given to parent-work in training and in the support offered in supervision. While this study has limitations in terms of generalisability, its findings can be further explored in future research, especially considering how little research exists that explore CAPTs' experiences more generally. Ultimately, whilst these results are not directly generalisable, the alignment between the findings on CAPTs and the broader literature implies some connection to broader experiences and will be explored further in the final, concluding, chapter.

5.6 Closing summary

This chapter discussed the findings that directly focus on and align with the research aims and objectives to ultimately address the two research questions this study set out to address. Below is a summary of how each research question has been responded to in this discussion.

5.6.1 What do CAPTs perceive their role to be in psychoanalytic parent-work?

Key findings suggest two areas to be relevant to this question. Firstly, there is an apparent lack of certainty and clarity regarding CAPTs' understanding of the parent-worker role. Participants showed varying conceptions about what parent-work involves and thus what their roles entail. Secondly, this lack of certainty and clarity about their role and purpose seems to feed into further findings, suggesting that participants have a mixed view about whether to focus on the parent or the child. This consequently influences their decisions about how to engage parents in the work and the appropriate use of specific techniques (e.g., working with unconscious processes, transference, and countertransference). However, despite this variability and uncertainty, participants all perceived parent-work to be important (albeit needing greater clarity and support).

These two findings also interlink with participants' perceptions of their roles concerning the therapeutic alliance with parents, which requires overcoming barriers and managing parental emotions and anxieties. These barriers also relate to findings pertaining to the second research question, suggesting aspects of CAPTs' roles require management of the professional network around the child, as summarised below.

5.6.2 What are the challenges for CAPTs undertaking psychoanalytic parent-work?

Key findings suggest two significant areas that respond to this question. Firstly, there are challenges relating to participants' interactions with parents and those in the professional network who are also involved in the care of the child. These relate to differences in parents' expectations and perceptions, and the importance of understanding parent-work in terms of capacity to engage. Alongside these, barriers attributed to the complexities of parental emotions and anxieties, which challenge parents' engagement in the work, were also identified. Findings suggest that parental anxiety increases when there is professional involvement from others in the network, which creates additional challenges and barriers in the relationship dynamics participants need to overcome.

The second key finding looks at the challenges CAPTs have met with during their parent-work training. Findings suggest that parent-work training feels deprioritised compared to other aspects of the training, lacking taught theory seminars and specific guidance on parent-work practice (application and techniques). CAPTs highlighted how service supervisors also lacked clarity about their responsibility to provide parent-work opportunities that would include regular supervision to support their parent-work cases.

Findings also highlight that, although parent-work workshops were valued, they could be improved with smaller class sizes to provide equal opportunities for CAPTs to actively participate and receive individual supervision. Furthermore, CAPTs expressed a desire for workshops to be accessible from the start, rather than from their second year of training.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The purpose of this final chapter is to make recommendations for future research and to highlight the study's key contributions based on its overall findings. The chapter begins with a summary of the broader findings that have helped address the research aims and objectives, and those that have successfully responded to the research questions. The study's limitations, delimitations, and recommendations for further research will be acknowledged, followed by a discussion on the study's key contributions for understanding CAPTs' experiences of parent-work. The chapter ends with some concluding comments about the overall research study presented in this document before closing with some thoughts about my own experiences of undertaking this study and of the research process.

6.2 Summary of findings

So far, we have learnt that CAPTs have a vague understanding of parent-work. They lack clarity and certainty about what is required of them. This uncertainty appears to generate a snowball effect, beginning with its impact on how CAPTs view their roles as parent-workers. CAPTs' perceptions of their roles within parent-work vary, resulting in significant differences in how they approach the work. Additional findings also show differences in what aspects of the work CAPTs find challenging, which appears to be due to differing understandings of the nature of parent-work.

These challenges include divergences in the expectations of parents and CAPTs regarding what parent-work should achieve. The involvement of other mental-health professionals often complicates this work further. Ultimately, however, CAPTs feel parent-work to be essential. Furthermore, the overall feeling among CAPTs is that there is a lack of priority given to parent-work training, which impacts their learning in various ways. Each of these findings

have theoretical implications for future research, since *either* research in this field fails to extend to or focus on CAPTs (such as CAPTs' feelings about the inadequacy of their training and suggestions for improvement) *or* it is not conducted at all (as is the case with research on the variability and uncertainty of defining parent-work, acknowledged also by researchers and long-practicing professionals).

6.3 Limitations and delimitations of the research

The research presented here amounts to a worthy qualitative study, yet several limitations and delimitations should be acknowledged. Firstly, although the sample lies within the recommended sample size for a professional doctorate project using RTA (between 6-15 participants, according to Terry et al., 2016), it includes only eight participants. The scope of the research is very narrow and focuses exclusively on the experiences of CAPTs from just one training centre. As such, it has not considered the experiences of other CAPTs from other training institutions further afield. However, a homogeneous sample can strengthen the focus on the primary issue, and since so little is known in this area, it nevertheless offers a crucial starting point.

The research methodology has taken an exploratory qualitative approach and may be criticised for being overly subjective due to the nature of its data collection method.

Reliability and representativeness of data may also be somewhat undermined by the data being considerably influenced by personal viewpoints and values. However, qualitative research is particularly suitable for deepening the understanding of a little-explored issue, where minimal theory has been developed.

It is important to acknowledge that, throughout this research process, I have come from a position of being both the researcher and a CAPT working within a CAMHS multi-disciplinary team. This will undoubtedly have implications for the way I have approached particular aspects of this research task. For instance, conducting the interviews, interpreting the data, and extracting the findings will all have been influenced by my own assumptions, experiences, motivations, and biases.

According to Braun and Clarke (2022, p. 12) “subjectivity is at the heart of reflexive TA practice... it is the fuel that drives the engine”, and it should therefore not be viewed as problematic, but rather as a valuable and essential resource required in reflexive TA processes. Although my subjectivity (i.e., position and knowledge) is seen as a welcome contribution in RTA, it will nevertheless most certainly influence the replicability of the study.

My own lack of research experience and other limited resources – including time, money, and equipment – are also factors that contribute to the limitations of the present study. However, this is balanced by my experience in parent-work, which comes through in the reflexive part of the research, and which can also be very rich. Despite all these shortcomings, the study generates findings that provide potential contributions to research that considers CAPTs’ understanding and experiences of parent-work.

6.4 Recommendations for future research

I will here put forward my recommendations for how future studies can build on what I have discovered through this research, and improve on my findings by overcoming some of the limitations discussed above. First and foremost, future studies need to address the existing

gap in the literature pertaining to CAPTs' experiences of undertaking parent-work. A starting point could be to focus on their training, as this would provide some valuable insight into how prepared they are for this role.

Future research could also extend this study by increasing the scope and sample size and assessing the generalisability of outcomes. Similarly, an understanding of the interaction between additional variables and trainee experiences and perceptions will likely enrich these findings. This could potentially reveal comparable findings that could be of significance for certain areas of parent-work and parent-work training and supervision, which, in turn, could provide useful information in terms of improving and developing CAPT training in general.

Additionally, further research is also needed for comparing samples from other training schools to provide a better understanding of how different variables interact with each other. It would also be interesting to learn from parents working with CAPTs about their experiences of parent-work, and to compare their perceptions with those of the CAPTs.

6.5 Contribution

This section highlights the key contribution that my study has made to this field of research which, in my view, does more than just fill a gap. The literature review has revealed a significant lack of qualitative research exploring CAPTs' experiences of parent-work, their training, and specific areas within their training. Moreover, there is no available literature that predominantly discusses CAPTs' experiences of parent-work. This study, it would seem, is the first to attempt an inquiry of some depth to understand the challenges experienced by CAPTs undertaking parent-work with parents of children receiving psychoanalytic

psychotherapy. From the point of view of theory, this study has generated value by attending to a considerable gap in the literature.

Specific contributions from this study highlight that an overall uncertainty and lack of clarity around the parameters of parent-work influences CAPTs, both in their practice and in their training, where parent-work feels under-prioritised. In practice, this leads to discomfort and uncertainty about their role, particularly when managing relationships with parents and the professional network. However, CAPTs nevertheless regard parent-work to be essential and valuable.

This study ultimately demonstrates a need for a common, agreed conception of parent-work, or at least more transparency regarding the variations of parent-work, so as to give CAPTs confidence in their role and empower them to use their best judgement. Because parent-work is particularly challenging, it should also be prioritised at multiple levels, including training and supervision. Despite its limitations and the scarcity of research on this topic, there is great potential for this study to be expanded upon by further research.

6.6 Concluding comments

Given the importance of parental involvement in child psychotherapy, this study sought to identify the challenges experienced by CAPTs undertaking psychoanalytic parent-work during their training. Notably, the challenges CAPTs associate with parent-work fundamentally relate to a sense of their lack of understanding of the nature of parent-work and of their roles as parent-workers.

Additional findings suggest CAPTs experience various other challenges during the process of developing and maintaining the therapeutic alliance with parents. These key findings are interrelated, indicating that, overall, parent-work is felt to be under-prioritised in terms of the resources available to CAPTs within their service placements, potentially jeopardising their development within their clinical experiences of parent-work.

6.6.1 Final thoughts

My overall experience of undertaking this study and the research process has led me to wonder more about the reality of parent-work and what it really means. Aiming for a parent to come to understand what the child represents in their unconscious mind might seem quite optimistic, given the parents and the contexts we often work in. In my own experience, of parent-work, it has been very much about helping parents to not feel crushed by their own life experiences, and to not feel alienated from their children. We work with patients who may grow up to never have a job, become abusers, end up in prison, and may receive only scant education. I wonder if these variations in areas of work, and sorts of patients, are also factors that may explain why parent-work is so difficult to conceptualise. In many cases, I feel like I have succeeded if the parent is able to actually bring the child to each session.

The fact that there is limited research in this field does not seem surprising, yet I am still not very clear about why that is so. I suspect that it might be because parent-work is basically a technical problem and people do not tend to write technical papers. When we meet new parents to work with, we have to figure out how we can give some support when we cannot employ a framework. In child work we know we need to set particular boundaries, but in parent-work we seem less likely to be working much with the transference, but rather helping them by being agents to link with external agencies (schools, social services, etc). It seems

that the way this work is structured is often necessarily decided “on the hoof”, and papers about our colleagues working “on the hoof” tend not to be written.

Lastly, having experienced this research process, I would like to offer a definition for parent-work as I understand it:

Parent-work is the supportive work provided to maintain the provision of psychoanalytic psychotherapy to a child in treatment, by seeking to contain the thoughts and feelings of the parents so that, as the child develops, the parent can develop alongside it in necessary and helpful ways.

The End.

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APPENDICES

Appendix A – LIST OF ACRONYMS

ACP	Association of Child Psychotherapists
CAMHS	Children and Adolescent Mental Health Service
CAP(S)	Child and Adolescent Psychotherapist(s)
CAPT(s)	Child and Adolescent Psychotherapist Trainee(s)
CYP(s)	Child(ren) and Young Person(s)
GPW	Generic parent work
HRA	Health Research Authority
NHS	National Health Service
PPW	Psychoanalytic parent work
PW	Parent work
RTA	Reflexive Thematic Analysis
TA	Thematic Analysis

Appendix B – RESEARCH ETHICS APPROVAL

The Tavistock and Portman 

NHS Foundation Trust

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

Sheila Ward

By Email

25 May 2021

Tel: 020 8938 2699

Fax: 020 7447 3837

Re: Research Ethics Application

Title: An inquiry into the challenges experienced by trainee child and adolescent psychotherapists undertaking parent-work with parents/carers of children receiving psychoanalytic psychotherapy.

Dear Sheila,

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.

Please note that any changes to the project design including changes to methodology/data collection etc, must be referred to TREC as failure to do so, may result in a report of academic and/or research misconduct.

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,



Paru Jeram

Secretary to the Trust Research Degrees Subcommittee

T: 020 938 2699

E: academicquality@tavi-port.nhs.uk

cc. Course Lead, Supervisor, Course Administrator

Appendix C – GROUP EMAIL INVITING PARTICIPATION

From: WARD, Sheila (LIVEWELL SOUTHWEST) [<mailto:sheila.ward2@nhs.net>]
Sent: 18 June 2021 13:04
To: Bira Kawooya <BKawooya@Tavi-Port.ac.uk>
Subject: DProf Reseach Project - Working with Parents Study
Importance: High

Hi Bira,

Thank you so much for agreeing to forward my email to fellow M80 trainees.

Please forward the following email to **Y2, Y3 and Y4** Trainees as well as a separate email to the **current Parent Work Seminar groups** running on training days if that's ok too

Dear M80 colleagues,

I know this is a terribly busy time of the year for everyone, but I'm hoping that there may some of you who would be willing to spare me some time to take part in my Research project.

The focus of my research is exploring M80 trainees' experience of working with parents. I'm looking for participants from each of the 2nd, 3rd and 4th year cohorts who have either previously attended or those currently attending Parent Work Seminars.

Please do get in touch if you'd like to take part and/or would like more information about the study.

Thanking you in anticipation and I look forward to hearing back from some of you soon.

Best Wishes.

Sheila Ward
Child & Adolescent Psychotherapist in Doctoral Training

CAMHS
Livewell Southwest
Young People's Service - Revive
Mount Gould Hospital
Mount Gould
Plymouth
DEVON. PL4 7QD

Tel: 01752 435125
Email: sheila.ward2@nhs.net

Appendix D – PARTICIPANT INFORMATION

Public Facing Document: Participant Information
 Researcher: Sheila Ward
 Version 1: 28-02-21



Study Title: An inquiry into the challenges experienced by trainee child and adolescent psychotherapists undertaking parent-work with parents/carers of children receiving psychoanalytic psychotherapy.

Thank you for expressing an interest in participating in this research study, which will form part of my professional doctorate. The information provided describes the study and explains what will be involved if you decide to take part. Participation in the study is entirely voluntary, however, your contribution would be invaluable.

What is the purpose of this study?

I am interested in exploring the views and perceptions of M80 child and adolescent psychotherapy trainees concerning their experiences of psychoanalytic parent-work. I am curious to know more about the challenges this area of work may present, and any difficulties parent-work might involve for trainees at different stages of their training. This includes any issues that may arise, as well as dilemmas and technical considerations.

What does this involve?

If you agree to participate, I would like to interview you about your experience of working with parents/carers of children receiving psychoanalytic psychotherapy. The interview will be scheduled at a time that is convenient for you within the next 3 months and will last for 1 hour. I will send you the questions in advance so that you may read through and familiarise yourself with them (however, there is no need to prepare for the interview in any way).

Location

In the context of the COVID-19 crisis, it may be necessary to conduct the interview via Zoom video link rather than in person. If possible, however, interviews will take place on your usual training day (Wednesday) at the Tavistock and Portman NHS Foundation Trust, Tavistock Clinic, 120 Belsize Lane, London, NW3 5BA.

What's in it for you?

I hope that participating in this study would be an opportunity for you to reflect on the challenges of this important work in a positive way. In doing so, you would be given the opportunity to consider this developing area of your practice which may be helpful for future work and which might also help inform and contribute to how this area of the training programme can be developed to support future trainees. You would also be taking the opportunity to be directly involved in a research study that is relevant to your training and potentially supportive of your learning in research.

What will happen to the information you give?

A transcript will be produced, based on the audio recording of your interview. Your name will be kept separate from the transcript, and any identifying details removed from the transcript (e.g., place of work etc.). Any interview extracts quoted will be entirely anonymous. Quotes from the transcript will be used in the write-up of the study, and these will be made anonymous.

What happens to the results of the study?

The documented results of the study will form my doctoral thesis and may become an academic paper and/or published in relevant academic articles and/or presentations. I would be happy to send you a summary of the results.

Confidentiality

The Tavistock and Portman NHS Foundation Trust is the sponsor for this study. I will be using information from you in order to undertake this study and will act as the data controller for this study. This means that I am responsible for looking after your information and using it appropriately. All electronic data will be stored on a password-protected computer. Any paper copies will be kept in a locked filing cabinet. All audio recordings will be destroyed after completion of the project. Other data from the study will be retained, in a secure location, for 3 years.

If you would like more information on the Tavistock and Portman privacy policies, please follow the link: <https://tavistockandportman.nhs.uk/about-us/contact-us/about-this-website/your-privacy/>

You can find out more about the legal framework within which your information will be processed by contacting **Paru Jeram, Quality Assurance Officer**, Academic Governance and Quality Assurance (Room 259), The Tavistock and Portman NHS Foundation Trust, Tavistock Centre, 120 Belsize Lane, London, NW3 5BA. Tel: +44 (0)20 8938 2699 Email: academicquality@Tavi-Port.nhs.uk

Disclaimer:

You are not obliged to take part in this study and are free to withdraw at any time. Should you choose to withdraw from the programme you may do so without disadvantage to yourself and without any obligation to give a reason.

The Researcher and Principal Investigator:

Sheila Ward

Email: sheila.ward2@nhs.net

Mobile phone: 07870 766664

Alternatively, any concerns or further questions please contact my research supervisor:

Dr Elena della Rosa

Email: elenadellarosa@hotmail.com

This research study has been formally approved by the Tavistock and Portman Trust Research Ethics Committee (TREC).

If you have any queries regarding the conduct of the programme in which you are being asked to participate, please contact **Simon Carrington, Head of Academic Governance and Quality Assurance**, The Tavistock and Portman NHS Foundation Trust, Tavistock Centre, 120 Belsize Lane, London, NW3 5BA. Tel: +44 (0)20 8938 2699. Email: academicquality@tavi-port.nhs.uk

Appendix E – PARTICIPANT INFORMED CONSENT DOCUMENT

Public Facing Document: Consent Form
 Version 1: 28-02-21
 Researcher: Sheila Ward



Study Title: An inquiry into the challenges experienced by trainee child and adolescent psychotherapists when undertaking parent-work with parents/carers of children receiving psychoanalytic psychotherapy.

Please initial each box

<p>I have read the information sheet, dated 28-02-21, version 1, relating to the above programme of research in which I have been asked to participate, and I have been given a copy to keep. The nature and purposes of the research have been explained to me, and I have had the opportunity to discuss the details and ask questions about this information. I understand what is being proposed and the procedures in which I will be involved have been explained to me.</p>	
<p>I understand that my involvement in this study, and particular data from this research, will remain strictly confidential. Only the researchers involved in the study will have access to the data. It has been explained to me what will happen to this data once the experimental programme has been completed.</p>	
<p>I understand that there is a possibility that due to the small size of the study, I, or the location of the study, may be identifiable.</p>	
<p>I understand that if key findings from the research are submitted for publication, this would be to an appropriate professional journal, and every care would be taken to prevent data from being identifiable in any way, such as changing all identifying details and anonymising all material.</p>	
<p>I hereby freely and fully consent to participate in the study, which has been fully explained to me. Having given this consent I understand that I have the right to withdraw from the programme at any time, or to withdraw any unprocessed data previously supplied, without disadvantage to myself and without being obliged to give any reason.</p>	

Participant’s Name: (BLOCK CAPITALS)

Participant’s Signature:

Date:

Investigator’s Name: (BLOCK CAPITALS)

Investigator’s Signature:

Date:

Appendix F – INTERVIEW SCHEDULE

Public Facing Document: Interview Schedule
Version 1: 28-02-21
Researcher: Sheila Ward



Study Title:

An inquiry into the challenges experienced by trainee child and adolescent psychotherapists undertaking parent-work with parents/carers of children receiving psychoanalytic psychotherapy.

Welcome:

Explanation of it being a semi-structured interview lasting 60 mins. This can be longer if needed and upon mutual agreement.

Remind participant that they are welcome to talk freely about their experiences surrounding the challenges they have met when carrying out psychoanalytic parent-work during their training.

Interview Question:

I am interested in learning about your views and understanding of parent-work and the challenges you have encountered as a child and adolescent psychotherapist trainee working with parents whose children are receiving psychoanalytic psychotherapy.

Prompts

Defining parent-work:

- How would you describe the nature of psychoanalytic parent-work?

Personal experiences of working with parents:

- What have been the challenges and rewards of working with parents?
- Do you think being/not being a parent/grandparent makes a difference to the way you work with parents?
- What feelings did you observe during sessions in yourself?
- What did you find yourself thinking after the session?

In what way have you adapted your technique?

- To what extent have you engaged with the parent's history?
- In what way, if at all, did the parents' childhood come up in the work?

Future:

- What might help or benefit you as a trainee when undertaking parent-work cases in the future?
- What do you feel is lacking in your training to do parent-work? Would more input or guidance around parent-work help you understand and perform parent-work better?

End:

- Anything not asked but would like to mention?
- Thank participants for taking part.
- Any questions or do they want any further information to contact me.
- Signpost to colleagues, supervisors, and senior staff who are within the clinic at that time if they need support following the interview discussion. Send out debrief.

Appendix G – DEBRIEF & POST INTERVIEW INFORMATION

Public Facing Document: Debrief & Post Interview Info
Version 1: 28-02-21
Researcher: Sheila Ward



Study Title: An inquiry into the challenges experienced by trainee child and adolescent psychotherapists undertaking parent-work with parents/carers of children receiving psychoanalytic psychotherapy.

Thank you for taking part in this study and for your contribution to my doctoral research project. I hope you found it as interesting as I did.

If you have any questions or would like further information, please do not hesitate to contact me. My contact details are as follows:

Email: sheila.ward2@nhs.net.
Mobile phone: 07870 766664

Support and Advice

If there are any issues that are concerning you after taking part in this study, I hope that you can access the support network around you (colleagues, supervisor, and managers).

However, if you prefer, you also have access to emotional support provided by the Student Advice and Consultation Service (STUACS), available to all students and trainees at the Tavistock & Portman Trust. More details can be found via the link below, or you may choose to email STUACS directly (email address below).

Emotional support (tavistockandportman.nhs.uk) <https://tavistockandportman.nhs.uk/training/current-students/student-support/emotional-support/>

Student advice and consultation service (STUACS)
Email: STUACS@tavi-port.nhs.uk

Complaints

If you have any concerns or would like to make a complaint about how the study has been conducted, please do not hesitate to contact me (as above), my supervisor, or the Head of Academic Governance and Quality Assurance.

Research Supervisor:

Dr Elena della Rosa
Email: elenadellarosa@hotmail.com

Head of Academic Governance and Quality Assurance:

Simon Carrington, The Tavistock and Portman NHS Foundation Trust, Tavistock Centre, 120 Belsize Lane, London. NW3 5BA

Email: academicquality@tavi-port.nhs.uk.
Tel: +44 (0)20 8938 2699